

Form **990****Return of Organization Exempt from Income Tax**

OMB No. 1545-0047

2002

Open to Public Inspection

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

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

A For the 2002 calendar year, or tax year beginning **Jul 1**, 2002, and ending **Jun 30**, 2003

B Check 1 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 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 Enter 4-digit GEN

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

G Web site:

J Organization type

(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 701,521.

Part VIII Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	501,435.			
b Indirect public support	1b	35,969.			
c Government contributions (grants)	1c	10,125.			
d Total (add lines 1a through 1c) (cash \$ noncash \$)	1d	547,529.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	112,823.			
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4	2,190.			
5 Dividends and interest from securities	5	1,374.			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b Less: cost or other basis and sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	37,605.			
b Less: direct expenses other than fundraising expenses	9b	7,034.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	See L-9 Stmt			30,571.
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	694,487.			
13 Program services (from line 44, column (B))	13	278,014.			
14 Management and general (from line 44, column (C))	14	48,101.			
15 Fundraising (from line 44, column (D))	15	0.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17	326,115.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	368,372.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	451,492.			
20 Other changes in net assets or fund balances (attach explanation)	20	1,130.			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	820,994.			

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Part III 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 5b, 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 \$ _____)	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	0.		
26 Other salaries and wages	26	135,699.	108,776.	26,923.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29	9,991.	7,993.	1,998.
30 Professional fundraising fees	30			
31 Accounting fees	31	1,175.	0.	1,175.
32 Legal fees	32			
33 Supplies	33	9,299.	9,045.	254.
34 Telephone	34	5,258.	3,089.	2,169.
35 Postage and shipping	35	2,244.	0.	2,244.
36 Occupancy	36			
37 Equipment rental and maintenance	37	8,055.	5,017.	3,038.
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	18,915.	18,624.	291.
43 Other expenses not covered above (itemize):				
a Advertising	43a	4,614.	4,614.	0.
b Animal Training	43b	350.	350.	0.
c Automobile Expense	43c	4,591.	3,816.	775.
d Contract Labor	43d	1,555.	1,555.	0.
e See Other Expenses Stmt	43e	124,369.	115,135.	9,234.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	326,115.	278,014.	48,101.

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

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to program services

\$ _____; (iii) the amount allocated to management and general \$ _____; and (iv) the amount allocated to fundraising \$ _____

Part IV Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **ADOPTION & HOMES FOR ANIMALS**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and
 (4) organizations and
 4947(a)(1) trusts; but
 optional for others.)

a CARE, ADOPTION AND HOMES FOR ANIMALS

(Grants and allocations \$ 34,125.)

278,014.

(Grants and allocations \$)

(Grants and allocations \$)

(Grants and allocations \$)

e Other program services (Grants and allocations \$)

f Total of Program Service Expenses (should equal line 44, column (B), program services) 278,014.

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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
ASSETS	45 Cash — non-interest-bearing	45,804.	45	262,412.
	46 Savings and temporary cash investments	294,173.	46	5,000.
	47a Accounts receivable	47a	47c	
	b Less: allowance for doubtful accounts	47b		
	48a Pledges receivable	48a	48c	
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a	51c	
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	54	201,488.
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 464,652.			
b Less: accumulated depreciation (attach schedule)	57b 105,577.	117,299.	57c 359,075.	
58 Other assets (describe — See Line 58 Stmt)		58	475.	
59 Total assets (add lines 45 through 58) (must equal line 74)	457,276.	59	828,450.	
LIABILITIES	60 Accounts payable and accrued expenses	5,784.	60	7,456.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe —)		65	
66 Total liabilities (add lines 60 through 65)	5,784.	66	7,456.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 57 through 69 and lines 73 and 74.			
	67 Unrestricted	451,492.	67	820,994.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	451,492.	73	820,994.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	457,276.	74	828,450.

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

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
1	Expenses per audited financial statements
2	Expenses per return
3	Amount of difference
4	Reason for difference
5	Amount of difference
6	Reason for difference
7	Amount of difference
8	Reason for difference
9	Amount of difference
10	Reason for difference
11	Amount of difference
12	Reason for difference
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14	Reason for difference
15	Amount of difference
16	Reason for difference
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93	Amount of difference
94	Reason for difference
95	Amount of difference
96	Reason for difference
97	Amount of difference
98	Reason for difference
99	Amount of difference
100	Reason for difference

per Return (See instructions.)		per Return (See instructions.)	
a	Total revenue, gains, and other support per audited financial statements	a	694,486.
b	Amounts included on line a but not on line 12, Form 990:	b	
(1)	Net unrealized gains on investments	(1)	
(2)	Donated services and use of facilities	(2)	
(3)	Recoveries of prior year grants	(3)	
(4)	Other (specify):	(4)	
	Add amounts on lines (1) through (4)		
c	Line a minus line b	c	694,486.
d	Amounts included on line 12, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990	(1)	
(2)	Other (specify):	(2)	
	Add amounts on lines (1) and (2)		
e	Total revenue per line 12, Form 990 (line c plus line d)	e	694,486.
a	Total expenses and losses per audited financial statements	a	324,990.
b	Amounts included on line a but not on line 17, Form 990:	b	
(1)	Donated services and use of facilities	(1)	
(2)	Prior year adjustments reported on line 20, Form 990	(2)	
(3)	Losses reported on line 20, Form 990	(3)	
(4)	Other (specify):	(4)	
	Add amounts on lines (1) through (4)		
c	Line a minus line b	c	324,990.
d	Amounts included on line 17, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990	(1)	
(2)	Other (specify):	(2)	
	Add amounts on lines (1) and (2)		
e	Total expenses per line 17, Form 990 (line c plus line d)	e	326,115.

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

[illegible]☒ No

If 'Yes,' attach schedule - see instructions.

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Part VII Other Information (See instructions.)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b		
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90a	List the states with which a copy of this return is filed <u>Tennessee</u>			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b		5
91	The books are in care of <u>SARAH HIRST-PITTS</u> Telephone number <u>(615) 444-3442</u> Located at <u>1312 West Main Street, Lebanon, TN</u> ZIP + 4 <u>37087</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>			

BAA

TEEA0105 01/22/03

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Part VII Analysis of Income-Producing Activities (See 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 Boarding Fees					625.
b Pet Adoptions, net					73,370.
c Co-Sponsored Spay Clinics					38,828.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					2,190.
95 Interest on savings & temporary cash invmnts					1,374.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from 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))					116,387.
105 Total (add line 104, columns (B), (D), and (E))					116,387.

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

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

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

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

Please Sign Here

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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date 01/15/04

Firm's name (or yours if self-employed) Royce A. Belcher, CPA

Address, and ZIP - 4 1312 West Main Street Lebanon TN 37087

Check if self-employed ☒ Preparer's SSN or PTIN (see General instruction W) P00234451

EIN 11-3664837

Phone no. (615) 444-1149

BAA

TEEA0106 10/10/02

Form 990 (2002)

SCHEDULE A
(Form 990 or 990-EZ)**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.)

OMB No. 1545-0047

2002Department of the Treasury
Internal Revenue Service▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ.

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 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	

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

Schedule A (Form 990 or 990-EZ) 2002

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

1 X

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, 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.)

2a X

a Sale, exchange, or leasing of property?

2b X

b Lending of money or other extension of credit?

2c X

c Furnishing of goods, services, or facilities?

2d X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2e X

e Transfer of any part of its income or assets?

3 X

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

4 X

4 Do you have a section 403(b) annuity plan for your employees?

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments.

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)(vii). (Also complete the Support Schedule in Part IV-A.)

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

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

Provide the following information about the supported organizations. (See 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.)

Schedule A (Form 990 or 990-EZ) 2002 The Humane Association of Wilson County, Inc. 62-1048196 Page 3

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	243,323.	229,073.	222,974.	148,023.	843,393.
16 Membership fees received	0.	0.	0.	0.	0.
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				814.	814.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
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					
23 Total of lines 15 through 22	243,323.	229,073.	222,974.	148,837.	844,207.
24 Line 23 minus line 17	243,323.	229,073.	222,974.	148,023.	843,393.
25 Enter 1% of line 23	2,433.	2,291.	2,230.	1,488.	
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____ b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____ c Add: Amounts from column (e) for lines: 15 _____ 843,393. 16 _____ 0. 17 _____ 814. 20 _____ 21 _____					27c 844,207.
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 844,207.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 844,207.
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 1998 through 2001, 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.

Schedule A (Form 990 or 990-EZ) 2002 The Humane Association of Wilson County, Inc.

62-1048196

Page 4

Part IV 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

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?

30

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.)

31

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?

32d

If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)

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?

33h

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.

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

BAA

TEEA0404 01/24/03

Schedule A (Form 990 or 990-EZ) 2002

Schedule A (Form 990 or 990-EZ) 2002 The Humane Association of Wilson County, Inc. 62-1048196 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)Check ☐ a if the organization belongs to an affiliated group. Check ☐ b if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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.

BAA

Schedule A (Form 990 or 990-EZ) 2002

Page 6

Schedule A (Form 990 or 990-EZ) 2002

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

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

OMB No. 1545-0172

2002

67

Department of the Treasury
Internal Revenue Service

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 Tangible Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	\$24,000.
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	\$200,000.
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 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 2003. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election. (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	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 2002	17	14,691.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2002 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		200.	5.0 yrs	HY	200DB	40.
c 7-year property		11,426.	7.0 yrs	HY	200DB	1,633.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property	03/03	6,722.	39 yrs	MM	S/L	50.

Section C - Assets Placed in Service During 2002 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	18,915.
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	

Form 4562 (2002)

The Humane Association of Wilson County, Inc.

62-1048196

Page 2

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 instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If 'Yes,' is the evidence written?		Yes	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
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use (see instructions):								
27 Property used 50% or less in a qualified business use (see instructions):								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

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
30 Total business/investment miles driven during the year (do not include commuting miles – see instructions)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 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).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 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
42 Amortization of costs that begins during your 2002 tax year (see instructions):					
43 Amortization of costs that began before your 2002 tax year					
44 Total. Add amounts in column (f). See instructions for where to report					44

The Humane Association of On County, Inc.

62-1048196

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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)
Fundraising	37,605.	0.	37,605.	7,034.	30,571.
Total	37,605.	0.	37,605.	7,034.	30,571.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Disposal Fees	2,139.	2,139.	0.	0.
Dues and Subscriptions	1,004.	1,004.	0.	0.
Freight	1,350.	1,350.	0.	0.
Insurance	14,464.	10,125.	4,339.	0.
Medical Supplies	27,285.	27,285.	0.	0.
Office Supplies	4,475.	0.	4,475.	0.
Professional Education and Training	6,292.	6,292.	0.	0.
Security Services	300.	300.	0.	0.
Small Tool Supplies	1,710.	1,710.	0.	0.
Taxes and License	599.	179.	420.	0.
Uniforms	530.	530.	0.	0.
Utilities	9,907.	9,907.	0.	0.
Veterinarian Services	54,314.	54,314.	0.	0.
Total	124,369.	115,135.	9,234.	0.

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 - Investments - Securities:	Beginning of Year	End of Year
Linsco Private Ledger	0.	165,170.
Primerica Shareholder Services	0.	36,318.
Total	0.	201,488.

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Deposits		475.
Total		475.

The Humane Assoc n of Wilson County, Inc.

62-104815

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Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Depreciation Adjustment	1,125.
Opening Balance Adjustment	5.
Total	<u>1,130.</u>

Supporting Statement of:

Form 990 p 3/Line 60, column (A)

Description	Amount
Payroll Taxes Payable	5,784.
Total	<u>5,784.</u>

Supporting Statement of:

Form 990 p 3/Line 60, column (B)

Description	Amount
Accounts Payable	965.
Accrued Payroll	2,338.
Payroll Taxes Payable	4,153.
Total	<u>7,456.</u>

ACTIVITY REPORT

TIME : 10/31/2006 18:34
 NAME : COMMUNITY FOUNDATION
 FAX : 615-327-2746
 TEL :
 SER.# : 000C6J306157

NO.	DATE	TIME	FAX NO./NAME	DURATION	PAGE(S)	RESULT	COMMENT
#287	10/27	08:39		35	02	OK	RX ECM
	10/27	10:10	615 298 7696	59	04	OK	RX ECM
	10/27	10:21	6153701049	31	01	OK	RX
#288	10/27	11:47	16097998019	30	01	OK	TX ECM
	10/27	12:23	615 371 1941	12	01	OK	RX ECM
	10/27	14:00	19315985884	02:07	10	OK	TX ECM
#289	10/27	14:20	2015696709	01:38	04	OK	RX ECM
	10/27	15:03	615 599 8473	48	02	OK	RX ECM
	10/27	16:45	6153434004	33	02	OK	RX ECM
#290	10/27	16:55		33	04	OK	RX ECM
	10/29	03:29		02:15	01	OK	RX
	10/29	17:08		46	01	OK	RX ECM
#291	10/30	09:05	6158765184	41	02	OK	RX ECM
	10/30	09:33	16152920368	02:20	32	OK	RX ECM
	10/30	09:48	6159020951	37	02	OK	RX ECM
#292	10/30	09:56		13	01	OK	RX ECM
	10/30	10:22	2989836	38	04	OK	TX ECM
	10/30	10:41	19315281707	02:13	11	OK	TX ECM
#293	10/30	10:44		01:48	09	OK	RX ECM
	10/30	12:14	2976882	34	01	OK	TX ECM
	10/30	14:11	2148605222	02:58	13	OK	RX ECM
#294	10/30	15:04	615 3997616	57	02	OK	RX ECM
	10/30	15:39	16152920368	03:34	28	OK	RX ECM
	10/30	16:46	615 463 6603	08:04	20	OK	RX ECM
#295	10/31	08:08		31	04	OK	RX ECM
	10/31	08:10		22	01	OK	RX ECM
	10/31	08:16	2775041	38	04	OK	TX ECM
#296	10/31	09:02	3131327	03:10	05	OK	TX ECM
	10/31	09:13	13128738353	02:26	07	OK	TX
	10/31	09:20	8626404	21	01	OK	TX ECM
#297	10/31	10:05		30	01	OK	RX ECM
	10/31	11:08		26	02	OK	RX ECM
	10/31	11:10	6658991	13	01	OK	TX ECM
#298	10/31	11:23	2448576	16	01	OK	TX ECM
	10/31	11:34	12148605222	01:51	07	OK	TX ECM
	10/31	11:39	9314744673	49	03	OK	RX ECM
#299	10/31	12:25		31	03	OK	RX ECM
	10/31	12:27	615 244 8998	01:26	03	OK	RX ECM
	10/31	13:25	6158802611	01:31	03	OK	RX ECM
#300	10/31	13:51	6158625998	04:16	09	OK	RX ECM
	10/31	14:07	615 292 3562	01:17	03	OK	RX ECM
	10/31	14:16	2448576	16	01	OK	TX ECM
#301	10/31	14:47	3711941	14	01	OK	TX ECM
	10/31	15:33	6152513274	23	01	OK	RX ECM
	10/31	15:46	12148605222	04:40	13	OK	TX ECM
#302	10/31	16:37	2699187	01:39	05	OK	RX ECM
	10/31	16:46	615 254 0945	50	01	OK	RX
	10/31	18:09	6154497106	06:55	19	OK	RX ECM
#303	10/31	18:18	6154497106	06:59	18	OK	RX ECM
	10/31	18:26	6154497106	07:32	17	OK	RX ECM

BUSY: BUSY/NO RESPONSE
 NG : POOR LINE CONDITION / OUT OF MEMORY
 CV : COVERPAGE
 POL : POLLING
 RET : RETRIEVAL
 PC : PC-FAX