Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 05-01, **2003, and ending** 04-30, **20** 04

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NASHVILLE HUMANE ASSOCIATION

Number and street (or P.O. box if mail is not delivered to street address): 213 OCEOLA AVENUE — Room/suite:

City or town, state or country, and ZIP + 4: NASHVILLE, TN 37209

D Employer identification number 62-0672999

E Telephone number

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶

J Organization type (check only one) ▶ [X] 501(c) 3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,668,452

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

	Line	Description	(A) Securities	Ref	(B) Other / Amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support		1a	1,028,897		
	b	Indirect public support		1b			
	c	Government contributions (grants)		1c	12,500		
	d	**Total** (add lines 1a through 1c) (cash $1,027,897 noncash $ 13,500)				1d	1,041,397
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	135,955
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	
	5	Dividends and interest from securities				5	174,743
	6a	Gross rents		6a			
	b	Less: rental expenses		6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)				6c	
	7	Other investment income (describe ▶)				7	
	8a	Gross amount from sales of assets other than inventory	800,263	8a	4,500		
	b	Less: cost or other basis and sales expenses	805,442	8b	4,500		
	c	Gain or (loss) (attach schedule)	(5,179)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	(5,179)
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ [ ]					
	a	Gross revenue (not including $ ____ of contributions reported on line 1a)		9a	511,594		
	b	Less: direct expenses other than fundraising expenses		9b	58,407		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	453,187
	10a	Gross sales of inventory, less returns and allowances		10a			
	b	Less: cost of goods sold		10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
	11	Other revenue (from Part VII, line 103)				11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	1,800,103
Expenses	13	Program services (from line 44, column (B))				13	972,958
	14	Management and general (from line 44, column (C))				14	199,989
	15	Fundraising (from line 44, column (D))				15	50,373
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses** (add lines 16 and 44, column (A))				17	1,223,320
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	576,783
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	10,212,769
	20	Other changes in net assets or fund balances (attach explanation)				20	121,838
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	10,911,390

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash $ noncash $)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	78,914	39,457	31,566	7,891
26	Other salaries and wages	26	414,939	361,640	22,399	30,900
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	86,113	79,858	3,624	2,631
30	Professional fundraising fees	30				
31	Accounting fees	31	55,182		55,182	
32	Legal fees	32				
33	Supplies	33	148,136	126,175	21,599	362
34	Telephone	34	60,461	42,547	11,943	5,971
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37	19,798	19,798		
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40	5,269	4,358	911	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	165,276	165,276		
43	Other expenses not covered above (itemize): a BANK FEES	43a	8,867		8,867	
	b CREMATION SERVICES	43b	8,130	8,130		
	c INSURANCE	43c	30,004	24,604	3,000	2,400
	d MISCELLANEOUS	43d	14,198	11,147	2,833	218
	e SEE SCHEDULE	43e	128,033	89,968	38,065	
44	**Total functional expenses** (add lines 22 through 43). **Organizations completing columns (B)-(D), carry these totals to lines 13-15**	44	1,223,320	972,958	199,989	50,373

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ________; **(ii)** the amount allocated to Program services $ ________; **(iii)** the amount allocated to Management and general $ ________; and **(iv)** the amount allocated to Fundraising $ ________

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ ANIMAL SHELTER

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	OPERATION OF A SHELTER, PROVIDING CARE FOR STRAY, ABANDONED AND INJURED ANIMALS UNTIL HOMES ARE LOCATED FOR THEM. (Grants and allocations $)	703,745
b	OPERATION OF A MOBILE SPAY AND NEUTER CLINIC, PROVIDING STERILIZATION SERVICES FOR LOW INCOME INDIVIDUALS AND FAMILIES. (Grants and allocations $)	269,213
c	(Grants and allocations $)	
d	(Grants and allocations $)	
e	Other program services (attach schedule) (Grants and allocations $)	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	972,958

Part IV Balance Sheets (See page 25 of the instructions.)

	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing			4,818,266	45	3,245,747
	46 Savings and temporary cash investments			4,052,919	46	4,185,712
	47 a Accounts receivable	47a				
	b Less: allowance for doubtful accounts	47b			47c	
	48 a Pledges receivable	48a	62,700			
	b Less: allowance for doubtful accounts	48b	23,000	133,950	48c	39,700
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51 a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			4,210	53	4,094
	54 Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
	55 a Investments - land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule)				56	
	57 a Land, buildings, and equipment: basis	57a	3,986,639			
	b Less: accumulated depreciation (attach schedule)	57b	528,826	589,914	57c	3,457,813
	58 Other assets (describe ▶)			638,648	58	1,000
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			10,237,907	59	10,934,066
Liabilities	60 Accounts payable and accrued expenses			25,138	60	12,586
	61 Grants payable				61	
	62 Deferred revenue				62	10,090
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64 a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶)				65	
	66 **Total liabilities** (add lines 60 through 65)			25,138	66	22,676
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			3,624,459	67	8,616,390
	68 Temporarily restricted			4,293,310	68	
	69 Permanently restricted			2,295,000	69	2,295,000
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			10,212,769	73	10,911,390
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			10,237,907	74	10,934,066

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	2,121,930
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $ 121,838		
(2)	Donated services and use of facilities $ 141,582		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $ 58,407		
	Add amounts on lines (1) through (4) ▶	b	321,827
c	Line a minus line b ▶	c	1,800,103
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	1,800,103

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	1,423,309
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $ 141,582		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $ 58,407		
	Add amounts on lines (1) through (4) ▶	b	199,989
c	Line a minus line b ▶	c	1,223,320
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,223,320

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See attached statement				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt **or** ☐ nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions — 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b: 141,582			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85	501(c)(4), (5), or (6) organizations. **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts, included on line 12, for public use of club facilities — 86b			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders — 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ______ ; section 4912 ▶ ______ ; section 4955 ▶ ______			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			
90a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) — 90b: 20			
91	The books are in care of ▶ GROVES PROFESSIONAL SVCS Telephone no. ▶ 615-791-4080; Located at ▶ 134 2ND AVE. N. FRANKLIN, TN ZIP + 4 ▶ 37064			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ — 92			

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a ADOPTIONS					112,989
b OTHER PROGRAM SERVICES					22,966
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	174,743	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	(5,179)	
101 Net income or (loss) from special events					453,187
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				169,564	589,142

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 758,706

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93AC	FEES ARE COLLECTED IN ORDER TO PROVIDE FOOD, SHELTER AND MEDICAL
&101	TREATMENT FOR STRAY AND ABANDONED ANIMALS UNTIL HOMES CAN BE
	FOUND FOR THEM.
93B	FEES ARE ALSO COLLECTED IN ORDER TO PROVIDE SPAY AND NEUTER SVCS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer — Date

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: ORIGINAL RETURN MANUALLY SIGNED	Date 09-28-2004	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. W) P00291458
Firm's name (or yours if self-employed) address, and ZIP + 4	Akersloot, Patterson & Assoc.	EIN ▶	62-1384008
	5034-A Thoroughbred Lane	Phone no. ▶	
	Brentwood TN 37027		615-376-8800

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2003

Attachment Sequence No. 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
NASHVILLE HUMANE ASSOCIATION	PROGRAM SERVICES	62-0672999

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

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	$100,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$400,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	165,276

Part III **MACRS Depreciation (Do not** include listed property.) (See page 4 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV **Summary** (see page 6 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	165,276
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organiz[illegible]on Exempt Under Section 501([illegible]3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2003

Name of the organization: NASHVILLE HUMANE ASSOCIATION

Employer identification number: 62-0672999

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
RCR BUILDING CORP. NASHVILLE, TENNESSEE 37211	CONSTRUCTION	1,409,343
Total number of others receiving over $50,000 for professional services ▶ 1		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state□(▶0B**

10 ☐ **An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☒ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,207,233	3,245,221	2,220,684	2,022,037	8,695,175
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	425,876	123,370	132,553	138,932	820,731
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	222,909	154,469	118,166	77,157	572,701
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			47,771	2,121	49,892
23 Total of lines 15 through 22	1,856,018	3,523,060	2,519,174	2,240,247	10,138,499
24 Line 23 minus line 17	1,430,142	3,399,690	2,386,621	2,101,315	9,317,768
25 Enter 1% of line 23	18,560	35,231	25,192	22,402	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c

d Add: Amounts from column (e) for lines: 18 ____ 19 ____ 22 ____ 26b ____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2002) ____ (2001) ____ (2000) ____ (1999) ____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2002) ____ (2001) ____ (2000) ____ (1999) ____

c Add: Amounts from column (e) for lines: 15 8,695,175 16 ____ 17 820,731 20 ____ 21 ____ ▶ 27c 9,515,906

d Add: Line 27a total ____ and line 27b total ____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e 9,515,906

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f 10,138,499

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 93.86%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 5.65%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a [ ] if the organization belongs to an affiliated group. Check ▶ b [ ] if you checked "a" and "limited control" provisions apply.

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table-			
	If the amount on line 40 is- / **The lobbying nontaxable amount is-**			
	Not over $500,000 — 20% of the amount on line 40			
	Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
	Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
	Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
	Over $17,000,000 — $1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines **c** through **h.**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Form **990** **Overflow Statement** **2003**

Name as shown on Return	Employer identification number
NASHVILLE HUMANE ASSOCIATION	62-0672999

OTHER EXPENSES, FUNCTIONAL EXPENSES, PAGE 2 LINE 43

Description	Amount
LAUNDRY AND UNIFORMS	271
ROVER PROGRAM	40,436
AUTO AND TRUCK	6,668
VET FEES	42,500
TAXES AND LICENSES	93
Total	89,968

-----OTHER EXPENSES, FUNCTIONAL EXPENSES, PAGE 2 LINE 43------

Description	Amount
OCEOLA PROPERTY EXPENSES, UTILITIES AND MAINTENANCE	36,056
TAXES AND LICENSES	2,009
Total	38,065

RECONILIATION OF REVENUE, PAGE 4, PART IVA, LINE B4

Description	Amount
EXPENSES REPORTED ON PAGE 1, LINE 9B	58,407
Total	58,407

RECONCILIATION OF EXPENSES PAGE 4, PART IVB, LINE B4

Description	Amount
EXPENSES REPORTED ON LINE 9B	58,407
Total	58,407

OTHER ASSETS PAGE 3, PART IV, LINE 58A

Description	Amount
DEPOSIT	1,000
CONSTRUCTION IN PROGRESS	637,648
Total	638,648

OTHER ASSETS, PAGE 3, PART IV, LINE 58B

Description	Amount
DEPOSIT	1,000
Total	1,000

Statement Summary

2003

Form 990 - Part V
List of Officers, Directors, Trustees, and Key Employees

Name(s) shown on return: NASHVILLE HUMANE ASSOCIATION

Identifying Number: 62-0672999

(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
MARY PAT BOATFIELD 112 HARDING PLACE, NASH., TN	EXECUTIVE DIR 40	78,914	0	0
ROBIN PATTON 1600 CHICKERING RD, NASH., TN	PRESIDENT	0	0	0
DAVID RODDEY 4382 CHICKERING LN, NASH., TN	VP OF FINANCE	0	0	0
BRENDA BLACK 527 BELLE MEADE BLVD, NASH. TN	VP OF DEVELOP	0	0	0
SARA MARGRAF 6646 HYDE RD, COLLEGE GROVE TN	TREASURER	0	0	0
TONYA GRINDON 1302 NAVAHO DR, BRENTWOOD, TN	SECRETARY	0	0	0
LEE ANN ANDERSON 112 HARDING PLACE, NASH., TN	BOARD MEMBER	0	0	0
AMY A. ATKINSON 1861 LAUREL RIDGE, NASH., TN	BOARD MEMBER	0	0	0
ABBAY BLANKENSHIP 112 HARDING PLACE, NASH., TN	BOARD MEMBER	0	0	0
KRISTIN COILE 116 HARPETH TRACT CT, NASH, TN	BOARD MEMBER	0	0	0
JOHN COLTON 6211 JOCELYN HOLLOW RD NASH TN	BOARD MEMBER	0	0	0
LAURIE ESKIND 112 HARDING PLACE, NASH., TN	BOARD MEMBER	0	0	0
GARTH FAILS 112 HARDING PLACE, NASH., TN	BOARD MEMBER	0	0	0
MAJORIE FELTUS-HAWKINS 5114 ANNESWAY DR. NASH., TN	BOARD MEMBER	0	0	0
PHYLLIS FRIDRICH 617 WESTOVER AVE. NASH., TN	BOARD MEMBER	0	0	0
DAVID HADDOCK 1410 CHICKERING RD. NASH., TN	BOARD MEMBER	0	0	0
MICHAEL T. HILL 112 B BLACKBURN AVE. NASH. TN	BOARD MEMBER	0	0	0
TRACIE HOGAN 112 HARDING PLACE, NASH., TN	BOARD MEMBER	0	0	0
STEVE LADD, DVM 1116 SNEED GLEN DR. NASH., TN	BOARD MEMBER	0	0	0
JANICE LAGASSE 111 BELLE MEADE BLVD, NASH. TN	BOARD MEMBER	0	0	0
SHARON LANGFORD 3617 HAMPTON AVE. NASH., TN	BOARD MEMBER	0	0	0
ELLEN NELSON 112 HARDING PLACE, NASH., TN	BOARD MEMBER	0	0	0
ELIZABETH ROCHFORD 58 BROOK HILL CIRCLE, NASH. TN	BOARD MEMBER	0	0	0
AMY SMITH 403 ELLENDALE, NASH., TN	BOARD MEMBER	0	0	0
BOBETTE SMITH 112 HARDING PLACE, NASH., TN	BOARD MEMBER	0	0	0

Statement Summary

2003

Form 990 - Part V
List of Officers,Directors,Trustees,and Key Employees

Name(s) shown on return: NASHVILLE HUMANE ASSOCIATION

Identifying Number: 62-0672999

(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
JACKIE THOMPSON 112 HARDING PLACE, NASH., TN	BOARD MEMBER	0	0	0
MARION COUCH 112 HARDING PLACE, NASH, TN	LIFE MEMBER	0	0	0
GEORGE COOK 112 HARDING PLACE, NASH, TN	LIFE MEMBER	0	0	0
MACLIN DAVIS 112 HARDING PLACE, NASH, TN	LIFE MEMBER	0	0	0
FRANCES HUTCHISON 112 HARDING PLACE, NASH, TN	LIFE MEMBERS	0	0	0
JULIA COLTON 112 HARDING PLACE, NASH, TN	HONORARY MEMB	0	0	0