Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

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

and ending For the 2023 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Tennessee Aquarium Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 58-1837154 Name change E Telephone number One Broad Street, P.O. Box 11048 ZIP code State Initial return (423) 785-2054 37402 TN Chattanooga Final return/terminated Foreign postal code Foreign province/state/county Foreign country name 36,745,620 Gross receipts \$ Amended return Yes X No H(a) Is this a group return for subordinates? F Name and address of principal officer: Application pending Gordon A Stalans 201 Chestnut Street, P.O. Box PO Box 11048, Chattan H(b) Are all subordinates included? If "No," attach a list. See instructions 4947(a)(1) or (insert no.) Tax-exempt status: X 501(c)(3) H(c) Group exemption number www.tnaqua.org Website: M State of legal domicile: L Year of formation: ΤN X Corporation Trust Association Other Form of organization: Summary Part I The mission of the Tennessee Aquarium is to Briefly describe the organization's mission or most significant activities: 1 connect people with nature and empower them to make informed decisions about water and Activities & Governance wildlife if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) . 346 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . 350 6 Total number of volunteers (estimate if necessary) 524,902 Total unrelated business revenue from Part VIII, column (C), line 12. 7a Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 4,245,690 3,999,600 Contributions and grants (Part VIII, line 1h) . . . 25,000,337 22.815.463 Program service revenue (Part VIII, line 2g). 9 957,898 473,247 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,287,386 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,089,225 11 31,491,311 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 28,377,535 12 0 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 13,446,427 11,957,654 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 15 0 n Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) 14,907,349 13,682,883 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 28,353,776 25,640,537 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 18 3,137,535 Revenue less expenses. Subtract line 18 from line 12. 2,736,998 19 **End of Year Beginning of Current Year** 81,816,887 85,474,519 Total assets (Part X, line 16). 20 16,653,831 18,239,281 21 Total liabilities (Part X, line 26) . 68,820,688 63,577,606 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/15/2024 Sign Signature of officer Here Vice-President: COO, CFO, CIO Gordon A Stalans Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check X if Paid self-employed 12/13/2024 Gordon A Stalans Gordon A Stalans Preparer Firm's EIN Firm's name **Use Only** Phone no. Firm's address May the IRS discuss this return with the preparer shown above? See instructions

om 9	90 (2023)	Tennessee Aquarium	58-1837154	Page 2
Par		Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly (lescribe the organization's mission:		
•	The mis	sion of the Tennessee Aquarium is to connect people with nature and empower them to formed decisions about water and wildlife		
2	the prio	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?	Tyes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
J	services	6?	. Yes	X No
_	If "Yes,"	describe these changes on Schedule O. e the organization's program service accomplishments for each of its three largest program service	es, as measured by	•
4	expens	et the organizations program service accomplishments for each of its three largest programs. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a Lexpenses, and revenue, if any, for each program service reported.	llocations to others	i,
4a			nue \$)
70	The Ter	nnessee Aguarium, a highly visited attraction, consistently rates very high in guest		
	satisfac	tion. After more than 30 years, the Aquarium continues to be a major catalyst for economic		
	develor	ment, providing strong fiscal and economic impacts on the region. In 2023, the Aquarium		
	welcom	ed more than 779,000 visitors. Guests are immersed in the fascinating stories of life above		
	and bel			
	global e	cosystems are home to more than 10,000 animals representing 550 species. Many animals are		
	part of	species survival plans coordinated by zoos and aquariums across the country. The Aquarium		
	has bee	en continuously accredited by The Association of Zoos and Aquariums for over 30 years, gour commitment to the highest standards of animal care. This accreditation also reflects		
	animin	g our commitment to the highest standards of animal care. This accreditation also operates		
		X 3D theater showing educational and inspiring films daily.		
4b	(Code:) (Expenses \$ 711,906 including grants of \$) (Rever	nue \$)
	The rive	ers of the southeastern United States harbonsome of the highest freshwater diversity on		
	the plan	net. The Tennessee Aquarium Conservation Institute furthers the mission of the Tennessee		
	Aquariu			
	ecosys			
		ned in a LEED Gold-certified freshwater science center on the banks of the Tennessee River.		
	There,	041 00101111010 14011111 11111111111111		
	vital for	Odi Odilodi taddii pidiimii 3 militari i a di		- 1
	of diver	isty that need protection. One signature program is the propagation and reintroduction of turgeon to the Tennessee River. The Tennessee Aquarium and its partners have released more		
		10,000 Lake Sturgeon.		
	man 40	0,000 Lake Sturgeon.		
4c	(Code:) (Expenses \$ 597,602 including grants of \$) (Rever	nue \$)
	The Te	nnessee Aquarium is a leader in environmental and conservation education and has received		
	overwh	elming acclaim for its education programs. Frequently honored for its conservation		
	educat	on and research work, the Aquarium has also received awards for its customer service and		
	visitor	Apononioo, molading outros. value / Later and a later		
	Federa			
	Conse	vation award. Aquarium educators have connected more than 2.5 million students with the		
	natural	11010 HILOUSI, 010 . Man. M. L.		
	severa			
	prograi	ms, and educational IMAX films. The Aquarium offers complimentary admission and bus		
	transpo	ortation for economically disadvantaged students in Title 1 schools.		
4d	Other r	program services (Describe on Schedule O.)		
	(Expen	A 3 /D	0)	
4e	Total p	rogram service expenses 20,099,843		

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Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Χ 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 Х assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. 👠 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors ß have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 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 I Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete X 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Χ 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 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 Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	Checklist of Required Schedules (continued)	1	Yes	No
			169	140
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		[
	employees? If "Yes," complete Schedule J.	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			İ
	\$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 line 25a	24a	Χ	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
252	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		<u>X</u>
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		î	
Ŋ	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	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 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes " complete Schedule L. Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	<u> </u>
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
•	"Yes " complete Schedule I Part IV	28c	X	<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes." complete Schedule M	30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			,_
	complete Schedule N. Part II.	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	24		×
	III, or IV, and Part V, line 1	34 35a		+^
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35b		1
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	335	 	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		X
	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	37		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	ļ		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	38	X	
В	19? Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in the Cart V		Yes	No
٠.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			1331
1a	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	7		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	reportable garning (garnoling) withings to prize without.	Form	990	(2023)

Form 99	oo (2023) Tennessee Aquarium 58-1837	7154	P	age 5
Part			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 346			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ_	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
	required to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7-		V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		 ^-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	79 7h		\vdash
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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?	.Ja		
h	Enter the amount of reserves the organization is required to maintain by the states in which		1	
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			14.5
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

if "Yes," complete Form 6069.

Form 990 (2023)	Tennessee Aquariu					
Dart VI	Governance.	Manageme				

Sect	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		<u>X</u>
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 of other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was med?	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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			983
, u	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	le there any officer director trustee, or key employee listed in Part VII. Section A, who cannot be reached			
_	at the organization's mailing address? If "Yes." provide the names and addresses on Schedule U.	9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)	T
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	X
b	If "Ves " did the organization have written policies and procedures governing the activities of such chapters,	4.05		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	-	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the ergenization have a written conflict of interest policy? If "No." go to line 13	12a 12b	Ŷ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	 ^	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	X	
	describe on Schedule O how this was done.	13	X	
13	Did the organization have a written whistleblower policy?	14	x	1
14	Did the organization have a written document retention and destruction policy?	1-7	^	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data and contemporaneous substantiation of the deliberation and decision?	15a	Х	
а	The organization's CEO, Executive Director, or top management official.	15b	$\overline{}$	
þ	Other officers or key employees of the organization .	100		1 1
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
	with a taxable entity during the year?	100		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	16b		
	the organization's exempt status with respect to such arrangements?	1,44		
	List the states with which a copy of this Form 990 is required to be filed TN			
17	List the states with which a copy of this Form 990 is required to be filed TN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	501(0	;)	
18	Section 6104 requires an organization to make its Forms 1023 (1024 of 1024-A, if applicable), 600, 610 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•	•	
))		
4.5	Own website X Another's website X Upon request Control of Other (explain on Schedule O bescribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest part of the control of the conflict of interest part of the control of the conflict of interest part of the conflict of the conflict of the conflict of interest part of the conflict of			
19	and financial statements available to the public during the tax year.	•		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	GORDON A STALANS 423-785-2054			
	201 CHESTNUT STREET, CHATTANOOGA, TN 37402			
			~~^	

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58-1837154	Page /

Form 990 (2023)	Tennessee.	Aguarium
(C)()) 000 (L0L0)	TOTTI TOUGO	riqualia

Part VII

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

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		unles	eck s pe d a d	ition more rson irect	n o is both or/truste employee	an)	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Waiter K Sanford	40.00		6							10,016
President, CEO	0.00		-	Х	_			303,434		10,016
(2) Gordon Stalans	40.00				V			237,064		21,792
Vice President	0.00		⊢		Х			237,064		21,192
(3) Anna George	40.00 0.00				x			158,987		12,625
Vice President	40.00	-	\vdash		^			130,907		12,020
(4) Julie Piper	0.00				x			159,686		453
Vice President	40.00	_	\vdash	\vdash	<u> </u>			100,000		
(5) Thom Benson	0.00	1			Х			144,766		10,016
Vice President (6) Melanie King	40.00	_	\vdash		^			171,100		
Vice President	0.00					x		142,758		4,901
(7) Thom Demas	40.00	_	Т			-		,.		
Vice President	0.00					х		133,701		4,901
(8) Peter Burman	40.00		\vdash	Г						
Director	0.00					X		130,841		4,877
(9) Rodney Fuller	40.00									
Director	0.00					Х		122,297		10,016
(10) Micheal Floyd	40.00									122 V 27mm27
Vice President	0.00					Х		113,834		12,625
(11) Val Armstrong	8.00									
Chair	0.00	X		X				0		
(12) Catherine Colby	4.00	- 1								
Secretary	0.00		_	X	_	_	_	0		
(13) Cameron Doody	2.00	- 1								
Trustee	0.00		-	_	├-	-	_	0		
(14) Wade Hinton	2.00	- 1								
Trustee	0.00) X		_] 0		5 990 (2022)

58-1837154	Page 8
(continued)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
Part VII Section A. Onicers, Bircotors, Tractors, Tracto														
		(B)	/da a	-+ -h	Posi		than o	ne	(D)	(E)			(F)	
Namo Namo	(B) Average	box, i	unles	s per	rson	is both	an	Reportable	Reportable		Estimat		unt	
hours					l a director/trustee			ee)	compensation from the	compensation from related			other ensatior	a
		per week (list any	Individual trustee or director	2	Officer	Key employee	Highest compensated employee	Former		organizations (V		fro	m the	
	inte	hours for	ividu	主	3	0	nest	Jer T	1099-MISC/	1099-MISC/		organiz related o	ation ar	
		related	함	3		탕	8 g		1099-NEC)	1099-NEC)		related o	iganizat	10110
		organizations below	rust	institutional trustee		88	npe							
		dotted line)	8	2 2			nsat							
				-			8							
(4E) Candy C. Johnson		2.00												
		0.00	x						0					
Trustee		0.00												
		0.00	X						0	,				
Trustee (47) Stooy Lightfoot		2.00	_											
Trustee		0.00	1					1	0		\rightarrow			
		4.00			Г			\ \						
Vice Chair/Chair Elect		0.00	X		X				0		\rightarrow			
	en	2.00					4							
Trustee		0.00	X						0		\rightarrow			
		4.00												
Treasurer		0.00	X		X			1	0		\rightarrow			
		2.00		4		-		1						
Trustee		0.00	X						0		\rightarrow			
	~	2,00					1							
Trustee		0.00	X		-				0		\rightarrow			
					-									
-X-22			K		L	_		_			\rightarrow			
(24)														
				\perp	\perp	_		-						
(25)														
		1	1	\perp					4.047.000		0		92	,222
					٠				1,647,368		0			0
	uation sheets to Part VII, S								1,647,368		0		92	,222
d Total (add lines 1	b and 1c)							inio	1,047,300	0 000 of				,
2 Total number of in-	dividuals (including but not l	imited to those ii	stea a	apo	ve)	WHO) (ece	ive		0,000 01				11
reportable comper	nsation from the organization												Yes	No
		eter frustee ke	w o m	nio	V00	or	hiahe	et c	omnensated		- [
3 Did the organization	on list any former officer, dir	ector, trustee, ke	odivio	lust lust	yee,	OI.	ingilo	,5: 0	omponoucu		.	3		Х
employee on line	1a? If "Yes," complete Sche	dule 3 for Saciffi	IUIVIU	ıuar	 	-		-						
4 For any individual	listed on line 1a, is the sum	of reportable co	mper	ารสเ	ion i	ano " •••	otnei	1 00	inpensation non	· ·h				
	nd related organizations gre	ater than \$150,0	JUU ? .	II T	es,	COI	npiei	e 3	Criedule o for suc	<i></i>		4	Х	
individual				•	•	•				ividual				
5 Did any person lis	sted on line 1a receive or acc	crue compensati	on fro	om a	any :	unre	elated	or	ganization or ind	Ividuai		5		Х
for services rende	red to the organization? If "	Yes," complete S	chea	lule	J to	r su	cn pe	erso	n .		•	<u> </u>		
Section B. Independe	nt Contractors				-1	-4	- 44 -4		sived more than	\$100 000 o				
 Complete this tab 	le for your five highest comp	ensated indeper	ndent	[COI	าเเล	CLOT	s mai	din	eiveu more man a with or within th	ne organizati	on's	tax ve	ar.	
compensation from	m the organization. Report o	compensation for	the c	Cale	ilua	ı ye	al eli	T	(B)	10 0, ga	<u> </u>	(C)	
	(A) Name and business ad	Mraee						-	Description of se	ervices	C	Compen		
		N RIDGE DRIVE	MET	NINIA	٠. ١	H 44	4256	h	IGITAL ADVERT				1,248	3,674
IMPACTS RESEARCH		HILLEVARD CHA	TTAN	100)GA	TN	374		LECTRIC SERV				1,215	5 <u>,276</u>
ELECTRIC POWER BO		HILL CIRCLE C	HATT	AN	000	GA.	TN 3	7 G	ROUP HEALTH	INSURAN			969	9,701
BLUECROSS BLUESH	102 CEDAR I	ANE CHATTAN	006	A. T	N 3	742	1	C	ONSTRUCTION	SERVICE			659	9,747
COUNTS COMPANY	370 DIRECT	CONNECTION	DRIVE	E R	oss	SVIL	LE, C		VAC SERVICES				553	3,278
2 Total number of ir	ndependent contractors (incl	uding but not lim	ited t	to th	ose	list	ed ab	OOVE	e) who received					
more than \$100 0	000 of compensation from th	e organization					2	7				1100		
more than \$100,0												Form	990	(2023)

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or r	note to any line in	this Part VIII			📙
		Check it delication of delication a respec		1	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512-514
	4.	End-outed commissions	10	0				
क क	_	Federated campaigns	1a 1b	2,555,883				
흔	þ	Membership dues	-	45,590				
ا ق		Fundraising events	1c	45,590				
Contributions, Giffs, Grants and Other Similar Amounts		Related organizations	1d	704.075				
3, E		Government grants (contributions)	1e	781,975				
Sign	f	All other contributions, gifts, grants, and	1 45	000 040				
풀		similar amounts not included above	1f	862,242		0		
풀히	g	Noncash contributions included in						
충필		lines 1a–1f	1g	\$ 0	4 245 600			
	<u>h</u>	Total. Add lines 1a-1f	• • •		4,245,690	-		
_			- 1	Business Code	20 245 264	20,345,364		
Program Service Revenue		Admissions Revenue		713990 713990	20,345,364 2,498,864	100		
6 5 S		Auxiliary Sales			1,018,974	1,018,974		
gram Serv Revenue		Parking Fees		900002	754,525			
e a	d	Photography Fees		713990				
<u> </u>	е	Education Program Fees			382,610	362,010		
Ē	f	All other program service revenue			OF 000 007			
	g	Total. Add lines 2a–2f			25,000,337			
	3	Investment income (including dividends,			1,096,791			1,096,791
		other similar amounts)						1,030,731
	4	Income from investment of tax-exempt bo	ceeds	0				
	5	Royalties		(ii) Personal	0			
	_	 " -		(II) Personal				
	6a		30,765					
	þ		21,540					
	С		09,225	0	400 225	409,225		
	_d	Net rental income or (loss)	wition	(ii) Other	409,225	409,223		
	7a	0,000 0,000	Ullines 4	(ii) Otrici				
		sales of assets	00 050	o				
_	_		08,059	U				
Revenue	D	Less: cost or other basis	46,952	o				
Š	_		38,893	0			Sees 15 Little	
8			30,093	U	-138,893			
ē	a	Net gain or (loss)	· —		-100,000			
Othe	oa	events (not including \$ 45,590						
_		of contributions reported on line 1c).	-					
		See Part IV, line 18	8a	120,500				
	h	Less: direct expenses	8b	31,653				
	b	Net income or (loss) from fundraising eve		0.,,555	88,847			
	C 9a	and the same of th						
	Эа	See Part IV, line 19.	9a	0				
	b	Less: direct expenses	9b	0				
	C	Net income or (loss) from gaming activiti			0			
	10a	Gross sales of inventory, less	•					
	.va	returns and allowances	10a	142,793	Children of the Control of the Contr	1 1 1 1 1 1 1 1	-	
	b	Less: cost of goods sold	10b					
	C	Net income or (loss) from sales of invent			-11,371	-11,371		
		Hot moone or (1996) non eales of myone		Business Code				
Miscellaneous Revenue	112	Contract Services		541610	524,902	2	524,902	2
scellaneo Revenue	b	Sponsorship Income		713990	201,189			
e s	c	Other Income		713990	74,594	74,594	1	
28 8	d	All other revenue			(
Ĩ	e	Total. Add lines 11a–11d			800,685	5		
2.	12	Total revenue. See instructions			31,491,311	1 25,673,974	524,902	1,096,791

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).

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

	Check it Schedule O contains a response of note i			(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) 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	0			
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
J	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0		Las	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
J	trustees, and key employees	1,058,821	171,612	887,209	
6	Compensation not included above to disqualified	1,000,000			
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	9,940,944	7,445,942	2,089,152	405,850
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
٠	section 401(k) and 403(b) employer contributions)	601,365	384,156	189,955	27,254
9	Other employee benefits	1,054,825		596,087	19,143
10	Payroll taxes	790,472		203,196	29,620
11	Fees for services (nonemployees):	A 44			
''a	Management	0			
a b	Legal	196,140		196,140	
C	Accounting	26,700		26,700	
d	Lobbying	13,200			13,200
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees.	121,812		121,812	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	1,783,407	845,148	927,759	10,500
12	Advertising and promotion	1,730,975			1,870
13	Office expenses	75,048		58,208	1,330
14	Information technology	1,409,185		1,269,530	
15	Royalties	417,784			
16	Occupancy	2,341,955		336,461	
17	Travel	178,177	128,403	44,354	5,420
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	137,022			5,311
20	Interest	305,447	296,540	8,907	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,717,413		179,222	0
23	Insurance	260,390		260,390	
24	Other expenses. Itemize expenses not covered	The second second			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	MANAGES TO SEE		24.004	0.5
а	OPERATING SUPPLIES	649,114			85
b	REPAIRS AND MAINTENANCE	767,159			
C	SPECIMAN CARE	315,685			1,980
d	PROFESSIONAL FEES AND DUES	89,477			28,133
е	All other expenses OTHER OPERATING EXPENSES	371,259		National States of the Conference of the Confere	
25	Total functional expenses. Add lines 1 through 24e	28,353,776	20,099,843	7,704,237	549,090
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				200

Part X Balance Sheet

(B) (A) End of year Beginning of year 830,473 1 1,149,238 1 2,280,082 5,876,376 2 2 19,246 3 19,246 3 986,960 653,494 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 0 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 0 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 74 7 0 8 918,604 9 802,881 Land, buildings, and equipment: cost or 10a 132,625,657 other basis. Complete Part VI of Schedule D 10a 45,114,328 45,886,161 10c 86,739,496 10b Less: accumulated depreciation 34,808,582 27,578,771 11 11 12 0 12 0 13 0 Investments—program-related. See Part IV, line 11 . . . 13 0 14 0 14 197,479 169,485 15 15 85,474,519 81,816,887 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 2,215,359 2,748,230 17 17 18 18 1,550,211 1,529,622 19 19 12,653,361 13.552.850 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 0 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 0 0 23 Secured mortgages and notes payable to unrelated third parties 23 234,900 408.579 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete 0 25 16,653,831 18,239,281 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 67,883,368 62,710,908 27 Net assets without donor restrictions 27 937,320 866,698 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 이 29 ol 30 Paid-in or capital surplus, or land, building, or equipment fund . 30 31 Retained earnings, endowment, accumulated income, or other funds 31 68,820,688 63,577,606 32 32 85,474,519 33 81,816,887 Total liabilities and net assets/fund balances Form 990 (2023)

Part	XI Reconciliation of Net Assets		Г	\neg
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·	<u> </u>	<u>_</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>,491</u>	
2	Total expenses (must equal Part IX column (A), line 25).		3,353	
3	Povenue less expenses Subtract line 2 from line 1			, <u>535</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			,606 547
5	Net unrealized gains (losses) on investments		<u>., 105</u>	<u>,547</u>
6	Donated services and use of facilities .			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets of filling palances (explain on our ledule O)		-	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32.	68	3,820	,688
	column (B)) XII Financial Statements and Reporting			
Part	Check if Schedule O contains a response or note to any line in this Part XII.			Х
	Check it Schedule of Contains a response of note to any into its any		Yes	No
_	Accounting method used to prepare the Form 990: Cash X Accrual Other	3-31		
1	Accounting method used to prepare the Form 990:			
	Schedule O.		-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
24	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
D.	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.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
c	If IVoc! to line 2a or 2h, does the organization have a committee that assumes responsibility for oversight of			
	the audit review or compilation of its financial statements and selection of an independent accountance.	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a		X
	Uniform Guidance 2 C.F.R. Part 200. Subpart F?	OH.		<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	Form	990	(2023)
	. (7)			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.			

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number

		e organization					58-183	
	Tennessee Aquarium Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
Part	П	Reason for Public Charit	y Status. (All org	r lines 1 through 12 ch	neck only	one hox)	oce mondono.	
The c	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 17	<mark>'0(b)(1)(A)(ii)</mark> . (Atta	ch Schedule E (Form 9	990).)			
3		A hospital or a cooperative hospi	ital service organiza	ation described in secti	ion 170(b)(1)(A)(iii)		
4		A medical research organization hospital's name, city, and state:	operated in conjun	ction with a hospital de	scribed in	section	170(b)(1)(A)(iii). Ent	er the
5	11	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	nent or government	al unit described in se d	ction 170	b)(1)(A)(v	().	
7	Χ	An organization that normally redescribed in section 170(b)(1)(A	ceives a substantial \)(vi). (Complete Pa	part of its support fron art !!.)	n a gover	nmental u	nit or from the gener	al public
8		A community trust described in s	section 170(b)(1)(A)(vi). (Complete Part II	l.)			
9		An agricultural research organize or university or a non-land-grant university:	college of agricultu	ire (see instructions).	inter the r	anie, city,	and state of the con	
10		An organization that normally re receipts from activities related to support from gross investment in acquired by the organization after	o its exempt function ncome and unrelate er June 30, 1975. S	ns, subject to certain ended business taxable included business taxable included by the certain ended by the certa	come (less (Complete	section 5 Part III.)	id filore than 33 1707	0 01 113
11		An organization organized and o	perated exclusively	to test for public safet	ty. See se	ction 509	(a)(4).	
12	Electron of arts carry out the purposes of							
a		Type I. A supporting organization supported organization organization.	ation operated, superated, supera	ervised, or controlled by appoint or elect a ions A and B.	y its supp majority o	orted orga f the direc	anization(s), typically tors or trustees of th	by giving e supporting
b		Type II. A supporting organization organization (s). You must co	e supporting organia omplete Part IV. Se	zation vested in the salections A and C.	me persoi	ns that co	ntroi or manage the	supported
C		Type III functionally integra	ted. A supporting o	rganization operated ir You must complete P	aπ IV, Se	ctions A,	D, and E.	
d		Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	tegrated. A support	ing organization opera ion generally must sati	ted in con sfy a distri	nection w ibution red	ith its supported organization	entiveness
е		Check this box if the organize functionally integrated, or Ty	ation received a wri	tten determination from	n the IRS	that it is a	Type i, Type II, Typs	!
f		Enter the number of supported	organizations					0
g		Provide the following information	about the support	ed organization(s).	(in) to the o	ranjzation	(v) Amount of monetary	(vi) Amount of
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	10 listed in your governing support (see		support (see	other support (see instructions)
					Yes	No		
(A)	-							
(B)		*						
(C)								
(D)								
(E)								_
				Market Company of the	1		1 0	0

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

Sect	tion A. Public Support				(4) 0000	(e) 2023	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(i) iotai
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,052,641	4,709,571	3,739,814	4,187,600	4,245,690	20,935,316
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
	The value of services or facilities furnished by a governmental unit to the organization without charge				>	3	20,935,316
4 5	Total. Add lines 1 through 3	4,052,641	4,709,571	3,739,814	4,187,600	4,245,690	20,935,310
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			^			
_	shown on line 11, column (f)						20,935,316
6	Public support. Subtract line 5 from line 4	- The save					
	tion B. Total Support	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale	Amounts from line 4	4,052,641	4,709,571	3,739,814	4,187,600	4,245,690	20,935,316
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	1,002,011	Li				
	similar sources	371,596	411,779	524,401	550,677	1,096,791	2,955,244
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	C		105,017	111,502	216,519
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,335,962	11,449,969	22,218,886	23,302,026	26,287,723	101,594,566 125,701,645
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (s First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)	12	[
_							
	ction C. Computation of Public Su Public support percentage for 2023 (line 6,	pport Percent	by line 11 column	(f)		14	16.65%
14	Public support percentage for 2023 (ille 6, Public support percentage from 2022 Scheo	tule A Part II line	14			15	19.60%
	33 1/3% support test—2023. If the organization qualifies a	ation did not check s a publicly suppor	k the box on line 1: ted organization .	3, and line 14 is 33			
	33 1/3% support test—2022. If the organization qualification qualificati	es as a publicly su	pported organizati	OII			
	10%-facts-and-circumstances test—202 10% or more, and if the organization meets Part VI how the organization meets the fact organization	the facts-and-circumstanc	es test. The organi	ization qualifies as	a publicly supporte	 ed 	<u>X</u>
	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization r in Part VI how the organization meets the forganization.	2. If the organization neets the facts-and acts-and-circumsta	on did not check a d-circumstances te nces test. The org	box on line 13, 16; st, check this box a anization qualifies	a, 16b, or 17a, and and stop here. Ex as a publicly suppo	iline blain brited 	_
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see		_

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

Support Schedule for Organizations Described in Section 500 (4)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II
(Complete only if you discoved the box of lines of the last the la
If the organization fails to qualify under the tests listed below, please complete Part II.)
II tilo olganization iamo to quemi

Sec	ion A. Public Support					() 0000	(f) Total
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees					ļ	0
	received. (Do not include any "unusual grants.")						<u> </u>
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					A	0
	Gross receipts from activities that are not an						0
	unrelated trade or business under section 513.				-		0
	Tax revenues levied for the						
	organization's benefit and either paid to						0
	or expended on its behalf				4	>	0
5	The value of services or facilities						
	furnished by a governmental unit to the			1			
	organization without charge					-	0
6	Total. Add lines 1 through 5	0	0	0	0	0	
	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						- 0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						١ ،
	or 1% of the amount on line 13 for the year					0	0
C	Add lines 7a and 7b	0	0	0	0	U	0
8	Public support (Subtract line 7c from		/ ,	1			l 0
	line 6.)						
	tion B. Total Support		(I) 0000	(=) 2021	(d) 2022	(e) 2023	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	0		
9	Amounts from line 6	0	0	0	-		
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						0
	royalties, and income from similar sources						
þ	Unrelated business taxable income (less		· ·				
	section 511 taxes) from businesses						0
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	0	-				
11	Net income from unrelated business	1					
	activities not included on line 10b, whether		1				0
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						
	loss from the sale of capital assets)					0
13	(Explain in Part VI.)						
13	and 12)	0					0
14	First 5 years. If the Form 990 is for the org	anization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)	Γ
14	organization, check this box and stop here						<u> </u>
Sa	ction C. Computation of Public Su						
15	Public support percentage for 2023 (line 8,	column (f), divided	by line 13, column	n (f))		15	0.00%
16	Public support percentage from 2022 Sched	dule A, Part III, line	15			16	0.00%
Se	ction D. Computation of Investme	nt Income Per	centage				2.227
17	Investment income percentage for 2023 (lin	e 10c, column (f),	divided by line 13,	column (f))		17	0.00%
40	Investment income percentage from 2022 S	Schedule A. Part III	. line 17			18	0.00%
19a	33 1/3% support tests-2023. If the organ	nization did not che	ck the box on line	14, and line 15 is r	nore than 33 1/3%	, and line 17 is	
	not more than 33 1/3% check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organization		
b	22 4/20/ aumment toote 2022 If the organ	sization did not che	ck a box on line 1	4 or line 19a, and II	ne 16 is more than	133 1/3%, and	
	line 18 is not more than 33 1/3%, check this	s box and stop he i	re. The organization	on quanties as a pu	pliciy supported or	yanızanvı	· · · · · · · · · ·
20	Private foundation. If the organization did	not check a box of	n line 14, 19a, or 1	9b, check this box	and see instruction	is	<u> </u>

determine whether the organization had excess business holdings.)

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	e Part '	V.)	
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			7
	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	100000		
	lines 3b and 3c below.	3a		
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	01		
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	2-		
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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	46	-	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
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	3		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	40		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	11		
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	300		1
	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	5a		
	was accomplished (such as by amendment to the organizing document).	Ju		
b		5b		
	designated in the organization's organizing document?	5c	\vdash	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?			
6	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	1000		-
	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 .	6		
-	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1300		
7	(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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
0	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	the start of the start of the during the toy year by one or more	300		
Ja	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	345		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		_
b	The state of the s			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on 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.	9с		
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	40		
	supporting organizations)? If "Yes," answer line 10b below.	108	1	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	401		

Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11a		
	11c below, the governing body of a supported organization?	11b		
þ	A family member of a person described on line 11a above? A family member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide			
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
O 41	detail in Part VI.			
Secti	on B. Type I Supporting Organizations		Yes	No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	-		1
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		107	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1000
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		Voc	No
	the dispetors	100	103	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	-		
Sect	ion D. All Type III Supporting Organizations		Yes	No
_	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part V now			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	_	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations	4 4"		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructioi	15).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	see instruc	ctions).	
	_		Yes	s No
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
D	one or more of the organization's supported organization(s) would have been engaged in ? if Yes, explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		1	S Land
	these activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		-	
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	25		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		90) 203

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	izations	. D. 410 C
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (explain i	n Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	izatio	ons must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Not income	_		(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
		(A) Prior Year	(B) Current Year
Section B - Minimum Asset Amount		(A) Filot real	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	N	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other 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	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	, 0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
	Τ.		
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1_		_
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporting o	organization (see
instructions).			

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Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	<u> </u>	
	n D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1		
<u>_</u>	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		<u>_</u>		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3		
	Amounts paid to acquire exempt-use assets		4	_	
5	Qualified set-aside amounts (prior IRS approval required—p	provide details in Part V I) 5	_	
6	Other distributions (describe in Part VI). See instructions.		6	_	
7	Total annual distributions. Add lines 1 through 6.		7	4	0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive		
	(provide details in Part VI). See instructions.		8	-	0
9	Distributable amount for 2023 from Section C, line 6		9	4	0.000
10	Line 8 amount divided by line 9 amount		(;;)	-	(iii)
. 8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018	447		-	
b	From 2019	111		-	
С	From 2020	1 1 1			
d	From 2021				
е	From 2022	0			
f	Total of lines 3a through 3e	0		0	
g	Applied to underdistributions of prior years				0
h	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)	0			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from		KONTO CONTO		
4	Section D, line 7:				The state of the s
a	Applied to underdistributions of prior years			0	
<u>b</u>	Applied to 2023 distributable amount				0
C	Decided On blood lines 4s and 4b from line 4	0			
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			0	
6	Remaining underdistributions for 2023. Subtract lines 3h		100000000000000000000000000000000000000		
	and 4b from line 1. For result greater than zero, explain				r
	in Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,
8_	Breakdown of line 7:				
a	Excess from 25 to				
<u>b</u>	Excess fidit 2020		al a service de la constante d		
	Excess nom 2021.				
	Excess from 2022 :				
е	EXCESS ITOTI ZUZO				

D		
	Dane	7

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II Section C Line 17a The organization maintains Development and Membership
Departments. Both departments solicit funds from the general public, community groups,
members, corporations, foundations, government and other charities. In addition to its
annual fund, support comes from periodic capital campaigns, government grants and other
gifts. The governing board is diverse and represents the public interest. The organization
provides facilities that are open daily to connect the general public with nature

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

0000

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• 8	section 501(c)(4), (5), or (6) or	rganizations: Complete Part III.			
	e of organization			Employe	r identification number
Tenr	nessee Aquarium				58-1837154
Pa	t I-A Complete if t	he organization is exempt und	ler section 501(c) or is a section 527 o	organization.
1		ne organization's direct and indirect p	olitical campaign a	activities in Part IV. See inst	ructions for
	definition of "political cam			•	
2		expenditures. See instructions			
3	Volunteer hours for politic	al campaign activities. See instruction	ns	100	
	t I-B Complete if t	he organization is exempt uno	er section 501	C)(3).	
1		excise tax incurred by the organization			
2	Enter the amount of any	excise tax incurred by organization m	anagers under sec	SION 4955	. Yes No
3	_	ed a section 4955 tax, did it file Form	4/20 for this year?	' <i></i>	Yes No
4a					Yes NO
	If "Yes," describe in Part I	V.	1 - 1 - F04	(a) assert anotion EO4	(-)(2)
Pa	t I-C Complete if t	he organization is exempt und	ier section 501	c), except section 50 i	(C)(S).
1		expended by the filing organization t		empt function	
_				\$ \$	
2	Enter the amount of the fi	ling organization's funds contributed	to other organizati	ons for section	
		vities			
3	line 17b			\$	0
		file Form 1120-POL for this year?		-	Yes No
4	Dig the filing organization	ses, and employer identification num	hor (EINI) of all sec	tion 527 political organization	
5	organization made navme	ents. For each organization listed, en	ter the amount pai	d from the filing organizatio	n's funds. Also enter
	the amount of political con	ntributions received that were promp	tly and directly deli	vered to a separate politica	l organization, such
	as a separate segregated	I fund or a political action committee	(PAC). If additiona	l space is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) / ladiess	(0, 2	filing organization's	contributions received and promptly and directly
		(/)		funds. If none, enter -0	delivered to a separate
					political organization. If none, enter -0
/d\					
(1)					
(2)					
(3)			-		
<u> </u>					
(4)			1		
(5)					
(6)					

P	art II-A Complete if the organization	is exempt under section 5	01(c)(3) and file	d Form 5768 (elect	ion
	under section 501(h)).				
A	Check if the filing organization belongs name, address, EIN, expenses,	and share of excess lobbying e	xpenditures).	ated group members	
В	Check if the filing organization checked	box A and "limited control" pro	visions apply.		
	Limits on Lobbyi (The term "expenditures" mea	ns amounts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grassroots lobbying).			0
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying) .		13,200	0
C	Total lobbying expenditures (add lines 1a and	1b)		13,200	0
d	Other exempt purpose expenditures			10,000	0
e	Total exempt purpose expenditures (add lines	1c and 1d)		13,200	0
f	Lobbying nontaxable amount. Enter the amou	nt from the following table in bo	th	0.040	0
	columns.			2,640	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amo	unt is:		
	not over \$500,000	20% of the amount on line 1e.			
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess \$175,000 plus 10% of the excess	over \$500,000		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess \$225,000 plus 5% of the excess	over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$1,000,000.	over ortoneer.		
	over \$17,000,000, Grassroots nontaxable amount (enter 25% of			660	0
g	Subtract line 1g from line 1a. If zero or less, el	nter -0-		0	0
h	Subtract line 15 from line 1c. If zero or less, en			10,560	0
ı i	If there is an amount other than zero on either	r line 1h or line 1i, did the organ	zation file Form 47	20 reporting	_
J	section 4911 tax for this year?				Yes X No
_		ar Averaging Period Under Se			
	(Some organizations that made a sec	tion 501(h) election do not ha	ve to complete all	of the five columns b	elow.
	See the	separate instructions for lines	2a through 2f.)		
	Lobbying	Expenditures During 4-Year	Averaging Period		
	Calendar year (or fiscal year (beginning in)	(a) 2020 (b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount			0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))				0
_c	Total lobbying expenditures	7		0	0
d	Grassroots nontaxable amount			0	0
	Grassroots ceiling amount (150% of line 2d, column (e))				0
_f	Grassroots lobbying expenditures			O	0
				Schedu	ıle C (Form 990) 2023

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	tiled	Form	5/68
_	(election under section 501(h)).	(a	1)	(b)
For e desci	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	1	X	
6	Media advertisements?		X	
d e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		13,200
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		Х	13,200
j	Total. Add lines 1c through 1i		х	13,200
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	, or se	ction
Pari	501(c)(6).	, , ,		
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ar?.		3
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."	(c)(5) OR (b) Part	III-A, line 3, is
1	Dues, assessments and similar amounts from members	• •	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
а	Current year	٠	2a	
b	Carryover from last year		2b 2c	0
C	Total	•	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	•		
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible			
	lobbying and political expenditures next year?		4	
5	Taxable amount of lobbying and political expenditures. See instructions		5	0
Dan	Supplemental information			
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	list);	Part II-/	₹, lines 1 and
	▼			
		_		
				.

-	Aairum	58-1837154
lenne Schedule C (Fo	ssee Aquarium m 990) 2023	Page 4
	Supplemental Information (continued)	
Part IV	Supplemental information (continued)	
	A. 4	
	*	
		*
	A V)	
	9,000	

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

Employer identification number Name of the organization 58-1837154 Tennessee Aquarium Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) . . . 2 Aggregate value of grants from (during year) 3 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements . . . Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a . . . Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X.

Schedi	ule D (Form 990) 2023 Tennessee Aquarium						58-1837	154 _		Page 2
Dort	Organizations Maintaining College	ctions of Art	Histori	ical Trea	sures. or C	ther	Similar Assets	(contir	ued)	·
3	Using the organization's acquisition, accessi	on, and other r	ecords, c	heck any	of the followin	g that	make significant	use of its	<u> </u>	
_	collection items (check all that apply). Public exhibition		d \square	Loan or	exchange pro	aram				
а	=		· H	Other	-					
b	Scholarly research		• 🗀	Outer						
С	Preservation for future generations			41	that the area	nizotio	n'e evernnt nurno	ee in Ps	rt	
4	Provide a description of the organization's co							50 111 0		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	or receive dona o be maintaine	tions of a d as part	rt, historic	cal treasures, oganization's co	or othe ilectio	n?	Ye	s] No
Part	Complete if the organization answer 990, Part X, line 21.	ents. ered "Yes" on	Form 9	90, Part	IV, line 9, or	repo	rted an amount	on For	m 	
1a	is the organization an agent, trustee, custod	ian, or other in	termediar	y for cont	ributions or ot	her as	sets not	☐ Ye	.e] No
	included on Form 990, Part X?		the fellow	ina tahla		1		<u></u> е	, 5] 110
b	If "Yes," explain the arrangement in Part XIII	and complete	the follow	ving table.			A	mount		
С	Beginning balance					10	;			
d	Additions during the year					10	t			
e	Distributions during the year					10				
f	Ending balance					11	f			0
2a	Did the organization include an amount on F	Form 990, Part	X, line 21	, for escr	ow or custodia	al acco	ount liability?	_	s <u>X</u>	No
b	If "Yes," explain the arrangement in Part XII	i. Check here if	the expla	anation ha	as been provid	ded in	Part XIII			
Part	_		•	1	\					
	Complete if the organization answ	ered "Yes" or	Form 9	90, Part	IV, line 10.					
-		Current year	(b) Pric	or year	(c) Two years i		(d) Three years back	+		rs back
1a	Beginning of year balance	6,571,415	8	,182,744	7,177	7,157	6,763,50	1	5,7	37,828
b	Contributions	3,478,600		5,000	2.00			+-		
¢	Net investment earnings, gains,				4.00	7 007	614.65	اء	10	25,673
	and losses	1,408,711	-1	,323,329	1,26	7,967	614,65	} 	1,0	20,075
d	Grants or scholarships							+-		
е	Other expenditures for facilities			293,000	26:	2,380	201,00	اه		
	and programs			290,000	20.	2,000	20.,00			
f	Administrative expenses	11,458,726	6	,571,415	8,182	2,744	7,177,15	7	6,7	63,501
g 2	Provide the estimated percentage of the cur					d as:				
- a	Board designated or quasi-endowment		3%							
b	Permanent endowment	2%								
С	Term endowment %	auld agual 100	0/							
•	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the possi	ouid equal 100	70. raanizatio	n that are	held and adn	niniste	red for the			
3a	organization by:	ession of the o	garnzano	in that are	, noid and dail	,,,,,,,,,,,			Yes	No
								3a(i)		X
	(ii) Related organizations							3a(ii)	<u> </u>	X
b	If "Yes" on line 3a(ii), are the related organiz	zations listed a	s required	d on Sche	dule R?			3b	<u> </u>	
4	Describe in Part XIII the intended uses of the	ne organization	's endowr	ment fund	s.					
Par	t VI Land, Buildings, and Equipmen Complete if the organization answ	t.				See	Form 990. Part	X. line	10.	
		(a) Cost or ot			or other basis	la) Accumulated	(d) E	look val	luė
	Description of property	(a) Cost or on			(other)	,,,	depreciation			
1a	Land		0		4,484,445				4,4	184,445
b	Buildings		0		92,791,206		58,695,477		34,0	95,729
C	Leasehold improvements		0							0
ď	Equipment		0		34,728,776		31,218,132			510,644
е	Other		0		3,564,567		541,057			023,510

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

45,114,328

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of leasting or displayed and state of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 12. (b) Book value (c) Interest that reports the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 13. (c) Interest that requisit form 990, Part X, line 15. (c) Interest that requisit form 990, Part X, line 15. (c) Interest that requisit form 990, Part X, line 15. (d) Description of liability (e) Book value (f) Interest that reports the liability (e) Book value (f) Interest line or 11t. See Form 990, Part X, line 15. (d) Description of liability (e) Book value (f) Interest line or 11t. See Form 990, Part X, line 15. (d) Description of liability (e) Book value (f) Interest line or 11t. See Form 990, Part X, line 25. (d) Interest line or 11t. See Form 990, Part X, line 25. (d) Interest line or 11t. See Form 990, Part X, line 25. (d) Interest line or 11t. See Form 990, Part X, line 25. (d) Interest line or 11t. See Form 990, Part X, line 25. (d) Interest line or 11t. See Form 990, Part X, line 25. (d) Interest line or 11t. See Form 990, Part X, line 25. (d) Interest line or 11t. See Form 990, Part X, line 25. (d) Interest line or 11t. See Form 990, Part X, line 25. (d) Interest line or 11t. Se	Part VII	Investments—Other Securities.	Voc" on Form 990	Part IV line 11h See Form 9	90 Part X line 12
(1) Financial derivatives					
2) Closely held equity interests		(including name of security)	(b) Book value		
(2) Closely held equity interests 0	(1) Financia	al derivatives	0		
(3) Other (2) (3) (3) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (1)	• •		0		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(B)					
(P)					
(F)					
(E)					
Column (b) must equal Form 990, Part X, line 12, col. (B) Column (b) must equal Form 990, Part X, line 13, col. (B) Column (b) must equal Form 990, Part X, line 13, col. (B) Column (b) must equal Form 990, Part X, line 13, col. (B) Column (b) must equal Form 990, Part X, line 13, col. (B) Column (b) must equal Form 990, Part X, line 13, col. (B) Column (b) must equal Form 990, Part X, line 13, col. (B) Column (b) must equal Form 990, Part X, line 13, col. (B) Column (b) must equal Form 990, Part X, line 13, col. (B) Column (b) must equal Form 990, Part X, line 14, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B) Column (b) must equal Form 990, Part X, line 25, col. (B)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B) O	(G)	***************************************			4
Investments			_		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.			0		
(a) Description of investment (b) Door Nation Coat of end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)). (a) Description (b) Book value (c) Book value (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII	Investments—Program Related. Complete if the organization answered '	'Yes" on Form 990,		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)). (a) Description (b) Book value (c) Column (b) must equal Form 990, Part X, line 15, col. (B)). (b) Book value (c) Column (b) must equal Form 990, Part X, line 15, col. (B)). (e) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). 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. (g) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). (h) Book value (c) Book value (d) Column (b) must equal Form 990, Part X, line 25, col. (B)).		(a) Description of investment	(b) Book value		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)). (a) Description (b) Book value (c) Column (b) must equal Form 990, Part X, line 15, col. (B)). (b) Book value (c) Column (b) must equal Form 990, Part X, line 15, col. (B)). (e) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). 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. (g) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). (h) Book value (c) Book value (d) Column (b) must equal Form 990, Part X, line 25, col. (B)).	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)). (a) Description (b) Book value (1) (c) (a) (c) (d) (d) (f) (e) (e) (f) (f) (g) (g) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (e) (f) (f) (g) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). 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. (a) Description of liability (b) Book value (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)). Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) 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. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	(3)				
(6) (7) (8) (9) (9) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) 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 15. (6) Book value (1) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)). Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). 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. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	(5)		-		
(8) (9) Total. (Column (b) must equal Form 990, Part X. line 13, col. (B)). Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	(6)		***		
10				•	
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)). Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	C-11/C-12/C-12/C-12/C-12/C-12/C-12/C-12/				
Part X		(1) (2) (2) (3) (4) (4) (5) (5)	0		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) 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. 1. (a) Description of liability (b) Book value (c) (d) (e) Book value (f) Federal income taxes (g) (g) (g) (g) (g) (g) (g) (g) (h) Book value			0		
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).				Pait IV, lille TTu. See Tolling	(b) Book value
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(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))			-		
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Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))					
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(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))			No. of the late		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))			tion of liability		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		ai income taxes			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))					
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	A SAN AND AND AND AND AND AND AND AND AND A				
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	V30024				
(9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	100000				1
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))					
		lumn (h) must equal Form 990 Part X line 25 (col. (B))		
A Liability for uncertain tay positions. In Part XIII, provide the text of the footbore to the ordanization's theapcial statements that reports the					hat reports the

Par	t XI	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Ket	urn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1	33,982,403
1	Total	revenue, gains, and other support per audited financial statements	· · · ·		
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:	,105,547		
а	Net u	Inrealized gains (losses) on investments.	, 100,047	3523	
b		ated services and use of lacilities			
С	Reco	ovenes of prior year grains			
d	Othe	(Describe in Fait Am.)		2e	2,105,547
e	Add I	lines 2a through 2d		3	31,876,856
3	Subt	tract line 2e from line 1			
4	Amo	nunts included on Form 990, Part VIII, line 12, but not on line 1:	121,812		
a	Inves	stment expenses not included on Form 990, Part VIII, line 7b	-507,357		
b	Otne	lines 4a and 4b	1.6	4c	-385,545
C	Add	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	31,491,311
5		- A 114 t Cii- C4-4-monto With EVNON	es per F	Return.	
Par	t XII	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•		
1	Total	I expenses and losses per audited financial statements		1	28,739,321
2	Δmo	ounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Dona	ated services and use of facilities			
b	Prior	r vear adjustments		1936.9	
c	Othe	er losses			
d	Othe	er (Describe in Part XIII.)			0
e	Add	lines 2a through 2d		2e	28,739,321
3	Sub	tract line 2e from line 1		3	26,739,321
4	Amo	ounts included on Form 990, Part IX, line 25, but not on line 1:	404.040		
а	Inve	estment expenses not included on Form 990, Part VIII, line 7b	121,812		
b	Othe	er (Describe in Part XIII.)	-507,357	40	-385,545
С	Add	l lines 4a and 4b		4c	28,353,776
5		el expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • •	5	20,000,170
Par	t XIII	Supplemental Information.	nd 2h: Par	t V line	4· Part X line
Prov	ride the	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b a	na zu, i ai nal informa	tion	7, 1 UIC/X, III.O
2; P	art XI,	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	000		
Part	XI Lin	ne 4b EXPENSES DEDUCTED FROM REVENUE IN 990, PART VIII: LINE 10B-COST OF G	000		
		54,164; LINE 6B- FACILITY RENTAL EXPENSES-\$321,540; LINE 8B-FUNDRAISING EVEN			
SOL	.D-\$15	54, 164; LINE 6B- FACILITY RENTAL EXPENDED-4021,040; EINE 6B-	·		
		TO 004 052			
EXF	ENSE	ES-\$31,653			
Dori	VII I ii	ine 4b EXPENSES DEDUCTED FROM REVENUE IN 990, PART VIII: LINE 10B-COST OF C	OOD		
SOL	_D-\$15	54,164; LINE 6B- FACILITY RENTAL EXPENSES-\$321,540; LINE 8B-FUNDRAISING EVEN	<u>T</u>		
EXF	PENSE	ES-\$31,653			
		TO THE PART OF THE	1/3\ OE		
Par	X Lin	DE 2 THE AQUARIUM IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C	0757		
		THE ACHARILIA DELIEVES THAT IT HAS APPROPRIATE SUPE	ORT FOR	ANY	
THE	INTE	RNAL REVENUE CODE. THE AQUARIUM BELIEVES THAT IT HAS APPROPRIATE SUPP			<u></u>
		ITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS TH	AT ARE		
IAX	(PUS	ITIONS TAKEN, AND AS SOCIT, DOLO NOT TAVE 7 1831 STORES			
MΔ	TFRIA	AL TO THE FINANCIAL STATEMENTS. THE AQUARIUM'S FEDERAL EXEMPT ORGANIZA	TION TAX		
RE	TURN	S ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERAL	LY FOR T	IKEE	
YE	ARS A	AFTER THEY ARE FILED.			

Schedule D (Form 990) 2023 Tennessee Aquarium	<u>58-1837154</u>	Page 5
Schedule D (Form 990) 2023 Tennessee Aquarium Part XIII Supplemental Information (continued)		
Part All Supplemental information (communical)		,
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w-487aaa = = = 447Aa = = 477 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 - 674 -		
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<u> </u>	**	
AV)		
	COMPANIES -	

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 58-1837154 Tennessee Aquarium Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants Mail solicitations а Solicitation of government grants f Internet and email solicitations X b g X Special fundraising events Phone solicitations Х ¢ X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (or retained by) (iv) Gross receipts (i) Name and address of individual (or retained by) organization custody or control of (ii) Activity fundraiser listed in from activity or entity (fundraiser) contributions? col. (i) Yes No 1 0 0 0 2 0 0 3 0 0 0 0 0 0 5 0 0 6 0 0 0 0 0 0 8 0 0 9 0 0 0 10 0 0 0 0 0 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sche	dule G	(Form 990) 2023 Te	ennessee Aquarium			
Pa	ırt II	Fundraising Events. C	complete if the organiz	ation answered "Yes"	on Form 990, Part IV,	line 18, or reported
		more than \$15,000 of fu	undraising event contri	butions and gross inc	ome on Form 990-EZ,	lines 1 and 60. List
		events with gross recei		0.	(a) Other syents	
			(a) Event #1	(a) Total events (covent type) (event type) (covent type)		
١			Serve and Protect	(event type)		
_D			(event type)	(event type)	(Lotel Verisor)	
Revenue	4	Gross receipts	166,090		0	166,090
5	1	Gloss receipts				
"	2	Less: Contributions	45,590		0	45,590
	3	Gross income (line 1				100 500
		minus line 2)	120,500		0	120,500
					0	0
	4	Cash prizes				
		Noncash prizes			0	0
	5	Noncasti prizes				
S	6	Rent/facility costs			0	0
3		•				07 506
Ä	7	Food and beverages	27,596		0	27,590
Direct Experises	_				0	0
ā	8	Entertainment			, i	
	9	Other direct expenses	4,057		0	4,057
	5	Other direct expenses	1,00	*		
	10	Direct expense summary. Add	d lines 4 through 9 in colu	mn (d) .		
	11	0 ht-	at the a 40 frame line 2 colu	mn (d)	0. D. of 0.7 Non-40 and	88,847
Pa	art III	Gaming. Complete if the	ne organization answe	red "Yes" on Form 99	U, Paπ IV, line 19, of re	eported more than
		\$15,000 on Form 990-	EZ, line 6a.	A PART OF THE PROPERTY OF THE PART OF THE		(d) Total gaming (add
Revenue			(a) Bingo		(c) Other gaming	
ž						
ď	4			P		
	1 1	Gross revenue)		0
		Gross revenue	•)		
SES	2	Gross revenue)		
Sasilad	_	Cash prizes				C
Expenses	2)		C
sel Expenses	3	Cash prizes				C
Direct Expenses	_	Cash prizes				0
Direct Expenses	3	Cash prizes				0
Direct Expenses	3 4	Cash prizes	Yes%	Yes%	H	0
Direct Expenses	3 4	Cash prizes	Yes%	 	H	0
Direct Expenses	3 4 5	Cash prizes	No	No No	No No	
Direct Expenses	3 4 5	Cash prizes	No	No No	No No	
Direct Expenses	3 4 5 6 7	Cash prizes	No d lines 2 through 5 in colu	ımn (d)	No No	(0
Direct Expenses	3 4 5	Cash prizes	No d lines 2 through 5 in colu	ımn (d)	No No	(0
Direct E	3 4 5 6 7 8	Cash prizes	No d lines 2 through 5 in colu	Imn (d)	No No	(0
Direct Ey	3 4 5 6 7 8	Cash prizes	No d fines 2 through 5 in colu y. Subtract line 7 from line rganization conducts gam	Imn (d)	No No	(0
Direct Ey	3 4 5 6 7 8 B b l	Cash prizes	No d lines 2 through 5 in colucy. Subtract line 7 from line rganization conducts gamonduct gaming activities in	Imn (d)	No No	(0 () () () () () () () () ()
Direct Ey	3 4 5 6 7 8 B b l	Cash prizes	No d lines 2 through 5 in colucy. Subtract line 7 from line rganization conducts gamonduct gaming activities i	Imn (d)	No No	(0 No
Direct E	3 4 5 6 7 8 B b l	Cash prizes	No d lines 2 through 5 in colucy. Subtract line 7 from line rganization conducts gamonduct gaming activities i	Imn (d)	No	(0)
Direct E	3 4 5 5 6 7 8 B b l:	Cash prizes	No d fines 2 through 5 in colucy. Subtract line 7 from line rganization conducts gamonduct gaming activities in a subtract line 7 from line rganization conducts gamonduct gaming activities in a subtract line 8 from line 8	No Imn (d)	No No during the tax year?	
Direct E	3 4 5 5 6 7 8 B b l:	Cash prizes	No d fines 2 through 5 in colucy. Subtract line 7 from line rganization conducts gamonduct gaming activities in a subtract line 7 from line rganization conducts gamonduct gaming activities in a subtract line 8 from line 1	Imn (d)	No No during the tax year?	
Direct E	3 4 5 5 6 7 8 B b l:	Cash prizes	No d fines 2 through 5 in colucy. Subtract line 7 from line rganization conducts gamonduct gaming activities in a subtract line 7 from line rganization conducts gamonduct gaming activities in a subtract line 8 from line 1	Imn (d)	No No during the tax year?	

Schedu	ile G (Form 990) 2023	Tennessee Aquarium		337154	Page 3
11	Does the organization co	onduct gaming activities with nonmembers?		Yes	No
12	Is the organization a gran	ntor, beneficiary or trustee of a trust, or a member of a partnership or other entity uritable gaming?	<u></u>	Yes _] No
13	Indicate the percentage of	of gaming activity conducted in:			0/
а	The organization's facility	y	13a 13b		<u>%</u> %
b	An outside facility	fill a second to organization's gaming/special events hooks an			
14	Enter the name and additional records:	ress of the person who prepares the organization's gaming/special events books ar			
	Name				
)		
15a	revenue?	ave a contract with a third party from whom the organization receives gaming	[Yes [No
b	If "Yes," enter the amour amount of gaming reven	nt of gaming revenue received by the organization \$ 0 and the nue retained by the third party \$ 0			
С		address of the third party:			
	Name				
	Address				
16	Gaming manager inform				
	Name				
	Gaming manager compo	ensation \$0			
	Description of services ;	•			•
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:	to the state of th			
а	Is the organization requ	ired under state law to make charitable distributions from the gaming proceeds to	[Yes	No
h	retain the state gaming	tributions required under state law to be distributed to other exempt organizations o			_
	77 27 292	t - their a demine the toy year			0
Par	t IV Supplemental Part III, lines 9,	Information. Provide the explanations required by Part 1, line 2b, column 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	al inforr	nation.	iu
	See instruction				
				-	
				- -	-

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Tennessee Aquarium

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.

Employer identification number

58-1837154

2023

OMB No. 1545-0047

Open to Public Inspection

Questions Regarding Compensation Part I No 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 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 items checked on line 2 1a?......... 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. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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: 4a b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a The organization? 5b Any related organization? . . . If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: 6a The organization? X Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2023

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II

(F) Compensation in column (B) reported as deferred on prior Form 990 Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 263,519 176,214 164,543 182,054 334,687 (E) Total of columns (B)(i)-(D) 9,415 9,198 1,959 9,263 11,054 (D) Nontaxable benefits 12,013 10,514 21,838 11,332 17,257 (C) Retirement and other deferred compensation 1,714 2,638 1,032 1,032 240 (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (III) Other reportable compensation 17,816 34,569 36,830 16,608 23,281 (II) Bonus & incentive compensation 198,520 138,610 140,931 266,227 (I) Base compensation € \equiv ≘≘ €€ \equiv \equiv €€ € Ξ \equiv Ξ €€ ΞΞ €€ Ξ ≘≘ (A) Name and Title Walter K Sanford President, CEO Gordon Stalans Vice President 4 Vice President 2 Vice President Thom Benson Anna George 5 Vice President Julie Piper 5 16 5 4 6 4 φ œ 9 **~** F

Schedule J (Form 990) 2023

	58-1837154 Pa	Page 3
Part III 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 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	. Also complete this p	art
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	Schedule J (Form 990) 2023	0) 2023

SCHEDULEK (Form 990) Department of the Treasury

Tennessee Aquarium Name of the organization Internal Revenue Service

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Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

Open to Public OMB No. 1545-0047 2023

Employer Identification number

58-1837154

Inspection

Schedule K (Form 990) 2023 ŝ (i) Pooled financing ę Yes Yes No (h) On behalf of ۵ Yes (a) Defeased ô Yes ŝ O (f) Description of purpose Yes REFINANCING ISSUE S m Yes 15,841,139 56,406 15,784,733 (e) Issue price 15,841,139 ŝ × Yes × × (d) Date issued 5/26/2020 Were the bonds issued as part of a refunding issue of tax-exempt bonds Does the organization maintain adequate books and records to support (c) CUSIP # Were the bonds issued as part of a refunding issue of taxable bonds A INDUSTRIAL DEVELOPMENT BOARD OF HA 52-1303489 (b) Issuer EIN (or, if issued prior to 2018, an advance refunding issue)? (or, if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds the final allocation of proceeds? Proceeds in refunding escrows Year of substantial completion. Issuance costs from proceeds (a) Issuer name Other unspent proceeds. Amount of bonds retired Total proceeds of issue Other spent proceeds. Bond Issues Proceeds Part II Part

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9 4 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Private Business Use	A		8	0			
	NO NO	You	Š	Yes	ON.	Yes	No
Was the organization a partner in a partnership, or a member of all they, which owned property financed by tax-exempt bonds?		3					}
Are there any lease arrangements that may result in private business use	;						
of bond-financed property?	×						Al .
Are there any management or service contracts that may result in private business use of bond-financed property?	×						
If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside							
counsel to review any management or service contracts relating to the financed property?							
Are there any research agreements that may result in private business use of	;					·	
bond-financed property?	×						
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.							
Enter the percentage of financed property used in a private business use as a							
result of unrelated trade or business activity carried on by your organization,							
another section 501(c)(3) organization, or a state or local government,	%000	%(%00.0		0.00%		0.00%
Does the hond issue meet the private security or payment test?	4						
Has there been a sale or disposition of any of the bond-financed property to a nongovernmental							
person other than a 501(c)(3) organization since the bonds were issued?	×						
If "Yes" to line 8a, enter the percentage of bond-financed property sold or							
disposed of.							
If "Yes" to line 8a, was any remedial action taken pursuant to Regulations							
Sections 1.141-12 and 1.145-27							L
Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?							
Part IV Arbitrage) -					
	∢	X	21/2	Yak	2	Yes	2
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes No	res	02	9	2	3	!
Penalty In Lieu or Arbitrage Repare?							
If "No" to line 1, did the following apply?							
Rebate not due yet?							
Exception to repate?	×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was							
performed							
	-						

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윤	Tennessee Aquarium 58-1837154 Page 4
Part VI Supplemental	Supplemental Information. Provide additional information for responses to questions on Schedule K. See Instructions. (Continued)
	Schadule K (Form 990) 2023
	Anna conta all en anna acción

SCHEDULE L (Form 990)

(3) (4) (5)(6)(7) (8) (9)

Transactions With Interested Persons

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.

OMB No. 1545-0047

Open to Public Inspection

	nt of the Treasury		Go to w	Attac ww.irs.gov/For	h to F	orm 990 for instru	or Form 990 ictions and t	-EZ. he late	est informatio	n.			spect	ion	10
	e organization		GOTO	WW.mo.govn on					Em	ployer ide	ntificat	ion nur	nber		
	oo Aquarium									1837154					
Part I		enefit Tra	nsactions	(section 501(c)	(3), s	ection 50	1(c)(4), and	sectio	n 501(c)(29)	organiza	tions	only).	401		
I alti	Complete	if the orga	nization ar	(section 50 f(c) swered "Yes" o	on Fo	m 990, F	Part IV, line 2	5a or	25b; or Form	990-EZ,	Part '	V, line	40b.		- 1
				(b) Relationship be	tween	disqualified			(c) Descrip					(d) Corr	
1	(a) Name of dis	squalified pers	son	•	organiz	ation			(0) 2000				\rightarrow	Yes	No
(1)										-					
(2)													-		—
(3)										1	-		-		
(4)										-	-		-		
(5)										1.			-		
(6)									100						
2	Enter the amou	unt of tax in	ncurred by	the organizatio	n mai	nagers or	disqualified	perso	ns during the	year		•			
	under section 4											. э . \$			
3 I	Enter the amou	unt of tax, i	f any, on lir	ne 2, above, rei	imbur	sed by th	e organizati	on				. 4			
(a) Nar	organizat	ion reporte	ed an amou Relationship organization	nswered "Yes" unt on Form 990 (c) Purpose of loan	(d)	Loan to or rom the anization?	(e) Origin principal an	nal	(f) Balance due		default?	(h) Ap	proved eard or nittee?		/ritten ement
					То	From		>		Yes	No	Yes	No	Yes	No
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_(2)					-	-				+	\vdash				
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(4)															
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(8)				4	1)								—	₩
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Total .								. \$		0					-
Part I	Grants of Complete	r Assistar e if the org	nce Benefi anization a	ting Interested	d Person Fo	ons. orm 990,	Part IV, line	27.							
(a)	Name of interested		(b) Relation	nship between interest and the organization	ested		nt of assistance	1	(d) Type of assist	ance	((e) Purp	ose of a	ıssistan	ice
(1)			0												
(2)		_									_				

(10)For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. HTA

Schedule L (Form 990) 2023

	Form 990) 2023 Tennesse	ee Aquarium		<u>58-1837154</u>	Pi	age 2
art IV	Business Transactions Involvin Complete if the organization ans	ng Interested Persons. wered "Yes" on Form 990, P	art IV, line 28a, 28b,	or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
					Yes	No
(4) RI III	E CROSS BLUE SHIELD OF TN	COO OF BCBS IS OFFIC	969,701	GROUP HEALTH INSURANCE PR		Х
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(3)						
(4)						
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(7)						
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(9) 10)						
Part V	Supplemental Information. Provide additional information for	or responses to questions on	Schedule L. See inc	structions		
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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Tennessee Aquarium

Employer identification number 58-1837154

Form 990, Part VI, Section B, Line 11: THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO THE
BOARD OF TRUSTEES FOR REVIEW
Form 990, Part VI, Section B, Line 12: THE ORGANIZATION REQUIRES MEMBERS OF THE BOARD OF
TRUSTEES TO READ AND SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS WHILE DISCLOSING
ANY EXISTING CONFLICT OF INTEREST TO THE REST OF THE BOARD
Form 990, Part VI, Section B, Line 15: COMPENSATION ADJUSTMENTS FOR THE CEO OF THE
ORGANIZATION ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD AFTER A PERFORMANCE
ASSESSMENT. MARKET DATA AND COMPETITIVE SALARIES ARE ALSO REVIEWED WHEN DETERMINING THE
APPROPRIATE COMPENSATION LEVEL. THE CEO POSITION IS ALSO INCLUDED IN A COMPENSATION STUDY THAT
IS PERFORMED BY A THIRD PARTY CONSULTANT
Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE FO THE PUBLIC UPON REQUEST. IN ADDITION, FINANCIAL
STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THIRD-PARTY SITES
Form 990, Part XII, Line 2C: THE PROCESS DID NOT CHANGE IN 2023

Schedule O (Form 990) 2023	Employer identification number
Name of the organization	58-18371 <u>54</u>
Tennessee Aquarium	[JO-1007 IO 1
	
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	Section 2

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file OMB No. 1545-0047

IIIE	
	2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year beginning ______, 2023, and ending For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to www.irs.gov/Form8453TE for the latest information.

LULU

N							EIN	or S	SN	
Name of file							58-	183	71 <u>54</u>	
Tennesse Part I	e Aquan	of Return and R	Return Informa	tior	 1					
Ob a sie th	a hay for	the type of return he	eing filed with For	m 84	153-TE and enter th	ne applicable amo	ount, if any, fro	m	the return. F	orm
0000 OD	and Fare	- E220 filore may an	nter dollars and ce	ents	For all other forms.	, enter wnole doll	ars only. It yo	u Ci	IECK FILE DON	OHIME
	. 4- 5-	C- 7- 0- 00 or 10	On holow and the	ame	ount on that line of i	the return being i	nea willi lins i	Otti	I was Dialik,	uion
leave line	1h 2h	3h, 4h, 5h, 6h, 7h, 8	8b. 9b. or 10b. wh	niche	ever is applicable, b	lank (do not ente	r -0-). If you e	nte	red -0- on th	e return,
then ente	er -0- on t	the applicable line be	elow. Do not com	plete	e more than one line	e in Paπ i.			1 1	
		check here	X b Total re	venu	ue, if any (Form 990), Part VIII, colum	nn (A), line 12)) .	1b	31,491,311
)-EZ check here .	b Total re	veni	e, if any (Form 990	D-EZ, line 9)			. 2b	0
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					on investment inco					0
5a Form 8868 check here b Balance due (0	
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10a F		8-CP check here			edit payment request	ed (Form 6036-CF, F	art m, mic 22).	·	100	
Part II		claration of Office the U.S. Treasury an								
Under persent to and that knowledge of the IR	executed (as speci- enalties of to (name of I have exa ge and be ectronic re	of this return is being f the electronic disclosu fically identified in Part perjury, I declare that of entity) <u>Tennesse</u> amined a copy of the 2 lief, they are true, corre- turn. I consent to allow eceive from the IRS (a g the return or refund,	ure consent contain t I above) to the sel X I am an officee Aquarium 2023 electronic refurect, and complete. w my intermediate sela) an acknowledger	lected ber of urn ar I furt servicement	d state agency(ies). the above named end accompanying scher declare that the accompanying scher provider, transmitted of receipt or reason f	ntity or	I am the perso ents, and, to the	n sı (EIN e bı ınt s	ubject to tax v 1) 58-18371 est of my shown on the 1) to send the	vith 54 ,
Cian					11/15	5/2024 V io	ce-President:	co	O. CFO. CK	o
Sign		nature of officer or pers	son subject to tay		Date		le, if applicable			
Here	Do	eleration of Elect	tronic Return (Orio	inator (ERO) an	d Paid Prepar	er (see instr	uct	ions)	
If I am or The entition be filed to Informat	that I have nly a colle ity officer of with the IF tion for Au	re reviewed the above ector, I am not responsion person subject to tax RS to the officer or person thorized IRS e-file Prove above return and accelete. This Paid Prepare	e return and that the sible for reviewing the x will have signed the son subject to tax, a poiders for Business	e entr ne rel his fo and h s Ret	ies on Form 8453-1E turn and only declare orm before I submit have followed all othe urns. If I am also the and statements, and,	: are complete and that this form accu e return. I will give r requirements in F Paid Preparer, und to the best of my I	rately reflects to a copy of all for pub. 4163, Moder penalties of knowledge and	he o	data on the re and informat zed e-File (M ury I declare ef, they are to	tion to leF) that i rue,
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Under p my knov		s, and ZIP code f perjury, I declare that d belief, they are true,	t I have examined to correct, and compl	he al lete.	bove return and acco Declaration of prepar	mpanying schedule er is based on all i		_		
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Prepa		Firm's name Gore	rdon A Stalans					+	irm's EIN	
Use Only Firm's address Phone no.										

OMB No. 1545-0047 **Exempt Organization Business Income Tax Return** 990-T 2023 (and proxy tax under section 6033(e)) For calendar year 2023 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. for 501(c)(3) Department of the Treasury Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service D Employer identification number Name of organization (Check box if name changed and see instructions.) Check box if address changed. 58-1837154 TENNESSEE AQUARIUM Exempt under section Group exemption number Number, street, and room or suite no. If a P.O. box, see instructions. X = 501(C)(3)(see instructions) **Print** ONE BROAD STREET, P.O. Box 11048 220(e) 408(e) or ZIP code City or town 530(a) Type 408A 37402 TN Chattanooga 529(a) 529A F Check box if Foreign province/state/county Foreign postal code Foreign country name an amended return. 85.474.519 Book value of all assets at end of year State college/university Other trust 401(a) trust 501(c) trust 501(c) corporation Check organization type 6417(d)(1)(A) Applicable entity Elective payment amount from Form 3800 Refund shown on Form 2439 Credit from Form 8941 Check if filing only to claim Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . No X If "Yes." enter the name and identifying number of the parent corporation (423) 785-2054 Telephone number GORDON STALANS The books are in care of Total Unrelated Business Taxable Income 44,763 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 2 2 44,763 3 3 4 Charitable contributions (see instructions for limitation rules) 4 44,763 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3. 5 5 6 Deduction for net operating loss. See instructions 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 44,763 7 Subtract line 6 from line 5 1,000 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 9 Trusts, Section 199A deduction. See instructions. 9 1,000 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 43,763 enter zero Tax Computation Part II 9,190 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on 2 Part I, line 11, from: Tax rate schedule or Schedule D (Form 1041) 2 3 3 Proxy tax. See instructions . . . 4 Other tax amounts. See instructions 4 5 Alternative minimum tax . 5 6 Tax on noncompliant facility income. See instructions. 6 9,190 Total. Add lines 3 through 6 to line 1 or 2, whichever applies Part III Tax and Payments Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . 1a 1b 1c General business credit. Attach Form 3800 (see instructions) . . . C Credit for prior-year minimum tax (attach Form 8801 or 8827). 1d d 1e е 9 190 2 2

3a

3b

3с

3d

3e

5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) For Paperwork Reduction Act Notice, see instructions.

Amount due from Form 8866 . . .

Amount due from Form 4255

Amount due from Form 8611

Amount due from Form 8697

Other amounts due (see instructions) Total amounts due. Add lines 3a through 3e . . .

section 1294. Enter tax amount here

Form **990-T** (2023)

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Part	∭ Ta:	x and Payments (continued)		1 A= T					
6a	Payments:	: Preceding year's overpayment credited	to the current year	6a					
b	Current ve	ear's estimated tax payments. Check if s	ection 643(g) election_	7 4.					
	annlies			6b		-			
C	Tax depos	ited with Form 8868		6c					
d	Foreign or	ganizations: Tax paid or withheld at sou	ce (see instructions).	6d					
e	Backup wi	ithholding (see instructions)		6e		-			
f	Credit for	small employer health insurance premiu	ms (attach Form 8941)	6f		- 100			
g	Elective pa	ayment election amount from Form 3800)	6g					
h	Payment f	from Form 2439		6h 6i		4			
i	Credit from	m Form 4136				-			
j	Other (see	e instructions)		. 0			7		0
7	Total pay	ments. Add lines 6a through 6j					В		
8	Estimated	I tax penalty (see instructions). Check if	FUIII 2220 is allacried I E and 8 enter amol	nt owed			9		9,190
9	Tax due.	If line 7 is smaller than the total of lines a ment. If line 7 is larger than the total of li	nes 4 5 and 8 enter a	mount overp	aid	1	0		0
10	Overpayr	ment. If line / is larger than the total of h	4 octimated tax	iiriouni oro.p	Refunded	d 1	1		0
11	IV/ C4	amount of line 10 you want: Credited to 202 tatements Regarding Certain Acti	vities and Other In	formation	see instructions)			
Part	At any time	so during the 2023 calendar year, did the	organization have an	interest in or	a signature or or	III au	hority	Yes	No
1		ensial account (bank securities or other	·) in a foreign country?	IT "Yes," Me u	aryanization may	IIOAC I	O IIIC		
	FinCEN F	Form 114, Report of Foreign Bank and F	nancial Accounts. If "Y	es," enter the	name of the fore	eign co	untry		
	h								X
2	During the	tax year, did the organization receive a dis	tribution from, or was it t	he grantor of,	or transferor to, a	foreign	trust?		X
_	If "Ves " s	ee instructions for other forms the organ	ization may have to file	3.					
3		after exempt interest received	or accrued during the	ax vear	\$				
4	Enter eve	diable pre-2018 NOL carryovers here	\$	not include	any post-2017 N	IOF cal	ryover	100	
	shown or	Schedule A (Form 990-T). Don't reduce	the NOL carryover sh	own here by	any deduction re	porteu	OH		
	Doubl line	~ C		-					
5	Post-201	7 NOL carryovers. Enter the Business A	ctivity Code and availa	pie post-zu17	the tay year Se	e instr	uctions		
	the amou	ints shown below by any NOL claimed o	n any Schedule A, Par	11, IIIIe 17, 10	vailable post-20	17 NOL	carryove	er l	
		Business Activity Co	de						
			2,						
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Δ-	D	d for future use							
6a		d for future use							
b Par		upplemental Information	,						
Drovi	de any add	ditional information. See instructions.							
LION	ue ally auc	Internation Comments	1000					. -	
-									
	Under	penalties of perjury, I declare that I have examined this retu	n, including accompanying sched	ules and statement	s, and to the best of my	knowledge (edge.	e and		
01	belief, it	penalties of perjury, I declare that I have examined this red t is true, correct, and complete. Declaration of preparer (oth	er tnan taxpayer) is based on all	I ROTTIAUOTI DI WAICE	proporer rap only ration			ligeries Ship sob	um with
Sign			VI	CE PRESIDE	NT-COO, CFO	1	he preparer s	iscuss this ret hown below (s	see
Her		turn of officer	Date Titi			Ĺ	nstructions)?	Yes	X No
	Signa	Print/Type preparer's name	Preparer's signature		Date	Check	X if	PTIN	
Paid	d		Gordon A Stalans		12/13/2024		nployed		
	parer	Gordon A Stalans	GUIUUITA Stalailis		12.10.2021	Firm's E	in		
	Only	Firm's name				Phone r			
	. July	Firm's address						om 990-	T (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A N	ame of the organization			58-1837154	igenunca	ICION HUMBE	••
TENI	NESSEE AQUARIUM			58-1637 154			
			561000	D Sequence	. 1	of	1
<u>C</u> ι	Inrelated business activity code (see instructions)	•	301000	12 000			
	escribe the unrelated trade or business Administrative and	supp	ort services				
	COOLIDO CITA CITA CONTRACTOR A			(B) Evpenses		(C) Net	
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) NCC	100
1a	Gross receipts or sales 202,402		000 400		3		
b	Less returns and allowances c Balance	1c	202,402	-	-		
2	Cost of goods sold (Part III, line 8)	2	000 400	4		2	202,402
3	Gross profit. Subtract line 2 from line 1c	3	202,402	9 9			
4a	Capital gain net income (attach Schedule D (Form 1041 or						
	Form 1120)). See instructions .	4a		1	1000		
b	Net gain (loss) (Form 4797) (attach Form 4797). See	4b					
	instructions	4c		MILLESON S.			
C	Capital loss deduction for trusts	46					
5	Income (loss) from a partnership or an S corporation (attach	5			1000		
	statement)	6	A 4				
6	Rent income (Part IV)	7 4					
7	Unrelated debt-financed income (Part V)						
8	Interest, annuities, royalties, and rents from a controlled	8			- 1		
_	organization (Part VI)						
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9					
40	Exploited exempt activity income (Part VIII)	10					
10	Advertising income (Part IX)	11					
11	Other income (see instructions, attach statement).	12			11/2		
12	Title Combine lines 2 through 12	13	202,402		0		202,402
13 Do	rt II Deductions Not Taken Elsewhere See instruction	ons fo	or limitations on dedu	ctions. Deduc	tions mu	ist be	
Га	directly connected with the unrelated business inc	ome	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Compensation of officers, and store, and address				2		90,900
3	Salaries and wages				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions		7		-55		
8	Less depreciation claimed in Part III and elsewhere on return.		8a		8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		40.635
11	Employee benefit programs				11		13,635
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		E2 104
14	Other deductions (attach statement)				14		53,104 157,639
15	Total deductions, Add lines 1 through 14				15		101,038
16	Unrelated business income before net operating loss deduction	n. Sub	tract line 15 from Part I,	line 13,	10		44,763
	column (C)				16 17	è	77,700
17	Deduction for net operating loss. See instructions				18		44,763
18	Unrelated business taxable income. Subtract line 17 from lin	e 16.			10		77,700

Tribility Cost of Goods Sold Enter method of inventory valuation Twentory at beginning of year Purchases. Cost of labor. Additional section 263A costs (attach statement). Additional section 263A costs (attach statement). Total. Add lines 1 through 5. Twentory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 8. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 6. Column (A) B C C D Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 6. Column (A) Cost of goods sold. Subtract line 7 from line 6. Enter here and on Part I, line 6. Column (A) Decurring the from the part of goods and 2. Cost of the rent is based on profit or income). Total rents received or socrued. Add line 2. Columns A through D. Enter here and on Part I, line 6. Column (B). Total rents received and socrued. Add line 4. Columns A through D. Enter here and on Part I, line 6. Column (B). Total rents received and socrued. Add line 4. Columns A through D. Enter here and on Part I, line 7. Column (A). Cost of goods and socretic line 2. Columns A through D. Line 7. Column (B). Total rents received and socretic line 2. Columns A		A (Form 990-T) 2023 TENNESSEE AQUARIUM			58-18371	54 Page 2
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Deductions directly connected with the income in lines 2a and 2b (attach statement). Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B). art V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D Gross income from or allocable to debt-financed property. Deductions directly connected with er allocable to debt-financed property. Straight line depreciation (attach statement). Other deductions (add fines 3a and 3b, columns A through D). Amount of average adjustition debt on or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to de				9		
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Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B). Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B). Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B). Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 7, column (A). Total allocable deductions. Multiply line 3c by line 6. Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).		•				
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Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A		in lines 2a and 2b (attach statement)				
Description of debt-financed property (street address, city) state, ZIP code). Check if a dual-use. See instructions. A			tor here and on Pa	art I line 6 column (B	0	(
Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	5	Total deductions. Add line 4, columns A (mough b. L.	itel fiele and office	21 C 1; 11110 O; OO:0::::::/_		
Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	Pari	V Unrelated Debt-Financed Income (see	instructions)			
A B C D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property 4 Straight line depreciation (attach statement) . 5 Other deductions (add fines 3a and 3b, columns A through D) . 6 Total deductions (attach statement) . 7 Average adjusted basis of or allocable to debt-financed property (attach statement) . 8 Average adjusted basis of or allocable to debt-financed property (attach statement) . 9 Allocable deductions. Multiply line 2 by line 6 . 9 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (B) .	1	Description of debt-financed property (street address,	city, state, ZIP code	e). Check if a dual-use	e. See instructions.	
B	•					
Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Total gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A). Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).						
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property			Α	В	G	U
property	2	Gross income from or allocable to debt-financed				
Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)		property				
to debt-financed property Straight line depreciation (attach statement)	3	Deductions directly connected with or allocable				
a Straight line depreciation (attach statement)	_	to debt-financed property				
b Other deductions (attach statement). C Total deductions (add (ines 3a and 3b, columns A through D). 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement). 5 Average adjusted basis of or allocable to debt-financed property (attach statement). 6 Divide line 4 by line 5. C Gross income reportable. Multiply line 2 by line 6 7 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A). 9 Allocable deductions. Multiply line 3c by line 6. 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).	а	Straight line depreciation (attach statement)				
C Total deductions (add lines 3a and 3b, columns A through D)		Other deductions (attach statement)				
columns A through D)	-	Total deductions (add lines 3a and 3b,				
Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)			(0	0	
to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)	4	Amount of average acquisition debt on or allocable				
Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	•	to debt-financed property (attach statement)				
financed property (attach statement)	5	Average adjusted basis of or allocable to debt-				
Divide line 4 by line 5	-	financed property (attach statement)				
7 Gross income reportable. Multiply line 2 by line 6 0 0 0 0 0 0 8 7 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	6	Divide line 4 by line 5	9			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)		Gross income reportable. Multiply line 2 by line 6		0	0	
9 Allocable deductions. Multiply line 3c by line 6 0 0 0 0 0 0 10 10 10 10 10 10 10 10 10	•			n Dort Line 7 colum	ın (A)	
Allocable deductions. Multiply line 3c by line 6	8	Total gross income (add line 7, columns A through D). Enter nere and o	n ranti, iine 7, colum	··· (~)	
Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	۵	Allocable deductions Multiply line 3c by line 6		0 0	0	<u> </u>
	•		155.	and as Dark Libes 7	column (R)	
	10	Total allocable deductions. Add line 9, columns A thi	rougn D. Enter nere	s and on Fait I, line /	, column (D)	
	11					

Part VI	Interest, Annui	ties, Royalties	e, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations					
	Name of controlled organization number			4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5		
(1)					<u> </u>			
(2)								
(3)								
(4)								
			Nonexempt (Controlled Organizations		44.5	1 all a mar all an address	
	7. Taxable income	inc	et unrelated come (loss) instructions)	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	o	eductions directly onnected with me in column 10	
(1)								
(2)								
(3)								
(4)							columns 6 and 11.	
Totals .					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Enter	here and on Part I, e 8, column (B)	
Part VII	Investment Inc	come of a Sec	tion 501(c)(7),	(9), or (17) Organiza	tion (see instructions)			
1.	Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	Set-asides (attach statement)	a	otal deductions nd set-asides columns 3 and 4)	
(4)							0	
(1)							0	
(3)							0	
(4)			4.			-	0	
Totals .		Enter h	ounts in column 2. ere and on Part I, 9, column (A)			Enter	mounts in column 5. here and on Part I, ne 9, column (B) 0	
Part VII	Exploited Exe	mpt Activity I	ncome, Other	Than Advertising Inc	come (see instructions)			
1 De	scription of exploited	activity:						
2 Gr	oss unrelated busines	ss income from t	rade or business.	Enter here and on Part I	, line 10, column (A)	2		
3 Ex	penses directly conne	ected with produ	ction of unrelated	business income. Enter	here and on Part I,	_		
line	a 10. column (B)					3_		
4 Ne	t income (loss) from u	unrelated trade of	r business. Subtr	act line 3 from line 2. If a	gain, complete	4	o	
lin	es 5 through 7	. (7/4				5		
5 Gr	oss income from activ	vity that is not un	related business	income		6		
6 Ex	penses attributable to	income entered	on line 5	do not enter more than t	he amount on line			
7 Ex	cess exempt expense	es. Subtract line	o irom iine o, but	do not enter more than t	no uniount on mo	7	0	
4.	Enter here and on Pa	aπ u, line 12	<u> </u>	<u> </u>			ule A (Form 990-T) 2023	

	<u>58-18371</u>	54 Page 4
Part IX Advertising Income Part IX Advertising Income		
1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated by	asis.	
A 🔲		
в 🔲		
c 🗍		
D		
Enter amounts for each periodical listed above in the corresponding column.	С	D
2 Gross advertising income		
a Add columns A through D. Enter here and on Part I, line 11, column (A)		
3 Direct advertising costs by periodical		0
a Add columns A through D. Enter here and on Part I, line 11, column (B)		
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete		0 0
lines 5 through 7, and enter -0- on line 8	0	0 0
6 Circulation income		
line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0	0	0 0
8 Excess readership costs allowed as a		
deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	0	0 0
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here a	and on	0
Part II line 13		0
Part X Compensation of Officers, Directors, and Trustees (see instructions)		
1. Name	Percentage of time devoted to business	Compensation attributable to unrelated business
	(0 500	
(4)	%	
(1) (2)	% %	
(1) (2) (3)	% % %	
(2)	% %	
(2) (3) (4) Total, Enter here and on Part II, line 1	% % %	0
(2)	% % %	0
(2) (3) (4) Total, Enter here and on Part II, line 1	% % %	0
(2) (3) (4) Total, Enter here and on Part II, line 1	% % %	0
(2) (3) (4) Total. Enter here and on Part II, line 1	% % %	0
(2) (3) (4) Total. Enter here and on Part II, line 1	% % %	0
(2) (3) (4) Total. Enter here and on Part II, line 1	% % %	0
(2) (3) (4) Total, Enter here and on Part II, line 1	% % %	0
(2) (3) (4) Total. Enter here and on Part II, line 1	% % %	0
(2) (3) (4) Total. Enter here and on Part II, line 1	% % %	0

Form 8453-TE

Tax Exempt Entity Declaration and Signature for E-file

1	(OMB N	10. ʻ	154	5-004	7
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		_	_	_	_	

 2023

Department of the Treasury Go to www.irs.gov/Form8453TE for the latest information. Internal Revenue Service EIN or SSN Name of filer 58-1837154 TENNESSEE AQUARIUM Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 0 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . Form 990 check here . . 0 Total revenue, if any (Form 990-EZ, line 9) 2b Form 990-EZ check here . 2a 0 3b Total tax (Form 1120-POL, line 22) Form 1120-POL check her За 0 Tax based on investment income (Form 990-PF, Part V, line 5) . . Form 990-PF check here. 4a Balance due (Form 8868, line 3c) 5b 0 Form 8868 check here . . 5a 9.190 6b Total tax (Form 990-T, Part III, line 4) Form 990-T check here . 6a 7b Total tax (Form 4720, Part III, line 1) Form 4720 check here . . 7a 0 FMV of assets at end of tax year (Form 5227, Item D) d8 Form 5227 check here . . 8a 0 9b Form 5330 check here . . . Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b b 10a Form 8038-CP check here **Declaration of Officer or Person Subject to Tax** Part II 11a X I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). I am the person subject to tax with Under penalties of perjury, I declare that X I am an officer of the above named entity or , (EIN) 58-<u>1</u>837<u>1</u>54 TENNESSEE AQUARIUM respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy

knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the another in the amount of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.						
Sign		11/15/2024	VICE PRESIDENT-COO, CFO			
Here	Signature of officer or person subject to tax	Date	Title, if applicable			
Part III	Declaration of Electronic Return Origina	tor (ERO) and Paid	Preparer (see instructions)			

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's SSN or PTIN Check if self-Check if also ERO's paid preparer X employed 414-88-8<u>788</u> 12/13/2024 ERO's signature Gordon A Stalans EIN Firm's name (or Gordon A Stalans Use yours if self-employed), Only address, and ZIP code Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the book of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid
Preparer
Use Only

Print/Type preparer's name

Gordon A Stalans

Gordon A Stalans

Firm's name

Gordon A Stalans

Firm's address

Preparer's signature

Check if self-employed X 414-88-8788

Firm's EIN

Phone no.

Pai	rt II, Line 14 (Sch A (990-T)) - Other Deductions Consulting fees	1	53,104
-	Total other deductions	2 _	53,104