Form **990**

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)

OMB No. 1545-0047

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.

Α	For t	ne 2004 caiend	dar year, o	or tax year beginning 5/01	, 2004, a	and endin	g 4/30)		, 2005
В	Check	if applicable:						D Empl	oyer Ide	ntification Number
		ddress change	Please use IRS label	NASHVILLE HUMANE AS	SOCIATION			62	-067	2999
	_	ame change	or print or type.	213 OCEOLA AVENUE			ľ	E Telep		
	\vdash	itial return	See specific	NASHVILLE, TN 37209						352-1010
	\vdash	nal return	instruc-				•	F Acco	unting od:	Cash X Accrual
	\vdash		tions.							<u> </u>
	H	mended return				1				pecify) •
	Ap	oplication pending	Section	on 501(c)(3) organizations and 4 table trusts must attach a comp	947(a)(1) nonexempt					7 organizations.
			(Form	1 990 or 990-EZ).	icica Scricadic A	, ,	Is this a group			
G	Web	site: ► HTTP	://WWW	NASHVILLEHUMANE.OR	G /	H (b)	If 'Yes,' enter	number of	affiliates	
			•,,,		<u> </u>	H (c)	Are all affiliat			
J	Orga	nization type ck only one)	•	X 501(c) 3 ◀ (insert no.)	4947(a)(1) or	527	(If 'No,' attacl	n a list. Se	ee instru	ctions.)
	•	Ė		nization's gross receipts are norr	. (4)(7)	H (d)	Is this a sepa	rate returr	filed by	
r				eed not file a return with the IRS			organization of	covered by	a group	ruling? Yes X No
	recei	ved a Form 99	0 Packag	e in the mail, it should file a retu	irn without financial data	a. I	Group Exe	mption	Numb	er •
	Som	e states requir	re a comp	olete return.		M	Check -	if the	organiz	ation is not required
L	Gross	s receipts: Add	lines 6b,	8b, 9b, and 10b to line 12 ► 6	,854,325.		to attach Sch	edule B (I	orm 99	0, 990-EZ, or 990-PF).
Pa				nses, and Changes in Net		alances	(See Instru	uctions)		
	1	_		ants, and similar amounts receive			`	ĺ		
					i i	1 a	760,	852.		
					F	1 b	,			
				ons (grants)			12	500.		
	ď	Total (add lines)	, \$	767,841. noncash \$	5 511				1 d	773,352.
	2			ue including government fees an					2	210,769.
	3	-		assessments	•	VII, IIIIC 33	"		3	210,703.
	_	•		d temporary cash investments		-111			4	
	4		-			- 1 ·				25 646
	5			from securities					5	35,646.
						6a				
						6b				
	С		-	oss) (subtract line 6b from line 6	a)				6с	
Ŗ	7	Other investm	nent incor	me (describe	44.0 111	1	450 O.U.)	7	
REVENUE	8a	Gross amoun	t from sal	es of assets other	(A) Securities		(B) Other			
N		than inventory	у		5,048,351.	8a		125.		
Ē	b	Less: cost or	other bas	is and sales expenses	5,057,564.	8b		261.		
	С	Gain or (loss) (at	ttach schedu	le) STATEMENT . 1 [-9,213.	8 c	490,	864.		
	d	Net gain or (le	oss) (com	nbine line 8c, columns (A) and (E	3))			<u></u>	8d	481,651.
	9	Special event	ts and act	ivities (attach schedule). If any a	mount is from gaming,	check her	re ►	X		
	а	Gross revenue	e (not inc	luding \$ 58,29	3. of contributions					
		reported on li	ne 1a)			9a	269,	082.		
	b	Less: direct e	expenses	other than fundraising expenses.		9b	35,	843.		
	С	Net income o	r (loss) fr	om special events (subtract line	9b from line 9a)		STATEME	NT 2	9с	233,239.
				ry, less returns and allowances.		10a				·
				ld		10b				
				ales of inventory (attach schedule) (subtra					10 c	
	11			art VII, line 103)	· · · · · · · · · · · · · · · · · · ·				11	
	12			es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10					12	1,734,657.
	13			n line 44, column (B))					13	1,102,951.
E X	14	•	•	eral (from line 44, column (C))					14	133,258.
EXPENSES	15			44, column (D))					15	115,637.
N S	16			(attach schedule)					16	110,007.
Ĕ		-		•						1 251 016
-	17			nes 16 and 44, column (A))					17	1,351,846.
A	18			the year (subtract line 17 from line					18	382,811.
N S E E T T	19			ances at beginning of year (from					19	10,911,390.
				ssets or fund balances (attach e					20	-5,909,177.
S	21	Net assets or	tund bala	ances at end of year (combine lir	nes 18, 19, and 20)				21	5,385,024.

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.

(cash \$ non-cash \$)	D	o 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
100 23 3 22 23 24 24 25 26 26 27 27 28 28 28 28 28 28	22	Grants and allocations (att sch)					
23 Specific seathers to Individuals (Cit sch.) 24 71,999 61,062 3,831 7,106 25 Compensation of Infors, director, etc. 25 71,999 61,062 3,831 7,106 26 Cher safarise and wages 26 430,288 364,927 22,894 42,467 27 28 Cher sands on wages 28 430,288 364,927 22,894 42,467 28 Cher sands proper benefits 28 46,469 39,499 2,788 4,182 29 Phyrol taxes 29 40,832 34,707 2,450 3,675 3675 37 38 38 38 38 38 38 38		`					
24 Bearfiel pad for for members cit cols)							
25 Compensation of officers, directors, etc. 25 71, 999. 61, 062. 3, 831. 7, 106. 26 Other salaries and wages 26 430, 288. 364, 927. 22, 894. 27 Persiston plan contributions 27 22 46, 469. 39, 499. 2, 788. 4, 182. 28 Payorll taxes 29 40, 832. 34, 707. 2, 450. 3, 675. 30 Professional fundraising fees 30 3 4, 307. 2, 450. 3, 675. 31 Accounting fees 31 3 4 4, 307. 3, 470. 3, 470. 3, 470. 32 Legal fees 32 33 3 4 749. 4, 307. 3, 470.	23						
26				71 000	61 062	2 021	7 106
27 Pension plan contributions 27		•					
28 Other employee benefits		5		430,200.	304, 327.	22,034.	42,407.
29 Payoli taxes 29 40,832. 34,707. 2,450. 3,675.				46 469	39 499	2 788	4 182
38						·	
31 Accounting fees 32 32 32 33 34 34 34 35 35 34 35 35				40,032.	34,707.	2,430.	3,073.
22 Legal fees. 32 32 33 32 34 34 34 35 35 35 35 35		<u> </u>					
33 Supplies 34 15,601 10,946 3,120 1,535		<u> </u>					
34		•	_				
35 Postage and Shipping 35 36 37 4,303 4,303 38 37 4,303 4,303 38 39 39 39 39 39 39 3		• •		15 601	10 046	2 120	1 525
36 Occupancy				15,601.	10,946.	3,120.	1,333.
Equipment rental and maintenance. 37							
38 Printing and publications. 38 39 Travel. 40 41 Interest. 41 42 Depreciation, depletion, etc (attach schedule). 42 171, 970. 171, 970. 30 Other expenses not covered above (femina): 42 171, 970. 43 Other expenses not covered above (femina): 43				1 202	V 2U2		
39 17avel 39 39 39 30 30 30 30 30				4,303.	4,303.		
## Conferences, conventions, and meetings							
Interest. 41 Interest. 41 Depreciation, depletion, etc (attach schedule). 42 171, 970. 171, 970. 3 20 Other expenses not covered above (terrize): 43 570, 384. 415, 537. 98, 175. 56, 672. 43b 570, 384. 415, 537. 98, 175. 56, 672. 43c 570, 384. 415, 537.							
12 Depreciation, depletion, etc (attach schedule). 42 171,970. 171,970.		, , ,					
a SEE STATEMENT 4 43a 570,384. 415,537. 98,175. 56,672. b 43b 6 d 43c 43d 6 d	41			171 070	171 070		
a SEE STATEMENT 4 43a 570, 384. 415, 537. 98, 175. 56, 672. d. 43b	42		42	1/1,9/0.	1/1,9/0.		
b d 43 b d 43 c d 44 Total functional expenses (add lines 22 · 43) d 42 e d 44 Total functional expenses (add lines 22 · 43) d 43 e d 44 Total functional expenses (add lines 32 · 43) d 43 e d 44 Total functional expenses (add lines 32 · 43) d 44 d 1 351,8816. 1,102,951. 133,258. 115,637. sint Costs. Check. ► If you are following SOF 93. The any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?				F70 204	415 507	00 175	F.C. 6770
Age				570,384.	415,537.	98,175.	56,672.
de total functional expenses (add lines 22 - 43).	b						
43e Total functional expenses (add lines 22 · 43)	С						
44 Total functional expenses (add lines 22 - 43) Graphizations completing columns (8) - (9), arry these totals to lines 13 - 15	d		43 d				
point Costs. Check. if you are following SOF 98 2. re any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ; (ii) the amount allocated to Program services ; (iii) the amount allocated to Program services	. е	=	43 e	- 11			
point Costs. Check. if you are following SOF 98 2. re any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ; (ii) the amount allocated to Program services ; (iii) the amount allocated to Program services	44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44	1, 351, 846.	1,102,951.	133,258.	115,637.
re any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?					, , , , , , , , ,		,
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 \$; (ii) the amount allocated to Management and general \$; (iii) the amount allocated to Management and general \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program service \$; (iv) the amount allocated to Program service \$; (iv) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to Program services \$; (iii) the amount allocated to \$; (iii) the amount allocation \$ \$; (iii) the amount allocation \$ \$; (iiii) the amount allocations \$ \$; (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			_		icitation reported in (B) I	Program services?	Yes X No
Fundraising \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated							
### In the composition of Program Service Accomplishments ### That is the organization's primary exempt purpose? ### ANIMAL SHELTER ### In organization's primary exempt purpose? ### ANIMAL SHELTER ### In organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of lents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.) #### ANIMALS UNTIL HOMES ARE LOCATED FOR STRAY, ABANDONED AND INJURED ANIMALS UNTIL HOMES ARE LOCATED FOR THEM. #### (Grants and allocations \$) 853,549. #### Composition of the composition of t	\$; (iii) the amount all	ocated	to Management and ger			
ANIMAL SHELTER Il organization's primary exempt purpose? ANIMAL SHELTER Il organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of leints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.) a OPERATION OF A SHELTER, PROVIDING CARE FOR STRAY, ABANDONED AND INJURED ANIMALS UNTIL HOMES ARE LOCATED FOR THEM. (Grants and allocations \$) 853,549. b OPERATION OF A MOBILE SPAY AND NEUTER CLINIC, PROVIDING STERILIZATION SERVICES FOR LOW INCOME INDIVIDUALS AND FAMILIES. (Grants and allocations \$) 249,402. (Grants and allocations \$) c (Grants and allocations \$) 249,402.		<u> </u>			•		
Ill organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of eight served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.) a OPERATION OF A SHELTER, PROVIDING CARE FOR STRAY, ABANDONED AND INJURED ANIMALS UNTIL HOMES ARE LOCATED FOR THEM. (Grants and allocations \$) 853,549. b OPERATION OF A MOBILE SPAY AND NEUTER CLINIC, PROVIDING STERILIZATION SERVICES FOR LOW INCOME INDIVIDUALS AND FAMILIES. (Grants and allocations \$) 249,402. c	art	III Statement of Program Serv	rice A	ccomplishments			
in long and allocations is used. etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.) a OPERATION OF A SHELTER, PROVIDING CARE FOR STRAY, ABANDONED AND INJURED ANIMALS UNTIL HOMES ARE LOCATED FOR THEM. (Grants and allocations \$) 853,549. b OPERATION OF A MOBILE SPAY AND NEUTER CLINIC, PROVIDING STERILIZATION SERVICES FOR LOW INCOME INDIVIDUALS AND FAMILIES. (Grants and allocations \$) 249,402. (Grants and allocations \$) c (Grants and allocations \$) 249,402.							Program Service Expenses
a OPERATION OF A SHELTER, PROVIDING CARE FOR STRAY, ABANDONED AND INJURED ANIMALS UNTIL HOMES ARE LOCATED FOR THEM. (Grants and allocations \$) 853,549. b OPERATION OF A MOBILE SPAY AND NEUTER CLINIC, PROVIDING STERILIZATION SERVICES FOR LOW INCOME INDIVIDUALS AND FAMILIES. (Grants and allocations \$) 249,402. c (Grants and allocations \$) d (Grants and allocations \$) e Other program services. (Grants and allocations \$)	ll or	ganizations must describe their exempt pu	rpose	achievements in a clear	and concise manner. St	ate the number of	(4) organizations and
a OPERATION OF A SHELTER, PROVIDING CARE FOR STRAY, ABANDONED AND INJURED ANIMALS UNTIL HOMES ARE LOCATED FOR THEM. (Grants and allocations \$) 853,549. b OPERATION OF A MOBILE SPAY AND NEUTER CLINIC, PROVIDING STERILIZATION SERVICES FOR LOW INCOME INDIVIDUALS AND FAMILIES. (Grants and allocations \$) 249,402. c (Grants and allocations \$) d (Grants and allocations \$) e Other program services. (Grants and allocations \$)	zatio	ns and 4947(a)(1) nonexempt charitable tr	usts m	ust also enter the amou	nt of grants & allocations	s to others.)	optional for others.)
(Grants and allocations \$) 853,549. b OPERATION OF A MOBILE SPAY AND NEUTER CLINIC, PROVIDING STERILIZATION SERVICES FOR LOW INCOME INDIVIDUALS AND FAMILIES. (Grants and allocations \$) 249,402. (Grants and allocations \$)) d (Grants and allocations \$)) e Other program services. (Grants and allocations \$)							
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b OPERATION OF A MOBILE SPAY AND NEUTER CLINIC, PROVIDING STERILIZATION SERVICES FOR LOW INCOME INDIVIDUALS AND FAMILIES. (Grants and allocations \$) 249,402. (Grants and allocations \$)				(Grants and	d allocations \$)	853,549.
SERVICES FOR LOW INCOME INDIVIDUALS AND FAMILIES. (Grants and allocations \$) 249,402. (Grants and allocations \$) d (Grants and allocations \$) (Grants and allocations \$) e Other program services. (Grants and allocations \$)	b	OPERATION OF A MOBILE SPA	Y AN	D NEUTER CLINIC	C, PROVIDING ST	ERILIZATION	,
(Grants and allocations \$) 249,402. c					-		
(Grants and allocations \$) d (Grants and allocations \$) e Other program services (Grants and allocations \$)							
(Grants and allocations \$) d (Grants and allocations \$) e Other program services (Grants and allocations \$)				(Grants and	d allocations \$)	249,402.
(Grants and allocations \$) d (Grants and allocations \$) e Other program services (Grants and allocations \$)	c						,
(Grants and allocations \$) e Other program services (Grants and allocations \$)	J						
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(Grants and allocations \$) e Other program services	ч			·	·	<u> </u>	
e Other program services (Grants and allocations \$	u						
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e Other program services (Grants and allocations \$				(0	d allocations &		
	_	Other program convices		,	i.)	
					•)	1 102 051

Part IV Balance Sheets (See Instructions)

Note	: И С	here required, attached schedules and amounts within tolumn should be for end-of-year amounts only.	he de	escription	(A) Beginning of year		(B) End of year
	45	Cash — non-interest-bearing			3,245,747.	45	141,784.
	46	Savings and temporary cash investments			4,185,712.	46	218,469.
	47	a Accounts receivable	47 a 47 b			47 c	
	48	a Pledges receivable	48 a 48 b	95,700. 23,000.	39,700.	48 c	72,700.
	49	_		,	,	49	,
A S E T S	50	employees (attach schedule)	;			50	
Ĕ	51	a Other notes & loans receivable (attach sch)					
S			51 b			51 c	
		Inventories for sale or use.		ľ	4 004	52	4 004
	53	1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4,094.	53	4,094.
	54			Cost X FMV		54	100,000.
	55	a Investments — land, buildings, & equipment: basis.	55 a				
		`	55 b			55 c	
		Investments — other (attach schedule)	1			56	836,114.
	57		57 a	3,673,509.			
		` ′	57 b	369,433.	3,457,813.	57 c	3,304,076.
	58	Other assets (describe SEE STATEMENT 8			1,000.	58	736,798.
	59	Total assets (add lines 45 through 58) (must equal lin	ne 74)		10,934,066.	59	5,414,035.
	60				12,586.	60	29,011.
L	61	' 3				61	
A B	62		13		10,090.	62	
L		Loans from officers, directors, trustees, and key employees (attach s				63	
I L I T E S	64	a Tax-exempt bond liabilities (attach schedule)				64a	
Ē		b Mortgages and other notes payable (attach schedule)				64b	
S)	22 676	65	20 011
-		Total liabilities (add lines 60 through 65)			22,676.	66	29,011.
N F	orga	nizations that follow SFAS 117, check here ► X an through 69 and lines 73 and 74.	a con	inplete lines 67			
	67				8,616,390.	67	4,576,526.
S	68					68	808,498.
ASSETS	69	Permanently restricted			2,295,000.	69	
	Orga	nizations that do not follow SFAS 117, check here ►		and complete lines			
		70 through 74.					
F U N D	70					70	
	71	Paid-in or capital surplus, or land, building, and equip	ment	t fund		71	
Ĭ	72	Retained earnings, endowment, accumulated income,	or o	ther funds		72	
BALANCES		Total net assets or fund balances (add lines 67 through 72; column (A) must equal line 19; column (B) must equal line 19; co			10,911,390.		5,385,024.
	74	Total liabilities and net assets/fund balances (add line	es 66	and 73)	10,934,066.	74	5,414,035.

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.

BAA

Par	t IV-A Reconciliation of Reven Financial Statements wi per Return (See instruct	Audited enue	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return					
а	Total revenue, gains, and other support per audited financial statements	а	1,888,461.	а	Total expenses and I financial statements.	osses per audited	а	1,466,750.
b	Amounts included on line a but not on line 12, Form 990:			b	Amounts included or on line 17, Form 990			
(1)	Net unrealized gains on investments \$ 15,931.			(1)	Donated services and use of facilities \$	79,061.		
(2)	Donated services and use of facilities \$ 79,061.			(2)	Prior year adjust- ments reported on line 20, Form 990 \$			
` '	Recoveries of prior year grants \$			``	Losses reported on line 20, Form 990 \$			
(4)	Other (specify): SEE STM 9 \$ 58,812.			(4)	Other (specify): SEE STMT 10 \$	35,843.		
С	Add amounts on lines (1) through (4)	b c	153,804. 1,734,657.	С	Add amounts on lines (1) Line a minus line b .	through (4)	b c	114,904. 1,351,846.
d	Amounts included on line 12, Form 990 but not on line a:			d	Amounts included or Form 990 but not on	line 17, line a:		
	Investment expenses not included on line 6b, Form 990 \$ Other (specify):				Investment expenses not included on line 6b, Form 990 \$ Other (specify):			
					\$			
е	Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d)	d e	1,734,657.	e	Add amounts on line Total expenses per 1 990 (line a plus line	ine 17. Form	d e	1,351,846.
Par	List of Officers, Directors	, Truste		mpl				
	(A) Name and address	(B) Title	e and average ho er week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferre compensation	t	(E) Expense account and other allowances
SEE	STATEMENT 11	-				·		
					71,999.	5,37	0.	0.
		_						
		-						
		_						
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related of 'Yes,' attach schedule — see instruc	and all re organizati	elated organizatio	ns. of	which more than		-	Yes X No

line 12	Par	rt VI Other Information (See instructions.)		Yes	No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 16 Yes, attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 a Did Tyes, has it filed a tax return on Form 990-T for this year? 78 b If Yes, has it filed a tax return on Form 990-T for this year? 79 Was there a gliquidation, dissolution, termination, or substantial contraction during the year? If Yes, attach a statement. 79	76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'			3.7
If Yes,* altach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1.000 or more during the year covered by this return? 78 b IV Yes, has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,* attach a statement. 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,* attach is statement. 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,* attach a statement. 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,* attach is statement. 79 Was there a liquidation, dissolution, termination, or substantial or an accordance of the organization with a statewise or advantage or an accordance of the organization or the year. 80 In Either direct and indirect political expenditures. See line 81 instructions. 81 In Either direct and indirect political expenditures. See line 81 instructions. 81 IV Yes, you may indicate the value of these terms here. Do not include this amount as revenue in Part 1 or as an expense in Part II. (See instructions in Part III). 82 IV Yes, you may indicate the value of these terms here. Do not include this amount as revenue in Part 1 or as an expense in Part III. (See instructions in Part III). 83 IV Yes, you may indicate the value of these terms here. Do not include this amount as revenue in Part 1 or as an expense in Part III. (See instructions in Part III). 84 IV Yes, you may indicate the value of these terms here. Do not include this amount as revenue in Part 1 or as an expense in Part III. (See instructions in Part III). 85 IV Yes, do the organization orphy with the disclosure requirements relating to quid pro quo contributions? 85 IV Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85	77	·			
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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. d Section 162(e) lobbying and political expenditures. e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. g S5d N/A f Taxable amount of lobbying and political expenditures (line 85d less 85e). 85f N/A g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?. h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f?. h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f?. 85g N/A h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f?. 85g N/A h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f?. 85g N/A h if section 603(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 N/A 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12. b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them). 87b N/A 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 87b N/A 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. 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit t					
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86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12			85h	N	/A
b Gross receipts, included on line 12, for public use of club facilities					
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d Enter: Amount of tax on line 89c, above, reimbursed by the organization		explaining each transaction	89b		Χ
90 a List the states with which a copy of this return is filed TENNESSEE					
90a List the states with which a copy of this return is filed ► <u>TENNESSEE</u>					0.
h Number of condenses condensed in the convenient of the Late Condenses of the Condenses of	90 a	List the states with which a copy of this return is filed TENNESSEE		r — — -	
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)					21
91 The books are in care of ► GROVES PROFESSIONAL SVCS Telephone number ► 615-791-4080 Located at ► 211 CHURCH STREET, NASHVILLE, TN ZIP + 4 ► 37065-0966	ЭI	Located at > 211 CHIRCH STREET MASHVILLE TW 1010-1010-1010-1010-1010-1010-1010-101	<u>5-</u> 09	66	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	_ <u></u>	A	▶ 🗔
and enter the amount of tax-exempt interest received or accrued during the tax year	-	and enter the amount of tax-exempt interest received or accrued during the tax year			

		Unrelated	d business income	Excluded by se	ection 512, 513, or 514	(E)
Note: Ento otherwise	er gross amounts unless indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
a_A	ogram service revenue: DOPTIONS					163,437.
b 0	THER PROGRAM SERVICE					47,332.
c						
d						
e						
	edicare/Medicaid paymentses & contracts from government agencies					
-	embership dues and assessments					
95 Int	erest on savings & temporary cash invmnts .					
96 Di	vidends & interest from securities			14	35,646.	
	t rental income or (loss) from real estate:					
	ot debt-financed property					
	t rental income or (loss) from pers prop					
	ther investment income					
100 Ga	ain or (loss) from sales of assets her than inventory			18	481,651.	
101 Ne	t income or (loss) from special events			1	233,239.	
	oss profit or (loss) from sales of inventory					
103 O	ther revenue: a					
b						
ċ						
d						
e	btotal (add columns (B), (D), and (E))				750,536.	210,769.
	intal (add line 104, columns (B), (D), a	nd (E))			7507550.	961,305.
	e 105 plus line 1d, Part I, should equa			CIL	_	, , , , , , , , , , , , , , , , , , , ,
Part VI	Relationship of Activities to	o the Acco	mplishment of Ex	empt Purpos	Ses (See instructions.)	
Line No ▼	Explain how each activity for which of the organization's exempt purpo	n income is resease (other than	ported in column (E) of in by providing funds fo	Part VII contrib	uted importantly to the	accomplishment
93A	FEES ARE COLLECTED IN					
	STRAY AND ABANDONED A					
93B	FEES COLLECTED IN ORD					
		-	-			
Part IX	Information Regarding Tax	able Subsi	diaries and Disrec	garded Entiti	es (See instructions.)	
	(A)	(B)	(C)	(D)	(E)
Name	e, address, and EIN of corporation,	Percentage	e of Nature of	activities	Total	End-of-year
	ertnership, or disregarded entity	ownership in		activities	income	assets
N/A			%			
			%			
			%			
Dout V	Information Demanding Tre	mofers Ass	%	anal Danafit	Cambrada (2 · ·	
Part X						
	he organization, during the year, receive any fur	· ·		•		Yes X No
	the organization, during the year, pay	•	•	a personal bene	fit contract?	Yes X No
Note:	If 'Yes' to (b), file Form 8870 and For	•	· · · · · · · · · · · · · · · · · · ·	ashadulas and states	manta, and to the best of my live	soulades and halist it is
	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of pre	eparer (other than	officer) is based on all informa	ition of which prepare	r has any knowledge.	lowledge and belief, it is
Please	>					
Sign	Signature of officer				Date	
Here	>					
	Type or print name and title.					
Paid	Preparer's			Date	Check if G	reparer's SSN or PTIN (See General Instruction W)
Pre-	signature					I/A
parer's	Firm's name (or FRASIER, DEA	AWOH & MA	RD, PLLC		_	
	yours if solf					
Ùse Only	yours if self- employed), address, and				EIN ► N/A	

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 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

2004

OMB No. 1545-0047

Employer identification number Name of the organization 62-0672999 NASHVILLE HUMANE ASSOCIATION Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (e) Expense account and other (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions to employee benefit plans and deferred employee paid more hours per week than \$50,000 devoted to position allowances compensation NONE TFILE Total number of other employees paid over \$50,000..... Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (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 DR. JENNIFER S. HULTGREN, DVM 510 PATTERSON DR., COLUMBIA, TN 38401 VETERINARY SVCS 71,660. Total number of others receiving over \$50,000 for professional services.

00110	aure	Wildingson 330 EE, 2001 Milein I and Milein			ago .
Pai	t III	Statements About Activities (See instructions.)		Yes	No
1	Dur	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt			
		nfluence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or i	incurred in connection with the lobbying activities \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{			v
		ust equal amounts on line 38, Part VI-A, or line i of Part VI-B.).	. 1		X
	org	panizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.			
2	sub	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any instantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal neficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
ā	Sal	e, exchange, or leasing of property?	. 2a		Χ
ŀ	ler	nding of money or other extension of credit?	2b		Х
	LCI	during of money or other extension of credit			71
(: Fur	nishing of goods, services, or facilities?	. 2c		Х
		SEE FORM 990, PART V			
C	I Pay	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	. 2d	Χ	
	_				37
		nsfer of any part of its income or assets?	. 2e		Х
38	Do	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an planation of how you determine that recipients qualify to receive payments.)	. 3a		Х
ŀ		you have a section 403(b) annuity plan for your employees?			X
	Did	you maintain any separate account for participating donors where donors have the right to provide advice			
		the use or distribution of funds?	4a		X
		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		Χ
Pai					
	orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5 6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V).			
7	Н	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	H	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.	citv.	
	-	and state ►	,	- 3,	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.)	170(b)	(1)(A)((iv).
11 a	ı 🗌	An organization that normally receives a substantial part of its support from a governmental unit or from the general p Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	ublic.		
11 b)	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	X	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	f its su	port	ots
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ 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) section 509(a)(3).)	nizatio). (See	ns :	
		Provide the following information about the supported organizations. (See instructions.)			
		(a) Name(s) of supported organization(s)	(b) Li		
			fror	n abov	/e
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.

Hote. Tou may use the worksheet in th	ic ilistractions for com	verting month the accid	ai to the cash inclined	or accounting.	
Calendar year (or fiscal year beginning in).	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,135,647.	1,207,233.	3,245,221.	2,220,684.	7,808,785.
16 Membership fees received			37==37===		.,,
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	647,549.	425,876.	123,370.	132,553.	1,329,348.
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.	670,287.
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 SEE. STMT. 12			-11 E	47,771.	47,771.
23 Total of lines 15 through 22		1,856,018.	3,523,060.	2,519,174.	9,856,191.
24 Line 23 minus line 17	1,310,390.	1,430,142.	3,399,690.	2,386,621.	8,526,843.
25 Enter 1% of line 23	19,579.	18,560.	35,231.	25,192.	
26 Organizations described on lines	s 10 or 11: a Ent	er 2% of amount in co	olumn (e), line 24	N./.A ► 26a	
b Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	e name of and amount contri for 2000 through 2003 exceed amounts	buted by each person (othe ded the amount shown in lir	r than a governmental unit one 26a. Do not file this list	or publicly with your	
c Total support for section 509(a)(1) test: Enter line 24,	column (e)		▶ 26c	
d Add: Amounts from column (e) for	or lines: 18		19		
	22		19 26b	26d	
e Public support (line 26c minus lin					
f Public support percentage (line 2		ed by line 26c (denon	ninator))	261	%
27 Organizations described on line a For amounts included in lines 15, name of, and total amounts receisuch amounts for each year:	. 16. and 17 that were	received from a 'disq , each 'disqualified pe	ualified person,' prepa erson.' Do not file thi	are a list for your reco s list with your return	rds to show the Enter the sum of
(2003) 65,066.	(2002)	91,465. (2001)	119,820	. (2000)	0.
b For any amount included in line 1 show the name of, and amount re \$5,000. (Include in the list organi computing the difference between (the excess amounts) for each very	17 that was received fi eceived for each year, zations described in li n the amount received ear:	rom each person (other that was more than t nes 5 through 11, as and the larger amour	er than 'disqualified pe he larger of (1) the a well as individuals.) D nt described in (1) or	ersons'), prepare a lis mount on line 25 for t to not file this list with (2), enter the sum of t	t for your records to he year or (2) h your return. After these differences
(2003) 0.	(2002)	0. (2001)	0	. (2000)	0.
c Add: Amounts from column (e) for 17 1, d Add: Line 27a total e Public support (line 27c total min	or lines: 15	7,808,785.	16		
17 <u>1,</u>	329,348. 20		21	27c	9,138,133.
d Add: Line 27a total	276,351. ar	nd line 27b total		0. 27 d	276,351.
e Public support (line 27c total min	us line 27d total)			▶ 27e	8,861,782.
f Total support for section 509(a)(2	2) test: Enter amount 1	from line 23, column ((e) ► 27 f 9	9,856,191.	
g Public support percentage (line 2 h Investment income percentage (27e (numerator) divid	ed by line 27f (denom	ninator))	27g	89.91 %
h Investment income percentage (line 18, column (e) (ni	umerator) divided by	line 27f (denominator	′)) ► 27h	6.80 %
28 Haucual Granter For an arganiza	tion decoribed in line	111 11 or 10 that race	anned any finitelial are	nto during 2000 through	an UNIX propers

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

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? 29 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, 30 and scholarships?.... 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?..... 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) 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 32b nondiscriminatory basis? . c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c with student admissions, programs, and scholarships?..... **d** Copies of all material used by the organization or on its behalf to solicit contributions?..... 32d If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ONOTFIL 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a 33b **b** Admissions policies?. c Employment of faculty or administrative staff 33 c **d** Scholarships or other financial assistance?..... 33d e Educational policies?... 33e f Use of facilities?.... 33f **g** Athletic programs?..... 33h **h** Other extracurricular activities?.... If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) **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? 34b If you answered 'Yes' to either 34a or b, please explain using an attached statement. 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....

NASHVILLE HUMANE ASSOCIATION 62-0672999 Schedule A (Form 990 or 990-EZ) 2004 Page 5 Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768) N/A if the organization belongs to an affiliated group. Check ► **b** Check ► a if you checked 'a' and 'limited control' provisions apply. (a) Affiliated group **Limits on Lobbying Expenditures** To be completed for ALL electing totals (The term 'expenditures' means amounts paid or incurred.) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying)...... 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37)..... 38 39 Other exempt purpose expenditures 39 40 40 Total exempt purpose expenditures (add lines 38 and 39)..... 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is-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.) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (d) (e) (or fiscal vear 2004 2003 2001 Total beginning in) > Lobbying nontaxable amount. Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount 49 (150% of line 48(e)) 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 Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of: **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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	e reporting organization of	directly or in	directly engage in any of the for	llowing	with any other organization described g to political organizations?	in section	501(c	:)
			o a noncharitable exempt organ				Yes	No
		-				51 a (i)	103	X
						a (ii)		X
	transactions:					. ,		
(i)S	ales or exchanges of asse	ets with a no	oncharitable exempt organization	on		b (i)		Χ
						b (ii)		Х
(iii)R	ental of facilities, equipme	ent, or other	assets			b (iii)		Χ
(iv)R	eimbursement arrangeme	nts				b (iv)		Χ
(v) Lo	oans or loan guarantees					b (v)		Χ
(vi)P	erformance of services or	membershi	p or fundraising solicitations			b (vi)		Χ
c Sharir	ng of facilities, equipment	, mailing list	ts, other assets, or paid employ	yees		С		Χ
d If the the go any tr	answer to any of the abounded, other assets, or servansaction or sharing arrai	ve is 'Yes,' o vices given b ngement, sh	complete the following schedule by the reporting organization. If now in column (d) the value of t	e. Colun f the org the good	nn (b) should always show the fair ma ganization received less than fair mark ds, other assets, or services received:	rket value et value ir	of 1	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organiza		(d) Description of transfers, transactions, and sharing arrangeme			3
N/A								
IV/ A								
				1				
				1				
			~1()					
			ONO					
			α					
			D					
descri	bed in section 501(c) of the	he Code (otl	liated with, or related to, one on her than section 501(c)(3)) or in	r more t n sectio	tax-exempt organizations on 527?	► Ye	s X	No
b If 'Yes	s,' complete the following	schedule:	<i>(</i> L)		(2)			
	(a) Name of organization		(b) Type of organization		(c) Description of relation	ship		X X X X
N/A								
								

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STATEMENT 1 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 5,048,351. COST OR OTHER BASIS: 5,057,564.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -9,213.

OTHER ASSETS

DESCRIPTION: LAND & BUILDING

DATE ACQUIRED: VARIOUS
HOW ACQUIRED: PURCHASE
DATE SOLD: 6/09/2004

TO WHOM SOLD:

GROSS SALES PRICE: 517,125. COST OR OTHER BASIS: 26,261.

GAIN (LOSS) 490,864.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 490,864.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 481,651.

STATEMENT 2 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS		GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
TOP TAILS FASHION SHOW DOG DAY VARIOUS EVENTS	TOTAL	175,190. 81,470. 47,816. 22,899. \$ 327,375.	0. 49,970. 8,323. 0. \$ 58,293.	175,190. 31,500. 39,493. 22,899. \$ 269,082.	423. 17,144. 16,573. 1,703. \$ 35,843.	174,767. 14,356. 22,920. 21,196. \$ 233,239.

STATEMENT 3 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET ASSET TRANSFER TO SUPPORTING FDN	\$ -6,660,906.
RESTATEMENT TO REFLECT BENEFICIAL INTEREST IN TRUSTS	712,829.
UNREALIZED GAIN ON BENEFICIAL INTEREST IN TRUSTS	22,969.
UNREALIZED GAIN ON INVESTMENTS	15,931.
TOTAL	\$ -5,909,177.

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STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
		TOTAL	SERVICES	& GENERAL	FUNDRAISING
AUTO & TRUCK EXPENSES BANK CHARGES CREMATION SERVICES		7,841. 5,543. 14,260.	7,841. 14,260.	5,543.	
FUNDRAISING INSURANCE LAUNDRY & UNIFORMS		62,653. 33,541. 575.	16,678. 27,839. 575.	3,019.	45,975. 2,683.
LEGAL & PROFESSIONAL MISCELLANEOUS		30,509. 15,028.	15,028.	30,509.	
OCEOLA PROPERTY EXPENSES OFFICE EXPENSE REPAIRS & MAINTENANCE		28,091. 13,451. 15,338.	436. 15,338.	28,091. 13,015.	
SEMINARS SHELTER SUPPLIES		13,336. 46,667.	13,336. 46,667.		
TAXES & LICENSES UTILITIES VET FEES		2,170. 81,443. 109,033.	460. 57,141. 109,033.	1,710. 16,288.	8,014.
VET SUPPLIES	TOTAL \$	90,905. 570,384.	90,905. 415,537.	\$ 98,175.	\$ 56,672.

DO NOT

STATEMENT 5 FORM 990, PART IV, LINE 54 INVESTMENTS - SECURITIES

CORPORATE STOCKS
PREFERRED SECURITIES

VALUATION
METHOD AMOUNT
MARKET VALUE \$ 100,000.

TOTAL \$ 100,000.

TOTAL INVESTMENTS - SECURITIES \$ 100,000.

STATEMENT 6 FORM 990, PART IV, LINE 56 INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATIOI METHOD	N	BOOK VALUE
CERTIFICATES OF DEPOSIT GNMA PASS-THROUGH POOLS	MARKET VALUE MARKET VALUE	\$	829,971. 6,143.
		TOTAL \$	836,114.

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STATEMENT 7	
FORM 990, PART IV, LINE 57	
LAND, BUILDINGS, AND EQUIPMEN	T

CATEGORY		BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT BUILDINGS LAND MISCELLANEOUS TOTA	\$ L <u>\$</u>	161,254. 56,268. 385,457. 2,627,510. 426,395. 16,625. 3,673,509.	\$ 66,136. 15,368. 113,055. 174,874. 0. \$ 369,433.	\$ 95,118. 40,900. 272,402. 2,452,636. 426,395. 16,625. 3,304,076.

STATEMENT 8 FORM 990, PART IV, LINE 58 **OTHER ASSETS**

BENEFICIAL INTEREST IN TRUSTS	\$ 735,798.
DEPOSIT	1,000.
TOTAL	\$ 736,798.

STATEMENT 9 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS

TOTAL	ւ <u>Ş</u>	736,798.
STATEMENT 9 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS		
SPECIAL EVENT EXPENSESUNIT. TRUST	\$	35,843. 22,969.
TOTAL	L \$	58,812.

STATEMENT 10 FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS

SPECIAL EVENTS EXPENSES	\$ 35,843.
TOTAL	\$ 35,843.

STATEMENT 11 FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARY PAT BOATFIELD		\$ 71,999.	\$ 5,370.	\$ 0.
NASHVILLE, TN	40-50			

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STATEMENT 11 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LEE ANN ANDERSON	BOARD MEMBER	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	1.5			
PAULA BENNETT	BOARD MEMBER .75	0.	0.	0.
NASHVILLE, TN	. 10			
BRENDA BLACK	BOARD MEMBER 1.75	0.	0.	0.
NASHVILLE, TN	1.73			
ABBAY BLANKENSHIP	SECRETARY 2	0.	0.	0.
NASHVILLE, TN	_			
MARY NELL BRYAN	BOARD MEMBER 4 BOARD MEMBER .5	0.	0.	0.
NASHVILLE, TN	•			
KRISTIN COILE	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	UNO.			
LESLIE DABROWIAK	VP DEVELOPMENT	0.	0.	0.
NASHVILLE, TN	1.5			
JIM DELANIS	BOARD MEMBER 1.25	0.	0.	0.
NASHVILLE, TN	1.23			
LAURIE ESKIND	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.5			
BRYAN YOUNG	INTERN .5	0.	0.	0.
ANTIOCH, TN	.5			
GARTH FAILS	BOARD MEMBER .75	0.	0.	0.
NASHVILLE, TN	. 13			
MARJORIE FELTUS-HAWKINS	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			

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STATEMENT 11 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TONYA GRINDON	PRESIDENT 10	\$ 0.	\$ 0.	\$ 0.
BRENTWOOD, TN	10			
MICHAEL T. HILL	BOARD MEMBER 1.5	0.	0.	0.
NASHVILLE, TN	1.5			
JANICE LAGASSE	BOARD MEMBER .75	0.	0.	0.
NASHVILLE, TN	. 13			
SHARON LANGFORD	BOARD MEMBER 4.5	0.	0.	0.
NASHVILLE, TN	4.3			
SARA MARGRAF	TREASURER	0.	0.	0.
COLLEGE GROVE, TN	4.5			
ELLEN NELSON	TREASURER 4.5 BOARD MEMBER .75	0.	0.	0.
NASHVILLE, TN	0.10			
ROBIN PATTON	BOARD MEMBER 1.25	0.	0.	0.
NASHVILLE, TN	1.23			
W. DAVID RODDEY	VP FINANCE 2.75	0.	0.	0.
NASHVILLE, TN	2.73			
MELISSA ROZA	BOARD MEMBER 2	0.	0.	0.
FRANKLIN, TN	2			
BOBETTE SMITH	BOARD MEMBER	0.	0.	0.
FRANKLIN, TN	2.5			
JACKIE THOMPSON	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.5			
MARION COUCH	LIFE MEMBER	0.	0.	0.
NASHVILLE, TN	1.5			

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STATEMENT 11 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TC EBP & DC	
GEORGE W. CROOK	LIFE MEMBER	\$ (0.\$0.	. \$ 0.
NASHVILLE, TN	.5			
MACLIN DAVIS	LIFE MEMBER	(0. 0.	. 0.
NASHVILLE, TN	.5			
JOHN O. COLTON	HONORARY MEMBER	(0. 0.	. 0.
NASHVILLE, TN	.5			
JULIA COLTON	HONORARY MEMBER	(0. 0.	. 0.
NASHVILLE, TN	.5			
	TOTAL	\$ 71,999	9. \$ 5,370	. \$ 0.

				IOIAL	<u>Ş</u>	11,333	<u>.</u>	3,310.	Ş	<u> </u>
					41					
STATEMENT 12 SCHEDULE A, PART IV-A, OTHER INCOME	LINE 22	N	O	11						
DESCRIPTION	(A)	2003	(B)	2002	(C)	2001	(I	2000	<u>(E</u>) TOTAL
OTHER INCOME	TOTAL \$	0. 0.	\$ \$	0.	\$ \$	0.	\$ \$	47,771. 47,771.	\$ \$	47,771. 47,771.