** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treesury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code (except private foundations)

OM8 No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2019 calendar year, or tax year beginning and ending									
	Check if applicable	C Name of organization	D Employer identifi	cation number							
	Address change Name change	THE ELEPHANT SANCTUARY IN TENNESSEE Doing business as	62-15873	27							
	Julial Inform Final Ireturni	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 393	uite E Telephone numbe 931-796-	6500							
	termin- ated Amend Insturn	I DIEDIAMETER, TIA DOZOS	G Gross receipts \$ H(a) Is this a group re	21,479,596.							
	Applica tiken pendin	P.O. BOX 393, HOHENWALD, TN 38642		for subordinates? Yes No							
1 Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If *No,* attach a list. (see instruction											
J	Websit	WWW.ELEPHANTS.COM	H(c) Group exemptio	n number 🕨							
K	form of	organization: X Corporation Trust Association Other L	ear of formation: 1995 A	A State of legal domicile: TN							
		Summary	Appropriate the second state of the second s								
***************************************	1 1	Riefly describe the organization's mission or most significant activities: PROVIDIN REFUGE, AND INDIVIDUALIZED CARE FOR LIFE.	G HOME, HERD,	REST,							
T.			and the second second second	· · · · · · · · · · · · · · · · · · ·							
S	1	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of r	1	ssets.							
ģ	ŧ			5							
- তথ্		number of Independent voting members of the governing body (Part VI, line 1b)		49							
9	5	Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)									
*	6	Total number of volunteers (estimate if necessary)	6	250							
Activities & Governance	7a	Cotal unrelated business revenue from Part VIII, column (C), line 12		O .							
	b	Vet unrelated business taxable income from Form 990-T, line 39	7b								
Revenue	T	•	Prior Year	Current Year							
	6	Contributions and grants (Part VIII, line 1h)	9,869,417.	8,132,338.							
	1	Program service revenue (Part VIII, line 2g)	0.	0.							
20	1	nvestment Income (Part VIII, column (A), lines 3, 4, and 7d)	84,496.	-2,324,392.							
ď	ł	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,255.	79,044.							
	1	Fotal revenue - add fines 8 through 11 (must equal Part VIII, column (A), line 12)	10,018,168.	5,886,990.							
	+	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	79,300.	154,800.							
	\$			Ü*							
			2,214,138.	2,394,421.							
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.							
Ş		Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25)									
×		All the state of t	2,979,665.	3,012,338.							
1.3,2		Ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,273,103.	5,561,559.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,413,103.	325,431.							
	4	Revenue less expenses. Subtract line 18 from line 12	4,745,065.								
Sor		•	Beginning of Current Year	End of Year							
Assets Balanc	20	Total assets (Part X, line 16)	49,111,088.	56,927,235.							
		Total liabilities (Part X, line 26)	7,342.	39,791.							
2	22	Vet assets or fund balances. Subtract line 21 from line 20	49,103,746.	56,887,444.							
		i Signature block									
		tles of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and bellet, it is							
true	, correc	, and complete Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.								
********		Mart (lou (1000)	6-2	4.50							
Sig	n	Gignature of officer	Date								
	Ì	ALBERT AMBROSE, TREASURER									
Hei	9	Type or print name and title	допушить циналукальный пиропутавляет института в селото дары селото в настаний податительной установающей в се	a napatan napatan kan mananan an an manan manan manan napan napan napan napan napan napan napan nama napan nam							
Minteresi		The state of the s	Date Check	PTIN							
0-1	,	Print/Type preparer's name KEN YOUNGSTEAD Preparer's signature KEN YOUNGSTEAD	06/22/20 see employ	numer 1							
Pai	1		Firm's EIN	62-0713250							
	parer	Firm's name KRAFTCPAS PLLC	CHAIS EIN b	va veldadv							
Use	Only	Firm's address 555 GREAT CIRCLE ROAD		5-242-7351							
******		NASHVILLE, TN 37228	T Luoue uo o T								
14.	11	C diament this rature with the areaser chown shows? Icoa instructions?		X Yes No							

62-1587327 Page 2 THE ELEPHANT SANCTUARY IN TENNESSEE Part III Statement of Program Service Accomplishments XCheck if Schedule O contains a response or note to any line in this Part III. Briefly describe the organization's mission: TO PROVIDE CAPTIVE ELEPHANTS WITH INDIVIDUALIZED CARE, THE COMPANIONSHIP OF A HERD AND THE OPPORTUNITY TO LIVE OUT THEIR LIVES IN A SAFE HAVEN DEDICATED TO THEIR WELL-BEING; RAISE PUBLIC AWARENESS OF THE COMPLEX NEEDS OF ELEPHANTS IN CAPTIVITY AND THE CRISIS FACING Did the organization undertake any significant program services during the year which were not listed on the X Yes No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 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. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4,146,031. including grants of \$ 154,800.) (Revenue \$) (Expenses \$ SHELTER & CARE - THE ORGANIZATION PROVIDES CAPTIVE ELEPHANTS WITH INDIVIDUALIZED CARE, THE COMPANIONSHIP OF A HERD, AND THE OPPORTUNITY TO LIVE OUT THEIR LIVES IN A SAFE HAVEN DEDICATED TO THEIR WELL BEING. INDIVIDUALIZED CARE HAS BEEN ENHANCED BY ADDING LASER THERAPY, NEW DIGITAL RADIOGRAPHY EQUIPMENT, ALLERGY TESTING AND OTHER DIAGNOSTIC THE ORGANIZATION SEEKS TO RAISE PUBLIC AWARENESS OF THE COMPLEX NEEDS OF ELEPHANTS IN CAPTIVITY AND THE CRISIS FACING ELEPHANTS IN THE WILD. THERE WERE A TOTAL OF 11 ELEPHANTS INHABITING THE FACILITIES DURING THE YEAR. 841,492. including grants of \$ 79,044.)) (Expenses \$ EDUCATION - THE ORGANIZATION PROVIDES EDUCATIONAL OPPORTUNITIES FOR THE PUBLIC RELATING TO ELEPHANT CARE AND HABITAT, INCLUDING MATERIALS AND PROGRAMS WITHIN THE WELCOME CENTER AND ON-LINE DISTANCE LEARNING RAISING PUBLIC AWARENESS OF THE COMPLEX NEEDS OF ELEPHANTS IN CAPTIVITY AND THE CRISIS FACING ELEPHANTS IN THE WILD. THESE EDUCATION OPPORTUNITIES RESULTED IN: *476 SESSIONS OF DISTANCE LEARNING THAT REACHED 14,000 PARTICIPANTS IN 44 STATES AND 26 COUNTRIES *250 VOLUNTEERS INCLUDING 5 COLLEGES DURING THEIR SPRING BREAK *153 ELEAMBASSADORS HOLDING 81 EVENTS REACHING 2,000 PEOPLE IN 36 STATES AND 4 CANADAIAN PROVINCES 12,006. including grants of \$) (Revenue \$ INTERN - TWELVE-WEEK PROGRAM FOCUSED ON PROVIDING EXPERIMENTAL LEARNING OPPORTUNITIES TO INDIVIDUALS SEEKING TO UNDERSTAND, DEVELOP, AND ESTABLISH CAREERS IN THE FIELDS OF ELEPHANT CARE AND CONSERVATION. PROGRAM BEGAN FALL OF 2019 WITH TWO INTERNS.

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

(Expenses \$ including grants of \$

) (Revenue :

4e Total program service expenses >

4,999,529.

Form 990 (2019)

Form 990 (2019) THE ELEPHANT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	MATTER STATE OF THE STATE OF TH
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			***************************************
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			NASSES CONTRACTOR OF THE PARTY
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			***************************************
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
. 8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		~
G	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			astroitmuniane
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	***************************************
ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		4,5	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\Delta}{X}$
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		47
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		***************************************	***************************************
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			*7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,")eliptelijiiriisiisiisi	o (a legiore e plinés identes
•	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	terrorren en e	PRINCIPAL MATERIAL PRINCIPAL PRINCIP
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ــا		v
······	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

Yes No Part IX Checklist of Required Schedules (continued) Yes No Part IX (continued) Yes No Part IX (continued) Yes Yes No Part IX (continued) Yes		990 (2019) THE ELEPHANT SANCTUARY IN TENNESSEE 62-158	1327	P:	age 4
22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, coloniarly Allies 20 Wife Complete Schedule (Part and III) 24 Did the organization answer "Yes" to Part IVI, Section A, Iline 3, 4, or 5 about compensation of the organization's current and terms of others, directions, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule III and the second of the sec	Par	t IV Checklist of Required Schedules (continued)		***************************************	
Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and III 29 Did the organization shaves "exist to Part IVI, Section A, Irios 34, or 63 shout compensation of the organization scurrent and termer orticers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, "I was listed effect Docember 31, 2002? If "Yes," assers rises 24b through 24d and complete Schedule I, "I Will," got a line 26d and secretary interest 24b through 24d and complete Schedule II, "I Will," got a line 26d and secretary interest 24b through 24d and complete Schedule II, "I Will," got a line an accrow account other than a new through secretary mise 24b through 24d and complete Schedule II, "I Will," got a line an accrow account other than a new through secretary mise 24b through 24d and complete Schedule II, Part I II will, and the secretary interest 24d and schedule II will be secretary to make any tax-exempt bonds? 24c Did the organization meets an on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and the second of the second of the organization engage in an excess benefit transaction with a dequalified person during the year? 25d Did the organization report and any of the organization proper so of 900-271 If Yes, complete Schedule II, Part I II will be second or of the organization proper of the organization proper of year of 900-902 If Yes, complete Schedule II, Part II II will be second or of year of these persons? If Yes, complete Schedule II, Part IV II will be second year of year of year of year of these persons? If Yes, complete Schedule II, Part IV II will be second year of ye				Yes	No
24 Did the organization enswer "Yes" to Part WI, Section A, Irva 3, 4, or 5 about compensation of the organization's cument and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule V. 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 29th through 24 and complete Schedule K. If "Yes," or to line 25e 24a	22		00		У
and former officers, directions, furtiletes, levy employees, and highest compensated employees? If "Yes," complete Schedule I, Part II 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II "No," go to line 25s 5 Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?	00		22	***************************************	
Schedule J 23 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to five 25s. 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization merater any execute of the exempt bonds beyond a temporary period exception? 24c Did the organization marks and as an "on behalf of" issuer for bonds outstanding startly time during the year to defease any tax-exempt bonds? 34d Did the organization navae that in engaged in an expendiations. Did the organization range in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I be 1s the organization aware that in engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I be 1s the organization aware that in engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I be 1s the organization aware that in engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the comparization spore Schedule I, Part I Period Peri	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", go to him £28a			23	х	
start day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25e b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization amantain an escrive vaccount other than a refunding escrive val any time during the year to defease any tex-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds cutstanding at any time during the year" d) Did the organization act as an "on behalf of" issuer for bonds cutstanding at any time during the year" d) Did the organization act as an "on behalf of" issuer for bonds cutstanding at any time during the year" d) Did the organization any time that it engaged in an excess benefit transaction with a disqualified person during the year if "Yes," complete Schedule I, Part I d) Is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I d) Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, derector, trustee, key employee, creator or founder, substantial contributor, and that the transaction provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or to a 59% contribed entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV 26	94 n			***************************************	
Schedule K. If "No." yo to line 25a bit Did the organization meant 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 maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization available as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization available posen during the year? If "Yes," complete Schedule I, Part I 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990 E27 If "Yes," complete Schedule I, Part II 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any oursett or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 30% controlled entity or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity foreburder against or them assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part II " 27b Was the organization a party to a business transaction with one of the following parties (see Schedule II, Part III " 27c X. Was the organization and party to a business transaction with one of the following parties (see Schedule II, Part II " 27e Y. X. Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part II " 27e Y. X. Y. A.	m ru				
b Did the organization west 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? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d 25a Section 5(CHS), 801(CH), 4nd 501(CH29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 15b Is the organization wave that it engaged in an excess benefit transaction with a disqualified person of unity the year? 17b Is the organization avave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 if "Yes," complete Schedule I., Part I 25b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III and the provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or to a 59% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part III and III		many and the second of the sec	24a		X
c Did the organization maintain an escrew 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 cutstanding at any time during the year? 28a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engine in an excess benefit transaction with a disqualified person during the year? if 'Piss, 'complete Schedule I, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 900 or 900 E27 if 'Piss,' complete Schedule I, Part I 25b If the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustles, key employee, creator or founder, substantial contributor, or 35% controlled entity, including an employee thereof or family member of any of these persons? if 'Piss,' complete Schedule I, Part III 27b If the organization provide a grant or other assistance to any current or former officer, director, frustles, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity, finckliding an employee thereof or family member of any of these persons? if 'Piss,' complete Schedule I, Part IV instructions, for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, frustles, key employee, creator or founder, or substantial contribution? If 'Piss,' complete Schedule I, Part IV instructions, for applicable filing thresholds, conditions, and exceptions; b A family member of any individual described in line 28a? If 'Yes,' complete Schedule II, Part IV 28b A family member of any ordividual described in line 28a in the substantial contributions? If 'Yes, complete Schedule II, Part IV 28b A family member or any ordividual described in line 28	b		24b		
any tax-exempt bonds? d) Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section SO1(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule I, Part I 25c Is the organization have not been reported on any of the organizations prior Forms 900 or 990-EZ? If "Yes," complete Schedule I, Part I 25d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or outloner, substantial contributor, or 35% controlled entity or founder, substantial contributor or employee thereof or founder, substantial contributor or allower of part of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or to stand contribution or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable fining thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributors? If "Yes," complete Schedule L, Part IV 28b X X 24b X 25b X X					
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 25a Section 501(28), 501(4)4, and 501(4)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I 25a I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forme 990 or 990 E27 if 'Yes,' complete Schedule I, Part I 25b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule I, Part II 25c X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity froutding an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule I, Part II 27 A Was the organization a party to a business transaction with one of the following parties (see Schedule II, Part IV instructions, for applicable fing thresholds, conditions, and exceptions): 28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule II, Part IV 28 A A family member of any individual described in line 28e? If 'Yes,' complete Schedule II, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule II, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule II, Part IV 29 Did the organization liquidate, terminate, or dissolve and cases operations? If 'Yes,' complete Schedule II 29 Did the organization liquidate, terminate, or dis			24c	alania postapona a	
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Section 501(c)(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 28 Enter the number Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 38 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 39 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	33		22		x
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 37	24	Sections 301.7701-2 and 301.7701-37 II Tes, complete scriedule n, rait I	33		
b Id the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	34		34	Х	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Tender of the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	350				X
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 11 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 C DOO 2011	~		35b		
If "Yes," complete Schedule R, Part V, line 2 36	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37		If "Yes," complete Schedule R, Part V, line 2	36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 The Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	37				
Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Saparan en	Note: All Form 990 filers are required to complete Schedule O	38	LΧ_	<u></u>
Tall Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Pa				
ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Check if Schedule O contains a response or note to any line in this Part V			ᆜ
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			A	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		The transfer to the state of th	6900 00000000000		
(gambling) winnings to prize winners?		cities die fidinoes of comb vezes souded in the rat cities of a not approprie	4		
900 0040	C		1-	x	
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Form 990 (2019) THE ELEPHANT SANCTUARY IN TENNESSEE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			yddin urfan eirian an agaestacan garra a anna an ghann ra her bhliochta an bhann bhann bhann	1	Yes	No			
2=	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
mo-til	filed for the calendar year ending with or within the year covered by this return	2a	49						
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	gamesterning.	<u></u>	2b	X	Preparation of the Control			
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions				.,,,,,,,,,,,,,,,,				
За			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	За	300000000000000000000000000000000000000	X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
-744	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
h	b If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	See instructions for filing requirements for Fino-EN Form 114, Report of Foreign Bank and Financial Accounts (FBAs). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	***************	avassantaurtaesekkom			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
~~	any contributions that were not tax deductible as charitable contributions?			6a		Х			
h	If "Yes," did the organization include with every solicitation an express statement that such contribute				***************************************				
~	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).	,.,,,,,	*********************						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a	200	X			
b	The second secon			7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				***************************************	**************************************			
Ī	to file Form 8282?		*	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ict?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			71		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	i by t	пе						
	sponsoring organization have excess business holdings at any time during the year?		***************	8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		*******************	9a		ļ			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		***********	9b					
10	Section 501(c)(7) organizations. Enter:	Ł	ı						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	···	-	100				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>						
11	Section 501(c)(12) organizations. Enter:	E	ı						
а	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		40-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a					
	to a state of the	12b		-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a					
а	Is the organization licensed to issue qualified health plans in more than one state?		***************************************	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1						
_	organization is licensed to issue qualified health plans	130		1					
	Enter the amount of reserves on hand	L		14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		*********	14b	1				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		n or	- TM		 			
15	excess parachute payment(s) during the year?			15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inc	ome?	16	ľ	Х			
• •	If "Yes," complete Form 4720, Schedule O.								
-	11 1001 001191001 0011 11 001 001100000 001	***********	**************************************	Form	990	(2019)			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		<u> </u>	
		industrian la tottanes i enqui	Yes	No
15	Enter the number of voting members of the governing body at the end of the tax year 1a 1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		5 1		
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		***************************************	
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		and the second second second	
~	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	SE 100 SE 10
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		A	***************************************
39	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		*************	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			***************************************
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	····
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	Hamman Marin	***************************************	
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	***************************************
14	Did the organization have a written document retention and destruction policy?	14	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?			
	The organization's CEO, Executive Director, or top management official	15a	х	
a h	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	12.5		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	New Constitution Co.	
Sec	tion C. Disclosure		A.,	
17	List the states with which a copy of this Form 990 is required to be filed TN, AL, AK, AR, CA, CO, CT, DC, F.	L,GA	,HI	,II
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))			
10	for public inspection. Indicate how you made these available. Check all that apply.	~,~ ~ ~ (11)	,, + 145	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
40	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
19	statements available to the public during the tax year.	11 14 14 IG	wa	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	DEBORAH PERRY - 931-796-6500	***************************************	***************************************	qetismitismetinitti i
	804 DARBYTOWN ROAD, HOHENWALD, TN 38462			
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Form 990 (2019)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

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Form **990** (2019)

Page 7

Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)	(C)						(D)	(E)	(F)		
	Name and title	Average	(do			ition	than	one	Reportable	Reportable		Estimated	
		hours per box, unless person is both an						h an	compensation	compensation	٠	amount of	
		week (list any		T		T	T		from	from related		other	
		hours for	Individual trustee or director						the organization	organizations (W-2/1099-MIS		mpensation from the	
		related	3000	saps			sate		(W-2/1099-MISC)	(***271000-141101	'	rganization	
		organizations	trust	altru		88.	edun		(, , , , , , , , , , , , , , , , , , ,		i	and related	
		below	vidual	institutional trustee	, 26	Кеу епіріоуев	Highest compensated employee	ner			O	rganizations	
		line)	Ē	Insti	Officer	ş.	High emp	Former					
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1h	Subtotal	L	<u></u>	<u> </u>	L	1			237,063.		0.	15,051.	
	Total from continuation sheets to Part V								0.	***************************************	0.	0.	
	Total (add lines 1b and 1c)	-		, , , , , , , ,	, , , , , ,				237,063.	**************************************	0.	15,051.	
2	Total number of individuals (including but n								eceived more than \$100	0,000 of reportable)		
	compensation from the organization											1	
											,	Yes No	
3	Did the organization list any former officer,	director, trust	ee,	key e	emp	loye	e, o	hiç	ghest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for s										3	X	
4	For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensi	atior	n and	i ot	her compensation from	the organization			
	and related organizations greater than \$15	0,000? If "Yes,	" CC	mple	ete :	Sch	edule	€J	for such individual		4	<u> </u>	
5	Did any person listed on line 1a receive or												
-	rendered to the organization? If "Yes," con	plete Schedul	eJ	for st	uch	per	son .	1561			5	<u> </u>	
Sec	tion B. Independent Contractors			······································						A.	***************************************	······································	
1	Complete this table for your five highest co										oensatio	n from	
***************************************	the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	ithi		year.	*******************	£#6.5	
	(A) Name and business	address							(B) Description of s	ervices	Com	(C) pensation	
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	D. BOX 198966, NASHVIL								LEGAL	300 S	2	92,688.	
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										NAMES OF THE PARTY			
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										N.			
2	Total number of independent contractors (including but r	not l	imite	d to	tho	se li	ste	d above) who received n	nore than			
	\$100,000 of compensation from the organ						1						
			anadusik i								For	m 990 (2019)	

Form 990 (2019)

Га						esnonse	or note to any lir	e in this Part VIII			
***************************************		, management	Check if Schedule O	COLITE	anis a r	esponse	or note to any in	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a				***************************************				
20		b	Membership dues		L	1b					1,000,000
A,		c	Fundraising events			<u>1c</u>					
5 k		d	Related organizations]	<u>1d</u>	haassaageen sancassuumpkalamuskapsiirkkokkikkoistiikkuuliikkousiiskaakik	100			
S.E.			Government grants (conti			<u>1e</u>	***************************************				a security and
it w		f	All other contributions, gifts,		3						
夏美			similar amounts not included	abov		1f	8,132,338.	Parallel Control			
Contributions, Gifts, Grants and Other Similar Amounts		9	Noncash contributions included in	lines '	1a-1f	1g \$	47,147.				
<u>0</u> 8		h	Total. Add lines 1a-1f	*****	*******	*********		8,132,338.			
							Business Code				
<u>Ş</u>	2	a		·····			***************************************	.,		, , , , , , , , , , , , , , , , , , ,	
2 3		b			mimuoistisisininte		was and the same of the same o		***************************************		
E S		C				ONOR MARIE CAMPANIAN PRINCIPAL PRINC					
Re		d	WARANIMA CONTROL OF THE CONTROL OF T								
Program Service Revenue		0	# 21 . # 5.								
SHOW			All other program service								
	3		Total. Add lines 2a-2f Investment income (include								
	3		other similar amounts)	-				860,163.			860,163.
	4		Income from investment of							 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5		Royalties		,	•		444444444444444444444444444444444444444			***************************************
	~		A see & see see see a constitution of the contract of the cont	m	(i)	Real	(ii) Personal				
	6	а	Gross rents	6a	<u> </u>	**************************************				Holofolia (III)	2.10
	_		Less: rental expenses	6b						Lancate Color	
			Rental income or (loss)	6c		COMMENSATION AND PROPERTY.	AND CONTRACTOR OF THE PROPERTY				
			Net rental income or (loss	·)			>				
	7	a	Gross amount from sales of		<u> </u>	curities	(ii) Other			10 Sept. 10	
			assets other than inventory	7a	12,3	71,661.				100000000000000000000000000000000000000	
		b	Less: cost or other basis								
Jae			and sales expenses	7b	15,5	56,216.				100	
Other Revenue		C	Gain or (loss)	7c	-3,1	84,555.					4 4 3 4 5 5 5
ď		đ	Net gain or (loss)				·····	-3,184,555.			-3,184,555.
the	8	a	Gross income from fundraisi			l i	***		100		
0			including \$								
			contributions reported on			I _	-	100	100	200	67 (40)
			Part IV, line 18			F				3 (A) (A) (A) (A) (A)	
			Less: direct expenses				<u></u>				
	0		Net income or (loss) from Gross income from gamin		-	-					
	ਬ	Ø	Part IV, line 19						100	1000000	
		h	Less: direct expenses								100
			Net income or (loss) from				>				
	10		Gross sales of inventory,		~	£					
			and allowances				110,768.		1000		
		b	Less: cost of goods sold				36,390.				
			Net income or (loss) from			Mannette .	>	74,378.	74,378.		
us.	***************************************	.,					Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME		-		900099	4,666.	4,666.		
		b	***************************************								
8 €		C	**************************************		.,	······································					
25			All other revenue								
	<u> </u>		Total. Add lines 11a-11d				<u>Þ</u>	4,666.	:	-	2 224 222
	12		Total revenue. See instruction	ons				5,886,990.	79,044.	. 0.	-2,324,392.

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).

00 1	Check if Schedule O contains a response to find amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		1		100
	organizations, foreign governments, and foreign	154 000	154 000	1.00	
_	individuals. See Part IV, lines 15 and 16	154,800.	154,800.		
4	Benefits paid to or for members	***************************************			
5	Compensation of current officers, directors,	252,114.	145,418.	89,238.	17,458
_	trustees, and key employees	232,114.	143,410.	03,230.	11,300
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,667,485.	1,562,210.	36,153.	69,122
7	Other salaries and wages	1,007,403.	1,302,210.	30,133.	02,122
8	Pension plan accruals and contributions (include	39,122.	37,130.	407.	1 585
~	section 401(k) and 403(b) employer contributions)	288,861.	274,250.	10,118.	1,585 4,493
9	Other employee benefits	146,839.	131,055.	9,144.	6,640
0	Payroll taxes	140,033.	131,033.	J,123.	0,030
1	Fees for services (nonemployees):				
a	Management	306,375.	244,171.	62,204.	***************************************
b	Legal	28,031.	11,000.	17,031.	***************************************
C	Accounting	20,031.	11,000	1/,001	
đ	Lobbying Professional fundraising services. See Part IV, line 17	······································			***************************************
e	· · · · · · · · · · · · · · · · · · ·	163,933.	146,398.	10,190.	7,349
f	Investment management fees	# V el g J el el	120,030+	*V/*/	17000
g	Other. (If line 11g amount exceeds 10% of line 25,	113,797.	97,622.	4,500.	11,675
_	column (A) amount, list line 11g expenses on Sch 0.)	7,371.	7,371.	7,500	44,010
2	Advertising and promotion	254,843.	232,841.	7,024.	14,978
3	Office expenses	82,804.	70,693.	4,385.	7,726
4	Information technology	02,003	707020	2/221	
5	Royalties	90,034.	87,485.	1,799.	750
6 -	Occupancy	32,502.	28,434.	4,002.	66
7	Travel	32,3021	20,2020	7,004	
8	Payments of travel or entertainment expenses	Character			
_	for any federal, state, or local public officials	6,670.	5,137.	1,533.	
9	Conferences, conventions, and meetings	0,0/0.	J/4J/*	1,000	
0	Interest				***************************************
1	Payments to affiliates Depreciation, depletion, and amortization	1,090,569.	1,068,707.	21,862.	***************************************
2		128,643.	118,745.	7,649.	2,249
3	Other expenses. Itemize expenses not covered	120,013.	220/1230	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-/
4	above (List miscellaneous expenses on line 24e. If	Sign State of the			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				100000
_	VETERINARY SERVICES AND	176,438.	176,438.		
a	FEED AND SUPPLEMENTS	137,247.	137,247.		***************************************
b	NEWSLETTER	131,081.	48,750.		82,333
C	VEHICLE	$\frac{131}{72},615$	69,587.	2,127.	90
d	**************************************	189,385.	144,040.	10,959.	34,386
e	All other expenses Total functional expenses. Add lines 1 through 24e	5,561,559.	4,999,529.	300,325.	261,70
5_	Joint costs. Complete this line only if the organization	J, J J Z J J J V V V V V V V V V V V V V V			
6	reported in column (B) joint costs from a combined	***************************************			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

art .	X	Balance Sheet	artia (etta anna anna tarnatarra den alaman anna anna anna anna anna anna a	
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	6,154,258.	
- 1 :	2	Savings and temporary cash investments		1,429,490
		Pledges and grants receivable, net	1,841,603.	3 2,111,747
		Accounts receivable, net	4	4
		Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
		controlled entity or family member of any of these persons		5
- 1 ,	6	Loans and other receivables from other disqualified persons (as defined		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		3
9	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		3 26,190
ξ,	9	Prepaid expenses and deferred charges	99,801.	9 102,876
1	0a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 22,485,493.		
	b	Less: accumulated depreciation 10b 11,895,870.		oc 10,589,623
1	1	Investments - publicly traded securities	26,050,189. 1	1 35,697,042
1	2	Investments - other securities. See Part IV, line 11	1	2
1	3	Investments - program-related. See Part IV, fine 11	1	3
1	4	Intangible assets		4
1	5	Other assets. See Part IV, line 11		3,108,872
1	6	Total assets. Add lines 1 through 15 (must equal line 33)		6 56,927,235
1	7	Accounts payable and accrued expenses	3,923.	38,873
1	8	Grants payable	1	8
1	9	Deferred revenue	1	9
2	20	Tax-exempt bond liabilities		20
2	1	Escrow or custodial account liability. Complete Part IV of Schedule D	2	21
g 2	2	Loans and other payables to any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
8		controlled entity or family member of any of these persons	2	2
ا 2	:3	Secured mortgages and notes payable to unrelated third parties	2	3
2	4	Unsecured notes and loans payable to unrelated third parties		24
2	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X		010
		of Schedule D	THE PROPERTY OF THE PROPERTY O	25 918
2	26	Total liabilities. Add lines 17 through 25	7,342.	x6 39,791
, l		Organizations that follow FASB ASC 958, check here		
2		and complete lines 27, 28, 32, and 33.	43 014 700	E1 E0E 403
2	27	Net assets without donor restrictions		27 51,595,483
0 2	28	Net assets with donor restrictions	5,188,947. 2	8 5,291,961
Š		Organizations that do not follow FASB ASC 958, check here		
		and complete lines 29 through 33.		
ž 2	29	Capital stock or trust principal, or current funds		29
g 3	30	Paid-in or capital surplus, or land, building, or equipment fund	The second secon	30
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31 - 56 007 444
2 3	32	Total net assets or fund balances		56,887,444
3	33	Total liabilities and net assets/fund balances	49,111,088.	33 56,927,235

Form 990 (2019)

Pai	Reconciliation of Net Assets		***************************************				
	Check if Schedule O contains a response or note to any line in this Part XI		*************		X		
4	Total revenue (must equal Part VIII, column (A), line 12)	1	5.8	86,9	90.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		61,5			
3	Revenue less expenses. Subtract line 2 from line 1	3		25,4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,1				
5	Net unrealized gains (losses) on investments	5		08,5			
6	Donated services and use of facilities	6	***************************************	Carrent Survey S			
7	Investment expenses	7	***************************************	**************************************	(CAMPACISTALISM		
8	Prior period adjustments	8		140314040411111111111111111111111111111			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3	49,6	88.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		***************************************	VIII. 2.4.1.2.4.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.			
	column (B))	10	56,8	<u>87,4</u>	44.		
Pa	t XIII Financial Statements and Reporting						
************	Check if Schedule O contains a response or note to any line in this Part XII		X F > 4 F X 4 F 4 F 4 F 4 F 4 F F F	Yes	No		
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis						
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sc As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nedule O).	c X			
	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		38	3	X_		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		ž.	<u>, </u>	<u></u>		
		,		m 990 ((2019)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Name of the organization

THE ELEPHANT SANCTIARY IN TENNESSEE

Employer identification number 62-1587327

				WACTOWNY TH				/& LJU!J&!					
Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	s part.) Se	e instructions.						
The	organi	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)							
1	·	A church, convention of chi)(A)(i).						
2	ł	<i>'</i>											
3	······	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
	*******	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4	L												
		city, and state:						to a at in					
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	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	anti-transferancina	section 170(b)(1)(A)(vi). (Co	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-gran	t college					
		or university or a non-land-g											
		university:	,	, ,				"					
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sur	port from	contribution	ons membership fees.	and gross receipts from					
.0	-	activities related to its exert	* '										
		income and unrelated busin											
				(less section 511 tax) in	Jili Dusille	sses acqu	med by the organization	Taiter bulle ou, 1970.					
		See section 509(a)(2). (Cor			e		M/1/41						
11		An organization organized a											
12		An organization organized a											
		more publicly supported or						Check the box in					
	-	lines 12a through 12d that											
a	L	Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically b	y giving					
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting					
		organization. You must c	omplete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by h	aving					
		control or management o											
		organization(s). You mus											
c		Type III functionally inte			in connec	tion with,	and functionally integra	ted with,					
•	•	its supported organization											
. ا		Type III non-functionally						nization(s)					
C.S	t	that is not functionally int											
								(117011000					
		requirement (see instruct											
0	L	Legislation Check this box if the orga					i Type i, Type ii, Type ii	1					
		functionally integrated, or											
f		r the number of supported o											
9		ride the following information			(iv) is the orns	nizalion licted	Landanian of manager	I (vi) Amount of other					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
	************	organization	41	above (see instructions))	Yes	No	Support (See instructions)	aupport (ace matrictions)					

**********	www.			erie (ferente ferente en de la faloritation de la f									
					1								

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	6,625,844.	7,035,848.	7,437,545.	9,869,417.	8,132,338.	39,100,992.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	6,625,844.	7,035,848.	7,437,545.	9,869,417.	8,132,338.	39,100,992.		
5	The portion of total contributions		100	New York					
	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)						308,576.		
	Public support. Subtract line 5 from line 4.						38,792,416.		
***********	ction B. Total Support				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 4	6,625,844.	7,035,848.	7,437,545.	9,869,417.	8,132,338.	39,100,992.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	E10 013	406 067	667 347	772 006	060 163	2 247 206		
	and income from similar sources	519,013.	496,867.	667,347.	//3,990.	860,163.	3,317,386.		
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	6,307.	6,300.	10,916.	500.	4,666.	28,689.		
4.2	assets (Explain in Part VI.)	0,307.	0,300.	10,510.	500.	4,000.	42,447,067.		
	Total support. Add lines 7 through 10	oto (oso instrueti				12	407,955.		
	Gross receipts from related activities, First five years. If the Form 990 is for			d facusts as fifth to	w veer as a sactio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
13	organization, check this box and stor						>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	***************************************					
***************	Public support percentage for 2019 (olumn (fl)		14	91.39 %		
	Public support percentage from 2018					15	91.52 %		
	33 1/3% support test - 2019. If the					nore, check this bo	elecciólista (eleccionamica harbitantifer variamina principa politica de cardo		
	stop here. The organization qualifies						. 197		
b	33 1/3% support test - 2018. If the								
	and stop here. The organization qual						- 1 1		
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"						F		
b	10% -facts-and-circumstances tes								
	more, and if the organization meets the								
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	>		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ınd see instruction	s		
						dule A (Form 990			

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					***	
	include any "unusual grants.")						
2	Gross receipts from admissions,		***************************************				
	merchandise sold or services per-						
	formed, or facilities furnished in		1				
	any activity that is related to the						
^	organization's tax-exempt purpose			<u> </u>			**************************************
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	ĺ					

4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	-					***************************************
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				-		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		<u> </u>				
	Gross income from interest,				<u> </u>		
	dividends, payments received on				1		
	securities loans, rents, royalties, and income from similar sources						
.	Unrelated business taxable income					***	
E.	(less section 511 taxes) from businesses						
	name and after tune 20, 1075						
	***********				_		
	Add lines 10a and 10b					***************************************	
11	activities not included in line 10b.						
	whether or not the business is						
	regularly carried on	***************************************					
12	Other income. Do not include gain or loss from the sale of capital	-			##(C)##(C)##(C)##(C)##(C)##(C)##(C)##(C		
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	<u> </u>		<u> </u>
14	First five years. If the Form 990 is for	r the organization	i's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here		*************				P L
	ction C. Computation of Publ			donner og skalender den en e	ingang maging philophis philophis (philophis prophis prophis philophis (philophis prophis prophis philophis philophis philophis (philophis philophis philoph	a qui cara que anterior acora constante	
15	Public support percentage for 2019 (line 8, column (f),	divided by line 13,	column (f))		15	9/6
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inve	stment Incon	ne Percentage	•			
17	Investment income percentage for 20)19 (line 10c, colu	ımn (f), divided by	line 13, column (f))		17	<u> </u>
18	Investment income percentage from	2018 Schedule A	, Part III, line 17	,,		18	%
19 <i>a</i>	33 1/3% support tests - 2019. If the	organization did				33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						> □
Ł	33 1/3% support tests - 2018. If the						and
-	line 18 is not more than 33 1/3%, che						- 1 1
20	Private foundation. If the organization						- I
	THE POSTERIOR IN THE OTHER REAL	ar and not or room t					

Schedule A (Form 990 or 990-EZ) 2019 THE ELEPHANT SANCTUARY IN TENNESSEE

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b
2 3a 3b 3c 4a 4b
3a 3b 3c 4a 4b
3b 3c 4a 4b 4c 5a
3c 4a 4b 5a
4a 4b 4c 5a
4b 4c 5a
4c 5a
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9b
9c
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10b

3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		4.00	and the second of the
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		***************************************
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		Manhorn Management of the Control of
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year

1

2

3 4

5

emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2019

a Excess from 2015
b Excess from 2016
c Excess from 2017
d Excess from 2018
e Excess from 2019

** PUBLIC DISCLOSURE COPY **

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

ŋ	THE ELEPHANT SANCTUARY IN TENNESSEE	62-1587327							
Organization type (check	cone):								
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	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								
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule. See instructions.							
General Rule									
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions t any one contributor. Complete Parts I and II. See instructions for determining a contr								
Special Rules									
sections 509(a)(any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% so (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1: utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the EZ, line 1. Complete Parts I and II.	3, 16a, or 16b, and that received from							
year, total contr	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year									
	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o								

Name of organization

Employer identification number

THE ELEPHANT SANCTUARY IN TENNESSEE

62-1587327

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$357,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE ELEPHANT SANCTUARY IN TENNESSEE

62-1587327

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	**************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Note the second copy of the Copy and the Cop
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
, and a second second		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
AMA		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

			990 990-FZ, or 990-PF) (2019

Employer identification number

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62-1587327

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this into, once.) \$ Use duplicate copies of Part III if additional space is needed.						
(a) No.			(a) Decreiption of hour side in hold				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	SANAHAN RAMAN PARIN PARI						

İ		(e) Transfer of gift					
			Deletionation of transferor to transferor				
ŀ	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee				
l	And the state of t						
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
www.	***************************************						

ŀ	(e) Transfer of gift						
ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
	4-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
FRILL							

		(e) Transfer of gift	er of gift				

	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	And the state of t	**************************************					
		(e) Transfer of gift					
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	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE ELEPHANT SANCTUARY IN TENNESSEE

Employer identification number 62-1587327

Pai			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(L) For all and Alexander
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		1 1 1 1
	impermissible private benefit?		Yes No
Pa			IV, Ine /.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea	, h	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		1 1
	listed in the National Register	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
_		utra a se da tatata a a a a a a se a a a a a a a a a a a a	a agamenta during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
_	S	2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(A) (E) (2)
8	Does each conservation easement reported on line 2(d) abo		1 1 1 1
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.	of Art. Historical Trassures, or Oth	or Similar Assats
ra	Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	n 000 Port IV line 8	or Ommar Moorio.
			halanca chaet works
Ta	If the organization elected, as permitted under FASB ASC 9		
	of art, historical treasures, or other similar assets held for pu		lesance of public
	service, provide in Part XIII the text of the footnote to its fina		anno about warks of
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in function	ance of public service,
	provide the following amounts relating to these items:		b
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		***************************************
2	If the organization received or held works of art, historical tre		ain, provide
	the following amounts required to be reported under FASB		
а	Revenue included on Form 990, Part VIII, line 1		L A
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

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

3 Using the organizations Admintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued collection terms (check all that apply): a	Sched	dule D (Form 990) 2019 THE ELE	PHANT SANC	CUARY IN T	ENNESSEE		62-15	87327	Page 2
a Public orbibition d			ollections of Ar	t, Historical Tr	easures, or Otl	ner Simili	ar Asse	ts (continu	ed)
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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 mantained as part of the organization collection? Ves No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization analysed, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following fable: Ves No b If "Yes," explain the arrangement in Part XIII and complete the following fable: C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 1 Ending balance 2 Dut the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? Ves No b If "Yes," explain the arrangement in Part XIII Check her if the explanation has been provided or Dart XIII Part I Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance 2 Distributions (a) Current year (b) Prior year (c) Prior years (c) Time years back (c) Time years back 1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance 2 (a) Fine years (b) Fine years (c) Fine years (c) Fine years (d) Time years back (c) Time years back (c) Fine years back 1 Contributions 2 (a) Gurent year (b) Prior year (c) Prior years (a) Fine years (b) Contributions 1 Security of the prior years 1 Security of the prior years 2 (a) Fine years (b) Fine years (c) Fine years (c) Fine years (d) Time years (e) Fine years (e) Fine years (e) Fine years (e) Fine	3	Using the organization's acquisition, accessi-	on, and other record	s, check any of the	following that make	significant	use of its		
b Scholarly research e		collection items (check all that apply):		<i></i>					
C Preservation for future generations 4 Provide a description of the organization sollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization sollect 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? Ves No but to establish the provided and amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves \ No bit Y'es, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part \ Part \ Part \ Part \ Part X	а	Public exhibition	d	Loan or excl	nange program				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to risise funds unther than to be maintained as part of the organization's collection? Part XII Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: 1	b	Scholarly research	e	Other		i pi ngugaya ya wa watan sa karani sa katani a karani a	-	······································	1900-1100-1100-1100-1100-1100-1100-1100
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? Part M Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. Is the organization an angunt rustues, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21. Is the organization answered "Yes" or other intermediary for contributions or other assets not included on Form 990, Part X line 21. Is 1'Yes,' explain the arrangement in Part XIII and complete the following table: Beginning balance C Beginning balance Is 1 d	c	c Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt purpo	ose in Part	i XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an apent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Beginning balance □ Beginning balance □ Distributions during the year □ Distributions	5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simi	lar assets	- Proposition	~	
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Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par								
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did TY'es, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 5 Did Ty'es, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 6 Did Ty'es, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 6 Did Ty'es, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 7 Did Ty'es, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 8 Did Ty'es, "explain the arrangement in Part XIII. Check here if the explanation answered "Yes" on Ine 8,682, 13,13,765, 1,18,19,765, 1,718,462, 1,719,7842								***************************************	
b if Yes,* explain the arrangement in Part XIII and complete the following table: c Beginning balance	. 1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribution	s or other assets n	ot included	r	7	I
d Additions during the year e Distributions during the year f Ending balance d Additions during the year e Distributions during the year f Ending balance 2D Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes		on Form 990, Part X?	*********************	,.,.,	***********	*************	L_	Yes	L No
C Beginning balance C	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					***************************************
d Additions during the year e Distributions during the year f Ending belance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (do) Three years back (do) Three years back (e) Four years back (figure years) years back (figure years)						<u> </u>		Amount	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance 2 0 Current year (a) Current year (b) Prior year (c) Two years back (d) Tirree years back (d) Tree years back	c	Beginning balance	***************************************			1c		***************************************	······································
Ending balance	d	Additions during the year	*******************************		***************************************	1d	*****	the state of the s	***************************************
Description of property Beginning of year balance 1,964,795, 2,003,807, 1,819,706, 1,718,462, 1,719,358, 1,964,795, 2,003,807, 1,819,706, 1,718,462, 1,719,358, 1,964,795,	e	Distributions during the year	*******************		*********	<u>1e</u>	MANAGEMENT STATE OF A	***************************************	
Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, Iline 10. 1a Beginning of year balance 1,964,795 2,003,807 1,619,705 1,718,462 1,719,358 Contributions 2,018,055 186,882 134,050 43,731 77,949 Contributions 336,197 -216,451 62,513 68,930 -67,577 (a) Contributions 336,197 -216,451 62,513 68,930 -67,577 (b) Prior years back Contributions 2,018,055 186,882 134,050 43,731 77,949 (b) Prior years back Contributions 2,018,055 186,882 134,050 43,731 77,949 (c) Prior years back Contributions 2,018,055 186,882 134,050 43,731 77,949 (c) Prior years back Contributions 2,018,055 (c) Prior years back Contributions						****			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back years (d) Th							,	_ Yes	∐ No
The percentages or quasi-endowment Mark	THEORY & SAME PARTY OF						<u> </u>	***************************************	
1 Beginning of year balance	Par	tV Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo					
b Contributions			,				***************************************		
C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses f								1,	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses									
e Other expenditures for facilities and programs f Administrative expenses 7,541. 9,443. 12,462. 11,417. 11,268. g End of year balance 4,311,506. 1,964,795. 2,003,807. 1,819,706. 1,718,462. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 54.39 % b Permanent endowment ▶ 45.61	C	Net investment earnings, gains, and losses	336,197.	-216,451.	62,513	-	00,930.	-	-01,311.
## Administrative expenses	đ	Grants or scholarships				_	***************************************		
## Administrative expenses	•	Other expenditures for facilities				ĺ	ļ	ĺ	
g End of year balance							11 A17		11 260
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 54.39 % b Permanent endowment ▶ 45.61					<u> </u>				TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER
Board designated or quasi-endowment ▶ 45.61	g			~;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	E	1 1,0	13,700.	L	110,402.
b Permanent endowment ▶ 45.61 % c Term endowment ▶	2		rent year end balanc		i)) neid as:				
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) 1a Land 2,068,200. 2,068,200. 4,969,264. 5,341,120. b Buildings 10,310,384. 4,969,264. 5,341,120. c Leasehold improvements d Equipment 7,971,676. 6,018,579. 1,953,097. e Other Other	а			%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) A part VIII the intended uses of the organization's endowment funds. Part VIII Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (d) Book value 1a Land (d) Book value 2,068,200. 2,068,200. 2,068,200. 5,341,120. c Leasehold improvements d Equipment 7,971,676. 6,018,579. 1,953,097. e Other		1 Olli (Editori) Olloco Trilloric p	merina seminar						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Pert VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Buildings 10,310,384. 4,969,264. 5,341,120. Leasehold improvements Equipment 7,971,676. 6,018,579. 1,953,097. Equipment Other Other	¢		• •						
Vest Volume Vest	_			nting that are bald a	mel administrated fo	r tha aranni	rotion		
(ii) Unrelated organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) X	38		ession of the organiza	ation that are new a	ilu auriiilistereu io	i tile digalii	Lation	T,	Vac No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (investment) basis (other) c Leasehold improvements d Equipment 7,971,676. 6,018,579. 1,953,097. e Other								100	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 2,068,200. 5 Buildings 10,310,384. 4,969,264. 5,341,120. c Leasehold improvements d Equipment Other Other 7,971,676. 6,018,579. 1,953,097. 2,135,233. 908,027. 1,227,206.		•						- Tara	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,068,200. 2,068,200. b Buildings 10,310,384. 4,969,264. 5,341,120. c Leasehold improvements 7,971,676. 6,018,579. 1,953,097. e Other 2,135,233. 908,027. 1,227,206.	£.							- Immunitation and and	- = -
Part VI Land, Buildings, and Equipment.		1,1.			***************************************			. LYLL	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land Description of property 1b Land Description of property (b) Cost or other basis (other) 2, 068, 200. 2, 068, 200. 2, 068, 200. 2, 068, 200. 2, 068, 200. 2, 068, 200. 2, 068, 200. 3, 310, 384. 4, 969, 264. 5, 341, 120. C Leasehold improvements d Equipment Other Other	The state of the s			Willett fullds.			**************************************		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	1 0			Part IV line 11a S	See Form 990 Part	X. line 10.			
tal Land basis (investment) basis (other) depreciation b Buildings 2,068,200. 2,068,200. c Leasehold improvements 10,310,384. 4,969,264. 5,341,120. c Leasehold improvements 7,971,676. 6,018,579. 1,953,097. e Other 2,135,233. 908,027. 1,227,206.	***************************************						ed T	(d) Book	value
1a Land 2,068,200. 2,068,200. b Buildings 10,310,384. 4,969,264. 5,341,120. c Leasehold improvements 7,971,676. 6,018,579. 1,953,097. e Other 2,135,233. 908,027. 1,227,206.		Description of property	1 ' '				1	(a) Doon	vaido
b Buildings 10,310,384. 4,969,264. 5,341,120. c Leasehold improvements 7,971,676. 6,018,579. 1,953,097. d Equipment 2,135,233. 908,027. 1,227,206.		1 000						2,068	,200.
c Leasehold improvements d Equipment Other Other D Solidings 7,971,676. 6,018,579. 1,953,097. 2,135,233. 908,027. 1,227,206.						,969.2			
d Equipment 7,971,676 6,018,579 1,953,097. e Other 2,135,233 908,027 1,227,206.						A CONTRACTOR OF THE PARTY OF TH			naporona procedente de la compansa d
e Other 2,135,233. 908,027. 1,227,206.	_			7.97	1,676. 6	,018,5	79.	1,953	3,097.
O (1) (3)									
	Total	LAdd lines 1a through 1e. (Column (d) must e	egual Form 990, Part						

Schedule D (Form 990) 2019

3,108,872. Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes SALES TAX PAYABLE TUFT BOOK PUBLICATION (3) (4)(5)(6)(7) (8)(9)918. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	13,183,824.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	7,108,579.		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	352,188.		
0	Add lines 2a through 2d	*******		2e	7,460,767.
3	Subtract line 2e from line 1		,,,,,,,,,,,,,,	3	5,723,057.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	163,933.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	163,933.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,886,990.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			·	· Control of the Cont
1	Total expenses and losses per audited financial statements	*******	. (-	1	5,400,126.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	······································		
C	Other losses	2c			
đ	Other (Describe in Part XIII.)	2d	2,500.		
e	Add lines 2a through 2d		*************************	2e	2,500.
3	Subtract line 2e from line 1		***************************************	3	5,397,626.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	y .			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	163,933.		

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

c Add lines 4a and 4b

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE ACCORDINGLY, THERE ARE NO PROVISIONS FOR LIKELY THAN NOT" STANDARD. INCOME TAXES, PENALITIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX POSITIONS.

163,933.

5,561,559.

4c

Schedule D (Form 990) 2019 THE ELEPHANT SANCTUARY IN TENNESSEE	62-1587327 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST AGREEMENTS	352,188.
	Marchet van des en marchet marchet des
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
HIGHLAND LAKE PROPERTIES EXPENSES	2,500.
	paramatera de la composita de la paramatera de la composita de la composita de la composita de la composita de
PART V, LINE 4	
AN ELEPHANT ENDOWMENT FUND HAS BEEN ESTABLISHED FOR THE LONG	3-TERM CARE OF
THE SANCTUARY'S CURRENT RESIDENTS. ADDITIONALLY, IN 2018,	NEW EDUCATION
AND OUTREACH ENDOWMENT FUND WAS ESTABLISHED. DONATIONS TO THE	HE ENDOWMENT
FUNDS ARE PERMANENTLY RESTRICTED WITH THE PRINCIPAL HELD IN	2011/01/20
ACCOUNT. A PERCENTAGE OF THE ANNUAL INTEREST GROWTH IS USED	FOR THE
ELEPHANT'S CARE, EDUCATION, OR OUTREACH.	
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	макентун батам макентун макентун учен үйсө бүрүнү үйсө бүрүнүү үйсө бүрүнү үйсө бүрүнү бүрүнү бүрүнү бүрүнү бүр

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" on Form 990, Part IV. line 14b, 15. or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 62-1587327 THE ELEPHANT SANCTUARY IN TENNESSEE Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (c) Number of (d) Activities conducted in the region (a) Region (b) Number of expenditures émployees, agents, and (by type) (such as, fundraising, prois a program service, offices for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region 0. 0 3 a Subtotal **b** Total from continuation 0. 0 sheets to Part I c Totals (add lines 3a and 3b)

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

Schedule F (Form 990) 2019

F (Form 990) 2019 THE ELEPHANT SANCTUARY IN TENNESSEE 62–1587327

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2019

Part II Grants and Other

(i) Method of valuation (book, FMV, appraisal, other)								9
(i) Me valuation (apprais	CASH	CASH	CASH	CASH	CASH	CASH		
(h) Description of noncash assistance								
(g) Amount of noncash assistance	.0	.0	.0	0.	0.	Ô		exempt •
(f) Manner of cash disbursement	CHECK	WIRE	WIRE	WIRE	СНЕСК	WIRE		, recognized as tax-
(e) Amount of cash grant	25,000.	13,800.	20,000.WIRE	10,000.	.000,08	.000,9		foreign country er
(d) Purpose of grant	RESEARCH MALE AFRICAN ELEPHANTS	EQUI PMENT	BEHAVIORAL WORKSHOP	BOTSWANA ABANDONED CALVES	ELEPHANT RESCUE AND CARE	PROVIDE ELEPHANT CARE		Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region	SUB-SAHARAN AFRICA		ASIA	SUB-SAHARAN AFRICA	SOUTH AMERICA	4 T		ns listed above that are unsel has provided a se
(b) IRS code section and EIN (if applicable)	9							Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has I
1 (a) Name of organization								2 Enter total number of by the IRS, or for whi

31

62-1587327

THE ELEPHANT SANCTUARY IN TENNESSEE

Schedule F (Form 990) 2019 THE ELEPHANT SANCTUARY IN TENNESSEE 6.2-156/52/
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

		,			
(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of noncash assistance				:	
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	T Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	X No
	Sch	edule F (For	m 990) 20

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

Boot I. Ougations Passarding Companyation

Department of the Treasury Internal Revenue Service

THE ELEPHANT SANCTUARY IN TENNESSEE

Employer identification number 62-1587327

to Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel		act Questions regarding Compensation		V T	<u> </u>
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel				105	NO
First-class or charter travel	1a				
Travel for companions					
Tax indemnification and gross-up payments					
Discretionary spending account Personal services (such as mald, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimburnement or provision of all of the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation or onsultant Compensation survey or study Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment from, a supplemental nonqualified retirement plan? Actif "Yee" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. The organization? Actif "Yee" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Actif "Yee" on line 5a of 5b, describe in Part III. For persons listed or Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Actif "Yee" on line 6a or 6b, describe in Part III. For persons listed or Form 990, Part VII, Section A, line 1a, did					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		positioning			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Tompensation survey or study Porm 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation a		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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THE ELEPHANT SANCTUARY IN TENNESSEE

Schedule J (Form 990) 2019 THE ELEPHANT SANCTUARY IN TENNESSEE 62–1587327 Page 2

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Schedule J (Form 990) 2019 THE ELEPHANT SANCTUARY IN TENNESSEE

Part II Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 201	

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization Employer identification number THE ELEPHANT SANCTUARY IN TENNESSEE 62-1587327 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved by board or (i) Written (d) Loan to or (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In default? agreement? with organization principal amount interested person of loan committee? organization? Yes Yes No To From No No Yes Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (c) Amount of (d) Type of (a) Name of interested person (b) Relationship between assistance assistance assistance interested person and the organization

Schedule L (Form 990 or 990-EZ) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Schedule M (Form 990) 2019

THE ELEPHANT SANCTUARY IN TENNESSEE 62-1587327 Types of Property (b) (d) (a) (c) Number of Noncash contribution Check if Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art · Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property X 38,272.FAIR MARKET VALUE Securities - Publicly traded 13 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 9,605.FAIR MARKET VALUE (FOOD & OTHER) 30 X 25 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for 30a X exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes." describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

932141 09-27-19

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

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#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ ➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 62-1587327

THE ELEPHANT SANCTUARY IN TENNESSEE FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ELEPHANTS IN THE WILD. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE ORGANIZATION ADDED THE INTERN PROGRAM IN 2019. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: *2319 VISITORS AT THE ELEPHANT DISCOVERY CENTER FROM 33 DIFFERENT STATES AND 3 COUNTRIES *12 SCHOOL FIELD TRIPS HOSTING 570 LOCAL STUDENTS FORM 990, PART VI, SECTION B, LINE 11B: WHEN WE RECEIVE THE FORM 990 PREPARED BY OUR TAX PREPARER (CPA), A MEMBER OF MANAGEMENT AND THE FINANCE COMMITTEE WILL REVIEW THE TAX RETURN IN IN ADDITION, A COPY OF THE COMPLETE RETURN IS DETAIL PRIOR TO ITS FILING. PROVIDED TO THE ENTIRE GOVERNING BOARD FOR REVIEW AND COMMENT PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. ALL EMPLOYEES SIGN A WRITTEN CONFLICT OF INTEREST POLICY UPON HIRE. 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

SCHEDULER

(Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

Open to Public Inspection 2019

Department of the Treasury Internal Revenue Service

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Employer identification number 62-1587327 THE ELEPHANT SANCTUARY IN TENNESSEE

Schedule R (Form 990) 2019 (g) Section 512(b)(13) No controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets Public charity status (if section **e** 501(c)(3)) Total income Exempt Code section T g Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity

932161 09-10-19 LHA

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Schedule R (Form 990) 2019 THE ELEPHANT SANCTUARY IN TENNESSEE

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?	ntage rship
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	inizations Taxable soration or trust dur	as a Corpo ing the tax y	ration or Trust. Co ear.	omplete if the	e organization ar	nswered "Yes	" on Form 99(	), Part IV, line	34, because it h	ad one or	more rek	ated
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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		+	n Parts II-IV?	elated organizations listed	with one or more	the tax year, did the organization engage in any of the following transactions
9 <b>0</b>	es No	7				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	related, unrelated, societated, societated, societated, societated, societated from the under societated from the under societated from the under societated societat	Att all partners sec. 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate affocations?	amount in box 20 managing ownership of Schooling K-1 partner?	General o managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	(Form 1065)	Yes No	
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