	Short Form		OMB No. 1545-1150		
Fo	Form 990-EZ 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form				
Depa	artment of the Treasury nal Revenue Service 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.		Open to Public Inspection		
_	For the 2008 calendar year, or tax year beginning , 2008, and ending				
В		D Employer i	, dentification number		
	Address change Use IRS Nashville Cat Rescue	33-11	.25213		
	Name change label or print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	E Telephone			
	Initial return type. Termination See P. O. Box 140898	(615)	830-6105		
Ħ	Amended return Instruc- City or town, state or country, and ZIP + 4	F Group E	vemotion		
	Application pending Nashville TN 37214-0898	Number	· · · · · · · · · · · · · · · · · · ·		
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).     G Accounting m Other (specify)	iy) ►			
I J	Website: ►       www.nashville.petfinder.com       H       Check ►       required to a         Organization type (check only one) -       X       501(c) (3) < (insert no.)	ttach Sche	ganization is <b>not</b> dule B (Form 990,		
	Check ►if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are r \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete re	normally <b>no</b> eturn.	ot more than		
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	►s	81,086.		
Pa	Instead of Form 550-22				
	1 Contributions, gifts, grants, and similar amounts received	1	27,800.		
	2 Program service revenue including government fees and contracts	2	52,317.		
	3 Membership dues and assessments				
	4 Investment income	4			
	5a Gross amount from sale of assets other than inventory				
R	b Less: cost or other basis and sales expenses	5c			
E V	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here				
REVENU	a Gross revenue (not including \$ of contributions				
Ē	reported on line 1)				
	b Less: direct expenses other than fundraising expenses				
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
		<u>69.</u> 69.			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		0.		
	8 Other revenue (describe ►	)			
	<b>9</b> Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	.́.► 9	80,117.		
	10 Grants and similar amounts paid (attach schedule)		·		
F	11 Benefits paid to or for members	11			
X P	12 Salaries, other compensation, and employee benefits				
E N	13 Professional fees and other payments to independent contractors				
EXPENSE	<ul> <li>14 Occupancy, rent, utilities, and maintenance</li> <li>15 Printing, publications, postage, and shipping</li> </ul>		152.		
S	16       Other expenses (describe ► See Other Expenses Statement)		79,609.		
	17     Total expenses (add lines 10 through 16)	► 17	79,761.		
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		356.		
A NS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye	ear			
A NS ES TT T	figure reported on prior year's return)		12,093.		
Ś	<ul> <li>21 Net assets or fund balances at end of year. Combine lines 18 through 20</li> </ul>		12,449.		
Pa	<b>IT II</b> Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 ir				
	(See the instructions for Part II.) (A) Beginning of		(B) End of year		
22		902.22	12,449.		
23		0.23	0.		
24		191. <b>24</b>	0.		
25 26		093.25 0.26	<u>12,449.</u> 0.		
20		093.27	12,449.		
	A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.		Form <b>990-EZ</b> (2008)		

Form	990-EZ(2008) Nashville Cat Rescu	е			1125213	Page <b>2</b>
Par	t III Statement of Program Service A	ccomplishments	(See the instruction	ns.)	Exper	ises
Desc desc	s the organization's primary exempt purpose? <u><b>Provide</b></u> ribe what was achieved in carrying out the organi ribe the services provided, the number of persons ram title.	e Healthy Cat zation's exempt purpo s benefited, or other re	for adoption pses. In a clear and com- elevant information for e	cise manner, a	Required for 5 and (4) organiz 947(a)(1) trus or others.)	ations and
28	Rescue cats from high kill shel				28 a	64,201.
29	(Grants \$ ) If this amou				29 a	
30	(Grants \$ ) If this amou				30 a	
31	Other program services (attach schedule)			· · · · · · · · · · · · · · · · · · ·	31 a	
32	Total program service expenses (add lines 28a t				32	64,201.
Par	t IV List of Officers, Directors, Trusto	ees, and Key Fmr	lovees. (List each on	e even if not comp	-	
	(a) Name and address (b) Titl	e and average hours er week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans deferred compensatio	and and othe	nse account r allowances
<u>Car</u> 241	rie_PattersonDired	ctor				
	hville TN 37214 30.00		0.		0.	
Kin 920	berly KmiecBoard	d of Directors				
Nas	hille TN 37214 30.00	0	0.		0.	
600	an Bodbine 12th Ave South, 605Board hville TN 37203 30.00	d of Directors 0	0.		0.	
Can 232	ille_Cowart	d of Directors	0.		0.	
		·				

Form	n 990-EZ (2008) Nashville Cat Rescue 33-11252:	L3	Ρ	age <b>3</b>
Par	<b>t V</b> Other Information (Note the statement requirement in General Instruction V.)		_	
		. <u> </u>	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	. 33		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. See L-35 Stmt			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			х
Ł	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	. 35b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	. 36		x
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions	,		
Ł	Did the organization file Form 1120-POL for this year?	. 37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	. 38a		X
39 a	p If 'Yes,' complete Schedule L, Part II and enter the total amount involved	-		
	Gross receipts, included on line 9, for public use of club facilities	_		
40 a	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►			
ł	<ul> <li>501(c)(3) and (4) organizations. 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?</li> <li>If 'Yes,' complete Schedule L, Part I</li> </ul>	. <b>40</b> b		x
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958▲ I Enter amount of tax on line 40c reimbursed by the organization			
C	Enter amount of tax on line 40c reimbursed by the organization	_		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	. 40 e		X
41	List the states with which a copy of this return is filed ►			

<b>42a</b> The books are in care of ► Carrie Patterson		Telephone no. ► (615)	516	-74	54
Located at ► 241 Bermuda Drive	Nashville	<u>TN</u> $ZIP + 4 \ge 37214$			
<b>b</b> At any time during the calendar year, did the organization	n have an interest in or a signati	ire or other authority over a		Yes	No
financial account in a foreign country (such as a bank ac			42b		Х
If 'Yes,' enter the name of the foreign country:►					
See the instructions for exceptions and filing requirements for Form TD	F 90-22.1, Report of a Foreign Bank and	Financial Accounts.			
<b>c</b> At any time during the calendar year, did the organization	n maintain an office outside of th	01152	120		Y

43	3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		x
BAA	TEEA0812 01/14/09	Form 99	0-EZ	(2008)

Form	Form 990-EZ (2008) Nashville Cat Rescue 33-1125213			age 4
Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.			)	
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates		Yes	No
-0	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		Х
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		Х

	5 5 5 5 5 6	1		
48	48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<u>:</u> [	48	Х
49 a	49 a Did the organization make any transfers to an exempt non-charitable related organization?		49a	Х
	h lf N/a - Luca - Har and the description (a) a section FOZ experimetics 2	Г	401	

Х

<b>b</b> If 'Yes,' was the rela	ted organization(s) a	section 527 organization	?	 49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 $\ldots$				

# 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

	(a) Name and	address of each independent contractor paid more than	n \$100,000	<b>(b)</b> Typ	be of service	(c) Compensation
None						
Total num	ber of other ind	ependent contractors receiving over \$100,0		►		
	Under penalties of true, correct, and	of perjury, I declare that I have examined this return, inc complete. Declaration of preparer (other than officer) is	uding accompanying so based on all information	hedules and statements, on of which preparer has	and to the best of m any knowledge.	y knowledge and belief, it is
				I		
Sign Here	► Signature of	officer		Di	ate	
	Type or print	name and title.				
Paid	Preparer's			Date	Check if self-	Preparer's Identifying Number (See instructions)
Pre-	signature	Wesley M Aull		09/30/10	employed ► X	
parer's	Firm's name (or yours if self-	Wes Aull, CPA PLLC				
Üse	employed).	▶ 108 McFerrin Ave.			EIN ►	
Only	address, and ZIP + 4	Nashville	TN	37206-1945	Phone no. ► (6	15) 495-3996
May the IF	RS discuss this	return with the preparer shown above? See	e instructions			► Yes No
BAA						Form 990-EZ (2008)

SCHEDULE A	
(Form 990 or 990-F7	,

е

g

h

# Public Charity Status and

OMB No.	1545-0047

			t	
	EDULE A 1 990 or 990-EZ)	Public Charity Status and Public Support	2008	
		To be completed by all section 501 (c)(3) organizations and section 4947(a nonexempt charitable trusts.	a)(1)	Open to Public
Departi Interna	ment of the Treasury I Revenue Service	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.		Inspection
Name of	of the organization		Employer identifica	tion number
Nas	hville Cat	Rescue	33-112521	3
Par	I Reason fo	r Public Charity Status (All organizations must complete this part.) (	(see instruct	ions)
The c	rganization is not	a private foundation because it is: (Please check only one organization.)		
1	A church, cor	vention of churches or association of churches described in section 170(b)(1)(A)(i).		
2	A school des	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)		
3		cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attac	ch Schedule H.`	)
4		earch organization operated in conjunction with a hospital described in section 170(b		
	name, city, a			
5	An organizati	on operated for the benefit of a college or university owned or operated by a governmeter of (Complete Part II.)	nental unit dese	cribed in section
6 7	x An organizati	te, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> on that normally receives a substantial part of its support from a governmental unit o <b>b(b)(1)(A)(vi).</b> (Complete Part II.)	or from the gene	eral public described
8	A community	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9	from activities	on that normally receives: (1) more than 33-1/3 % of its support from contributions, r s related to its exempt functions – subject to certain exceptions, and (2) no more that come and unrelated business taxable income (less section 511 tax) from businesses 5. See <b>section 509(a)(2).</b> (Complete Part III.)	n 33-1/3 % of it	ts support from aross
10	An organizati	on organized and operated exclusively to test for public safety. See section 509(a)(4)	. (see instructi	ons)
11		on organized and operated exclusively for the benefit of, to perform the functions of, supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>se</b>		

	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box the
	describes the type of supporting organization and complete lines 11e through 11h.

a Type I	<b>b</b> Type II	<b>c</b> Type III – Functionally integrated	<b>d</b> Type III- Other
		ation is not controlled directly or indirectly by one control or more publicly supported organizations described	

f	If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization,
	check this box

Since August 17, 2006	, has the organization	accepted any gift	or contribution from	any of the following persons?

			Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?			
	below, the governing body of the supported organization?	11 g (i)		
(ii)	a family member of a person described in (i) above?	11 g (ii)		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)		

Dravida tha	fallowing	information	about the	organizations	the	orgonization	aunnarta
Provide the	TOHOWING	innomation	about the	organizations	uie	organization	SUDDOLLS

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

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

Schedule A (Form 990 or 990-EZ) 2008

1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	1,451.	24,563.	22,144.
2	Tax revenues levied for the organization's benefit and either paid to it or expended			

(a) 2004

Schedule A (Form 990 or 990-EZ) 2008 Nashville Cat Rescue

-	organization's benefit and either paid to it or expended on its behalf					
3	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					
4	Total. Add lines 1-3	1,451.	24,563.	22,144.	27,800.	75 <b>,</b> 958.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					
6	Public support. Subtract line 5					

(c) 2006

(d) 2007

6	Publ	ic si	ıpı	00	π	5	ν	IĽ	π	ra	aC	τ	Ir	16	Э	
	from	line	4													

# Section B. Total Support

BAA

Calendar year (or fiscal year beginning in) ►

Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
7	Amounts from line 4		1,451.	24,563.	22,144.	27,800.	75 <b>,</b> 958.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources										
9	Net income form unrelated business activities, whether or not the business is regularly carried on				141.	969.	1,110.				
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10						77 <b>,</b> 068.				
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	164,712.				
13	First five years. If the Form 990 i organization, check this box and	s for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as a	a section 501(c)(3	) ►X				
	tion C. Computation of Put	olic Support Pe	ercentage								
	Public support percentage for 20	•	.,				%				
15	Public support percentage for 20	07 Schedule A, Pa	art IV-A, line 26f.			15	%				
16 <i>a</i>	<b>33-1/3 support test</b> – <b>2008.</b> If the and <b>stop here.</b> The organization										
Ł	<b>b 33-1/3 support test</b> – <b>2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.										
17 <i>a</i>	<b>17a 10%-facts-and-circumstances test</b> – <b>2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization										
ł	<b>b 10%-facts-and-circumstances test</b> – <b>2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
18	Private foundation. If the organiz	ation did not cheo	ck a box on line, 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see inst	ructions 🕨				

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

(b) 2005

Page 2

(f) Total

75,958.

75,958.

33-1125213

(e) 2008

27,800.

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

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)►	<b>(a)</b> 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from						
	admissions, merchandise sold or services performed, or						
	facilities furnished in a activity						
	that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are	-					
_	not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						
J	facilities furnished by a						
	governmental unit to the						
_	organization without charge						
	Total. Add lines 1-5						
72	Amounts included on lines 1, 2, 3 received from disqualified persons						
t	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
	Public support (Subtract line						
0	•• •						
Soc	7c from line 6.) tion B. Total Support						
-	* *	(-) 0004	(1) 0005	(-) 0000	(1) 0007	(-) 0000	
	ndar year (or fiscal yr beginning in) ►	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
	Amounts from line 6						
102	dividends, payments received						
	on securities loans, rents, royalties and income form						
	similar sources						
t	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business	-					
	activities not included inline 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part IV.)						
	Total support. (add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 i organization, check this box and	s for the organiza	tion's first, second	I, third, fourth, c	or fifth tax year as a	a section 501(c)	(3) ► □
Sec	tion C. Computation of Pub						
-	Public support percentage for 200			13 column (ft)		15	%
	Public support percentage from 2					-	
	tion D. Computation of Inve			9 · · · · · · · · · · · · · · ·			
-	Investment income percentage for		9	by line 13. colu	mn (f))		%
18	Investment income percentage fr	-		-			
	<b>33-1/3 support tests – 2008.</b> If th						
150	more than 33-1/3%, check this be	ox and stop here.	The organization	qualifies as a pu	iblicly supported org	ganization	· · · · · · · · · · · · · · · · · · ·
t	<b>33-1/3 support tests</b> – <b>2007.</b> If th is not more than 33-1/3%, check	e organization dic	I not check a box o	on line 14 or 19a	a, and line 16 is mo	re than 33-1/3%	, and line 18 🚬 🗖
20	Private foundation. If the organiz	ation did not che	ck a box on line 14	∔, 19a, or 19b, c	neck this box and s	ee instructions	•

Page 4

#### Nashville Cat Rescue Schedule A (Form 990 or 990-EZ) 2008 33-1125213 Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

\_\_\_\_\_

Attach to Form 990, 990-EZ and 990-PF ► See separate instructions.

# 2008

Employer identification number

33-1125213

Department of the Treasury Internal Revenue Service
Name of the organization

# Nashville Cat Rescue

Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### General Rule -

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

#### Special Rules –

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

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

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

religious, charitable, etc, contributions of \$5,000 or more during the year.)..... 🕨 \$\_\_\_\_

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)	Page	1	of <b>1</b>	of Part I
Name of organization	Emp	oloyer identific	ation number	
Nashville Cat Rescue	33	-11252	13	

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Petsmart Charities 19601 North 27th Ave Phoenix AZ 85027	\$ <u>14,716.</u>	Person     X       Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
Number	Name, address, and ZIP + 4	Aggregate	
(a)	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II if there
 (a)	 	Aggregate contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)
 (a)	 	Aggregate contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II if there is a noncash contribution.)         (d)         Type of contribution         Person         Payroll         Noncash         (Complete Part II if there is a noncash contribution.)

Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
Petsmart	6,934.
Elm Hill Vet Clinic	43,200.
Other Vet Expenses	10,233.
Refund	1,714.
Office Supplies	2,283.
Reimbursements	7,162.
Other Pet Supplies	3,834.
Insurance	703.
Phone Bill	3,090.
Return Ck/Bank Charges	399.
Misc Expense	57.
Total	79,609.

Explanation Statement

 Form/Line:
 Form 990-EZ, Part V
 Line 35

 Explanation of:
 Not Reporting Income on Form 990-T

Form 990-T was not filed because gross income was less than \$1,000. All proceeds are from sales of t-shirts that promote the exempt organization's purpose. Net income is used to fund the organization's exempt activities.

# Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
Adoptions UAI	<u>45,595.</u> 6,722.
Total	52,317.

# Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
USPO	152.
Total	152.

# Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Business Checking Business Savings	<u> </u>
Total	12,449.

# Supporting Statement of:

Sch. A, page 2/Gross Receipts

Description	Amount
2005	5,645.
2006	50,958.
2007	55,792.
2008	52,317.
Total	164,712.