

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2005 calendar year, or tax year beginning Jul 1, 2005, and ending Jun 30, 2006**

**B** Check if applicable

- ☐ 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

**The Humane Association of Wilson County, Inc.**

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite

**P.O. Box 247**

City, town or country

**Lebanon**

State ZIP code + 4

**TN 37088**

**D** Employer Identification Number

**62-1048196**

**E** Telephone number

**(615) 444-1149**

**F** Accounting method:

☐ Cash ☒ 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 ☒ 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 ☒ No

**I** Group Exemption Number ▶

**M** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**Web site:** ▶ **N/A**

**Organization type**

(check only one)

☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527

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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **453,520.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	<b>1a</b>	<b>158,426.</b>	
<b>b</b>	Indirect public support	<b>1b</b>	<b>25,737.</b>	
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>114,620.</b>	
<b>d</b>	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>	<b>298,783.</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>83,602.</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>8,200.</b>	
<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>3,216.</b>	
<b>6a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b>	Other investment income (describe _____)	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b>		<b>8d</b>		
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	<b>59,719.</b>	
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>15,323.</b>	
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>44,396.</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less: cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>438,197.</b>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>313,214.</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>28,869.</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>0.</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	<b>0.</b>	
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>	<b>342,083.</b>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>96,114.</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>894,406.</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>2,492.</b>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>993,012.</b>	

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**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

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 (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 23,684.	0.	23,684.	0.
26	Other salaries and wages	26 102,627.	102,627.	0.	0.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 12,360.	10,725.	1,635.	0.
30	Professional fundraising fees	30			
31	Accounting fees	31 11,520.	11,520.	0.	0.
32	Legal fees	32			
33	Supplies	33 7,045.	7,045.	0.	0.
34	Telephone	34 3,675.	453.	3,222.	0.
35	Postage and shipping	35 686.	686.	0.	0.
36	Occupancy	36 300.	300.	0.	0.
37	Equipment rental and maintenance	37 5,853.	5,853.	0.	0.
38	Printing and publications	38 17,843.	17,843.	0.	0.
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 17,868.	17,540.	328.	0.
43	Other expenses not covered above (itemize):				
a	Advertising	43a 3,442.	3,442.	0.	0.
b	Animal Training	43b 341.	341.	0.	0.
c	Automobile Expense	43c 7,363.	7,363.	0.	0.
d	Contract Labor	43d 2,280.	2,280.	0.	0.
e	Dues and Subscriptions	43e 175.	175.	0.	0.
f	Education and Training	43f 264.	264.	0.	0.
g	See Other Expenses Stmt	43g 124,757.	124,757.	0.	0.
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 342,083.	313,214.	28,869.	0.

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 \$ \_\_\_\_\_

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Form 990 (2005)



**Part IV Balance Sheets** (See 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	
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing	176,268.	<b>45</b>	165,865.	
	<b>46</b> Savings and temporary cash investments	175,518.	<b>46</b>	360,873.	
	<b>47a</b> Accounts receivable	8,695.			
	<b>b</b> Less: allowance for doubtful accounts		<b>47c</b>	8,695.	
	<b>48a</b> Pledges receivable				
	<b>b</b> Less: allowance for doubtful accounts		<b>48c</b>		
	<b>49</b> Grants receivable		<b>49</b>		
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>		
	<b>51a</b> Other notes & loans receivable (attach sch)				
	<b>b</b> Less: allowance for doubtful accounts		<b>51c</b>		
	<b>52</b> Inventories for sale or use		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>		
	<b>54</b> Investments — securities (attach schedule) <b>L-54 Stmt</b> <input type="checkbox"/> <b>Cost</b> <input type="checkbox"/> <b>FMV</b>	214,568.	<b>54</b>	225,261.	
	<b>55a</b> Investments — land, buildings, & equipment basis				
	<b>b</b> Less: accumulated depreciation (attach schedule)		<b>55c</b>		
	<b>56</b> Investments — other (attach schedule)		<b>56</b>		
	<b>57a</b> Land, buildings, and equipment basis	395,688.			
	<b>b</b> Less: accumulated depreciation (attach schedule)	159,525.	<b>57c</b>	236,163.	
<b>58</b> Other assets (describe ► <u>See Line 58 Stmt</u> )	475.	<b>58</b>	475.		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	900,442.	<b>59</b>	997,332.		
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	6,036.	<b>60</b>	4,320.	
	<b>61</b> Grants payable		<b>61</b>		
	<b>62</b> Deferred revenue		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>		
	<b>65</b> Other liabilities (describe ► _____)		<b>65</b>		
	<b>66 Total liabilities.</b> Add lines 60 through 65	6,036.	<b>66</b>	4,320.	
	<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
		<b>67</b> Unrestricted	894,406.	<b>67</b>	993,012.
<b>68</b> Temporarily restricted			<b>68</b>		
<b>69</b> Permanently restricted			<b>69</b>		
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>					
<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>		
<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>		
<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		894,406.	<b>73</b>	993,012.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		900,442.	<b>74</b>	997,332.	

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Yes	No
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▶ 5

75b		X
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75c		X
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75d	X	
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[illegible]

Yes	No
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76		X
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77		X
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78a		X
-----	--	---

78b		
-----	--	--

79		X
----	--	---

80 a		X
------	--	---

81 a

81 b	X
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**Part VI Other Information** (continued)

	Yes	No
<b>82 a</b> 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?		X
<b>b</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)		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
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		
<b>c</b> Dues, assessments, and similar amounts from members		
<b>d</b> Section 162(e) lobbying and political expenditures		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>h</b> 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?		
<b>86 501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities		
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>88</b> 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		X
<b>89 a 501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
<b>b 501(c)(3) and 501(c)(4) organizations.</b> 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		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>90 a</b> List the states with which a copy of this return is filed <u>Tennessee</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	5
<b>91 a</b> The books are in care of <u>PAM DENNY</u> Telephone number <u>(615) 444-3442</u> Located at <u>1312 West Main Street, Lebanon, Tn</u> ZIP + 4 <u>37087</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country	91c	X
<b>92</b> 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		<input type="checkbox"/>

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Form 990 (2005)

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <b>Pet Adoptions, net</b>					83,602.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					8,200.
96 Dividends & interest from securities					3,216.
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
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))					95,018.
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					95,018.

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 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)
93	Funds generated and received by the organization were used to promote
95	the adoption of pets and the spaying of pets to control and enrich
96	public awareness related to animal production.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

N/A

(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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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 <i>Sara Felton</i>	Date 8/15/06
Paid Preparer's Use Only	Type or print name and title Sara Felton, Board member	
	Preparer's signature <i>Royce A. Belcher</i>	Date 8/15/06
	Preparer's name (or yours if self-employed), address, and ZIP + 4 Royce A. Belcher, CPA 1312 West Main Street Lebanon TN 37087	
	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W) P00234457
	EIN 11-3664837	Phone no (615) 444-1149



**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under**  
**Section 501(c)(3)****(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or 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

**2005**

Name of the organization

**The Humane Association of Wilson County, Inc.**

Employer identification number

**62-1048196****Part I****Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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 and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	None			

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

(See 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
None		
Total number of others receiving over \$50,000 for professional services	None	

**Part II — B****Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	None	

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2005

**Part III** Statements About Activities (See 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 **\$** 0.
- (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

**c** During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

**b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

**Part IV** Reason for Non-Private Foundation Status (See 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: \_\_\_\_\_
- 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). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See 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 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	261,931.	376,542.	547,529.	243,323.	1,429,325.
<b>16</b> Membership fees received	0.	0.	0.	0.	0.
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	261,931.	376,542.	547,529.	243,323.	1,429,325.
<b>24</b> Line 23 minus line 17	261,931.	376,542.	547,529.	243,323.	1,429,325.
<b>25</b> Enter 1% of line 23	2,619.	3,765.	5,475.	2,433.	

**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 2001 through 2004 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** \_\_\_\_\_ ▶ **26d**  
**22** \_\_\_\_\_ **26b** \_\_\_\_\_

**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:  
 (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

**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 11b, 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:  
 (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

**c** Add: Amounts from column (e) for lines: **15** 1,429,325. **16** 0. ▶ **27c** 1,429,325.  
**17** \_\_\_\_\_ **20** \_\_\_\_\_ **21** \_\_\_\_\_ ▶ **27d**

**d** Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27e** 1,429,325.

**e** Public support (line 27c total minus line 27d total) ▶ **27g** 100.00 %

**f** Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27f** 1,429,325.

**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** 100.00 %

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

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 V Private School Questionnaire** (See instructions )  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement ) ----- ----- -----	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See 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												
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	0.												
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0.												
<b>39</b> Other exempt purpose expenditures	<b>39</b>													
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0.												
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table — <table><tr><td><b>If the amount on line 40 is —</b></td><td><b>The lobbying nontaxable amount is —</b></td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 40</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>	<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>	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	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	<b>41</b>	0.
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>													
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													
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													
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0.												
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	0.												
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	0.												

**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 )

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
<b>Calendar year (or fiscal year beginning in) ▶</b>	<b>(a) 2005</b>	<b>(b) 2004</b>	<b>(c) 2003</b>	<b>(d) 2002</b>	<b>(e) Total</b>
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 instructions )

N/A

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  
**b** Paid staff or management (Include compensation in expenses reported on lines c through h.)  
**c** Media advertisements  
**d** Mailings to members, legislators, or the public  
**e** Publications, or published or broadcast statements  
**f** Grants to other organizations for lobbying purposes  
**g** Direct contact with legislators, their staffs, government officials, or a legislative body  
**h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  
**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



Form **4562**

(Rev January 2006)

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

**2005**Attachment  
Sequence No **67**

Name(s) shown on return

**The Humane Association of Wilson County, Inc.**

Identifying number

**62-1048196**

Business or activity to which this form relates

**Form 990 / Form 990EZ****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 the instructions for a higher limit for certain businesses	1	\$105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$420,000.
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 instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	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 2006 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) (See instructions)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,501.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	14,820.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2005 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		10,936.	15.0 yrs	HY	150DB	547.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C – Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary (see 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 instructions	22	17,868.
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	

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

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

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

<b>24a</b> Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>24b</b> If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
<b>25</b> Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use										
<b>27</b> Property used 50% or less in a qualified business use										
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								<b>28</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>		

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

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2005 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See instructions for where to report					<b>44</b>



Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
<u>Insurance</u>	16,097.	16,097.	0.	0.
<u>Medical Supplies</u>	41,621.	41,621.	0.	0.
<u>Office Supplies</u>	4,302.	4,302.	0.	0.
<u>Taxes and License</u>	6,405.	6,405.	0.	0.
<u>Uniforms</u>	194.	194.	0.	0.
<u>Utilities</u>	9,771.	9,771.	0.	0.
<u>Veterinarian Services</u>	46,367.	46,367.	0.	0.
Total	<u>124,757.</u>	<u>124,757.</u>	<u>0.</u>	<u>0.</u>

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
<u>Fundraising</u>	59,719.	0.	59,719.	15,323.	44,396.
Total	<u>59,719.</u>	<u>0.</u>	<u>59,719.</u>	<u>15,323.</u>	<u>44,396.</u>

Form 990, Page 4, Part IV, Line 54

**Investments - Securities Statement**

Line 54 – Investments - Securities:	Beginning of Year	End of Year
<u>Linsco Private Ledger</u>	167,146.	172,988.
<u>Primerica Shareholder Services</u>	47,422.	52,273.
Total	<u>214,568.</u>	<u>225,261.</u>

Form 990, Page 4, Part IV, Line 58

**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
<u>Deposits</u>	475.	475.
Total	<u>475.</u>	<u>475.</u>

**Supporting Statement of:**

Form 990 p 1/Line 20

Description	Amount
<u>Net Unrealized Appreciation in Securities</u>	<u>2,492.</u>
Total	<u><u>2,492.</u></u>

Power of Attorney  
and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by

Name

Telephone

Function

Date



Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

The Humane Association of Wilson County, Inc.

P.O. Box 247,

Lebanon, TN 37088

Social security number(s)

Employer identification number

62-1048196

Plan number (if applicable)

Daytime telephone number

(615) 444-1149

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

Royce A. Belcher, CPA

1312 West Main Street

Lebanon, TN 37087

CAF No. 5005-54267R

Telephone No. (615) 444-1149

Fax No. (615) 444-6626

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.

Telephone No.

Fax No.

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.

Telephone No.

Fax No.

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s) (see the instructions for line 3)
Income	990	2004, 2005, 2006

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific uses not recorded on CAF ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer in the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here and list the name of that representative below

Name of representative to receive  
refund check(s)

05/22/2006

14:26

ROYCE A BELCHER CPA 4444997

Form 2848 (Rev 3-2004) The Humane Association of Wilson County, Inc. 62-1048196 Page 2

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

a If you also want the second representative listed to receive a copy of notices and communications, check this box ☐

b If you do not want any notices or communications sent to your representative(s) check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

**IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

*Sarah Hirst-Pitts*

5/22/06

Date

Title (if applicable)

SARAH HIRST-PITTS

Print Name

Pin Number

The Humane Association of Wilson County, Inc.

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

Pin Number

## Part II Declaration of Representative

**Caution.** Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following:
  - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below
  - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent — enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d Officer — a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee — a full-time employee of the taxpayer
  - f Family Member — a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister)
  - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
  - h Unenrolled Return Preparer — the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer in the instructions.

**IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**  
See the Part II instructions.

Designation — Insert above letter (a - h)	Jurisdiction (state) or identification	Signature	Date
b	TN	<i>Royce A Belcher CPA</i>	5/22/06

Form 2848 (Rev 3-2004)