

**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2010****Open to Public  
Inspection****A For the 2010 calendar year, or tax year beginning , 2010, and ending ,****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

NASHVILLE HUMANE ASSOCIATION  
 AKA NASHVILLE HUMANE SOCIETY  
 213 OCEOLA AVENUE  
 NASHVILLE, TN 37209

**D** Employer Identification Number

62-0672999

**E** Telephone number

(615) 352-1010

**G** Gross receipts \$ 2,630,304.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If 'No,' attach a list. (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.NASHVILLEHUMANE.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of Formation: 1946**M** State of legal domicile: TN**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>PROVIDE SHELTER AND PET ADOPTION FOR OVER 3,000 PETS ANNUALLY, OPERATE TWO PET SPAY/NEUTER PROGRAMS FOR FINANCIALLY DISADVANTAGED PET OWNERS, MAINTAIN A TRAINED AND CREDENTIALLED DISASTER ANIMAL RESPONSE TEAM FOR STATE/CNTY DEV, RESOURCE FOR INFO ON ANIMAL RELATED ISSUES.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	26	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	26	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	30	
	6	Total number of volunteers (estimate if necessary)	400	
	<b>Revenue</b>	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b		Net unrelated business taxable income from Form 990-T, line 34	0.	
		<b>Prior Year</b>		
8		Contributions and grants (Part VIII, line 1h)	1,155,309.	
9		Program service revenue (Part VIII, line 2g)	274,371.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	118.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,125.	
12		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,564,885.	
		<b>Current Year</b>		
<b>Expenses</b>		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	857,539.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	49,007.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 205,336.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,240,709.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,147,255.	
	19	Revenue less expenses. Subtract line 18 from line 12	417,630.	
	<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>
		20	Total assets (Part X, line 16)	4,769,036.
21		Total liabilities (Part X, line 26)	13,262.	
22		Net assets or fund balances. Subtract line 21 from line 20	4,755,774.	

**Part II Signature Block**

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.

**Sign Here**

Signature of officer

Date

MARY PAT BOATFIELD

EXECUTIVE DIREC

Type or print name and title.

**Paid Preparer Use Only**

Print/Type preparer's name

DAVID G. HOWARD

Preparer's signature

Date

Check ☒ if

self-employed

PTIN

N/A

Firm's name

▶ FRASIER, DEAN &amp; HOWARD, PLLC

Firm's address

▶ 3310 WEST END AVENUE, STE. 550  
NASHVILLE, TN 37203

Firm's EIN ▶ N/A

Phone no. (615) 383-6592

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0113L 12/21/10

Form **990** (2010)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

NASHVILLE HUMANE ASSOCIATION IS COMMITTED TO FINDING RESPONSIBLE HOMES, CONTROLLING  
PET OVERPOPULATION AND PROMOTING THE HUMANE TREATMENT OF ANIMALS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ☐) (Expenses \$ 1,209,339. including grants of \$                     ) (Revenue \$ 176,647.)SEE SCHEDULE O**4b** (Code: ☐) (Expenses \$ 473,339. including grants of \$                     ) (Revenue \$ 97,724.)SEE SCHEDULE O**4c** (Code: ☐) (Expenses \$                      including grants of \$                     ) (Revenue \$                     )**4d** Other program services. (Describe in Schedule O.)(Expenses \$                      including grants of \$                     ) (Revenue \$                     )**4e** Total program service expenses **▶** 1,682,678.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II .....	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .....		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .....	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII .....		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. ....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) .....	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H .....		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules (continued)**

	21	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	<b>21</b>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	<b>22</b>		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	<b>23</b>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	<b>24d</b>		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>	<b>25a</b>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>	<b>25b</b>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>	<b>27</b>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28b</b>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>29</b>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	<b>32</b>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<b>34</b>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<b>35</b>		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<b>36</b>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	X	

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 17		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b> 30		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>14b</b>		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. .... <b>1 a</b> 26		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .... <b>1 b</b> 26		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? .....	<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b> Does the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	<b>7 a</b>	<b>X</b>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<b>7 b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<b>8 a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8 b</b>	<b>X</b>
<b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. ....	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Does the organization have local chapters, branches, or affiliates? .....	<b>10 a</b>	<b>X</b>
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	<b>10 b</b>	
<b>11 a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11 a</b>	<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13. ....	<b>12 a</b>	<b>X</b>
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12 b</b>	<b>X</b>
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. .... SEE SCHEDULE O	<b>12 c</b>	<b>X</b>
<b>13</b> Does the organization have a written whistleblower policy? .....	<b>13</b>	<b>X</b>
<b>14</b> Does the organization have a written document retention and destruction policy? .....	<b>14</b>	<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official. ....	<b>15 a</b>	<b>X</b>
<b>b</b> Other officers of key employees of the organization. SEE SCHEDULE O	<b>15 b</b>	<b>X</b>
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16 a</b>	<b>X</b>
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16 b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ TN

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ TYRE GROVES, GROVES PROF SVCS. 4482 PEYTONSVILLE RD FRANKLIN TN 37064 (615) 504-3573

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARCY LASHINSKY BOARD MEMBER	0.4	X						0.	0.	0.
(2) DR. BILL ANDRADE BOARD MEMBER	0.3	X						0.	0.	0.
(3) MARK ISAACS BOARD MEMBER	0.5	X						0.	0.	0.
(4) BRENDA BLACK BOARD MEMBER	1.15	X						0.	0.	0.
(5) ABBAY BLANKENSHIP BOARD MEMBER	1.05	X						0.	0.	0.
(6) MARY NELL BRYAN BOARD MEMBER	7.25	X						0.	0.	0.
(7) MICHAEL T. HILL VP FINANCE	2.9	X						0.	0.	0.
(8) LESLIE DABROWIAK BOARD MEMBER	0.2	X						0.	0.	0.
(9) JIM DELANIS BOARD MEMBER	1.65	X						0.	0.	0.
(10) STEVE MASSEY BOARD MEMBER	2.3	X						0.	0.	0.
(11) DR. TERRY G. BROCKMAN BOARD MEMBER	0.1	X						0.	0.	0.
(12) LISA CHEEK VP DEVELOPMENT	1.9	X						0.	0.	0.
(13) TONYA GRINDON BOARD MEMBER	0.65	X						0.	0.	0.
(14) REBECCA BURCHAM BOARD MEMBER	1.6	X						0.	0.	0.
(15) JODY CUMMINGS BOARD MEMBER	0.5	X						0.	0.	0.
(16) CARLA WALLACE BOARD MEMBER	0.75	X						0.	0.	0.
(17) BOBETTE SMITH BOARD MEMBER	0.15	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN KEENAN POWELL BOARD MEMBER	0.3	X						0.	0.	0.
(19) MARION COUCH LIFE MEMBER	0.2	X						0.	0.	0.
(20) GEORGE W. CROOK LIFE MEMBER	0.1	X						0.	0.	0.
(21) MACLIN DAVIS LIFE MEMBER	0.05	X						0.	0.	0.
(22) JULIE MALOTT BOARD MEMBER	0.3	X						0.	0.	0.
(23) JULIANNE WILLIAMS BOARD MEMBER	0.4	X						0.	0.	0.
(24) ROBIN PATTON PRESIDENT	1.25	X		X				0.	0.	0.
(25) LIBBY SIEVEKING TREASURER	0.4	X		X				0.	0.	0.
(26) BRYAN M. YOUNG SECRETARY	1.1	X		X				0.	0.	0.
(27) JENNIFER HOLT PETERSON TREASURER	1.05	X		X				0.	0.	0.
(28) MARY PAT BOATFIELD EXECUTIVE DIREC	40			X				99,741.	0.	8,344.
(29) _____										
<b>1 b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								99,741.	0.	8,344.
<b>d Total (add lines 1b and 1c)</b> .....								99,741.	0.	8,344.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. **3** Yes **X** No

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual. **4** Yes **X** No

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. **5** Yes **X** No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
DR. JENNIFER HULTGREN 510 PATTERSON DR. COLUMBIA, TN 38401	SURGICAL/DIAGNOSTIC	103,725.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b> 35,311.				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) ....	<b>1 e</b> 12,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1 f</b> 2,150,460.				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$	291,443.				
	<b>h Total.</b> Add lines 1a-1f .....		2,198,271.			
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>ADOPTIONS</u>		<b>Business Code</b> 900099	176,647.	176,647.	
	<b>b</b> <u>OTHER PROGRAM SERVICES</u>		900099	97,724.	97,724.	
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue ...					
	<b>g Total.</b> Add lines 2a-2f .....			274,371.		
	<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....			118.	
<b>4</b> Income from investment of tax-exempt bond proceeds .....						
<b>5</b> Royalties .....						
		(i) Real	(ii) Personal			
<b>6 a</b> Gross Rents .....						
<b>b</b> Less: rental expenses .....						
<b>c</b> Rental income or (loss) .....						
<b>d</b> Net rental income or (loss) .....						
		(i) Securities	(ii) Other			
<b>7 a</b> Gross amount from sales of assets other than inventory. ...						
<b>b</b> Less: cost or other basis and sales expenses .....						
<b>c</b> Gain or (loss) .....						
<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including: \$ 35,311. of contributions reported on line 1c). See Part IV, line 18. ....		<b>a</b> 157,544.				
<b>b</b> Less: direct expenses .....		<b>b</b> 65,419.				
<b>c</b> Net income or (loss) from fundraising events .....			92,125.		92,125.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19. ....		<b>a</b>				
<b>b</b> Less: direct expenses .....		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>				
<b>b</b> Less: cost of goods sold. ....		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> -----						
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			2,564,885.	274,371.	0.	92,243.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	99,741.	69,820.	12,431.	17,490.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	605,481.	423,842.	75,464.	106,175.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,790.	8,497.	1,535.	1,758.
9 Other employee benefits	83,704.	60,328.	10,897.	12,479.
10 Payroll taxes	56,823.	40,954.	7,397.	8,472.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	49,007.			49,007.
f Investment management fees				
g Other	63,809.		63,809.	
12 Advertising and promotion				
13 Office expenses	82,446.	22,393.	58,070.	1,983.
14 Information technology	12,634.		12,634.	
15 Royalties				
16 Occupancy	78,796.	74,068.	4,728.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	111,334.	104,654.	6,680.	
23 Insurance	40,817.	38,369.	2,448.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SHELTER SUPPLIES	333,191.	333,191.		
b VET FEES	173,571.	173,571.		
c VET SUPPLIES	149,402.	149,402.		
d REPAIRS & MAINTENANCE	65,737.	65,737.		
e MISCELLANEOUS	58,705.	57,870.	835.	
f All other expenses	70,267.	59,982.	2,313.	7,972.
25 Total functional expenses. Add lines 1 through 24f	2,147,255.	1,682,678.	259,241.	205,336.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing.....	133,368.	1	266,952.
	2 Savings and temporary cash investments.....	1,374,465.	2	554,546.
	3 Pledges and grants receivable, net.....	40,000.	3	380,834.
	4 Accounts receivable, net.....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	4,094.	9	9,842.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 3,981,199.		
	b Less: accumulated depreciation.....	10b 1,305,202.	10c	2,675,997.
	11 Investments — publicly traded securities.....	513.	11	2,445.
	12 Investments — other securities. See Part IV, line 11.....		12	
	13 Investments — program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....	796,036.	15	878,420.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).....	5,118,697.	16	4,769,036.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses.....	13,592.	17	13,262.
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities. Complete Part X of Schedule D.....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25.....	13,592.	26	13,262.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets.....	4,236,604.	27	3,464,855.
	28 Temporarily restricted net assets.....	675,321.	28	1,087,098.
	29 Permanently restricted net assets.....	193,180.	29	203,821.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 <b>Total net assets or fund balances.</b> .....	5,105,105.	33	4,755,774.
34 <b>Total liabilities and net assets/fund balances.</b> .....	5,118,697.	34	4,769,036.	

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,564,885.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,147,255.
3	Revenue less expenses. Subtract line 2 from line 1	3	417,630.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,105,105.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	5	-766,961.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,755,774.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY**

Employer identification number  
**62-0672999**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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 exempt 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)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test — 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33-1/3% support test — 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test — 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) .....	1,593,611.	2,001,736.	1,326,449.	1,155,309.	2,198,271.	8,275,376.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. ....	332,449.	355,948.	528,200.	241,842.	431,915.	1,890,354.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. ....						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. ....						0.
<b>6 Total.</b> Add lines 1 through 5. ....	1,926,060.	2,357,684.	1,854,649.	1,397,151.	2,630,186.	10,165,730.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. ....	45,738.	43,921.	45,338.	47,316.	56,573.	238,886.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. ....	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b. ....	45,738.	43,921.	45,338.	47,316.	56,573.	238,886.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						9,926,844.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. ....	1,926,060.	2,357,684.	1,854,649.	1,397,151.	2,630,186.	10,165,730.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....	44,797.	38,756.	18,161.	432.	118.	102,264.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						0.
<b>c</b> Add lines 10a and 10b. ....	44,797.	38,756.	18,161.	432.	118.	102,264.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. ....						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						0.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	1,970,857.	2,396,440.	1,872,810.	1,397,583.	2,630,304.	10,267,994.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). ....	<b>15</b>	96.7 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15. ....	<b>16</b>	95.8 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)). ....	<b>17</b>	1.0 %
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17. ....	<b>18</b>	1.5 %

- 19a 33-1/3% support tests — 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. .... ☒
- b 33-1/3% support tests — 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. .... ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. .... ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PUBLIC COPY



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

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY

**Schedule of Contributors**

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2010**

Name of the organization **NASHVILLE HUMANE ASSOCIATION**  
**AKA NASHVILLE HUMANE SOCIETY**

Employer identification number  
**62-0672999**

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

NASHVILLE HUMANE ASSOCIATION

62-0672999

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 214,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 57,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 188,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 88,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

NASHVILLE HUMANE ASSOCIATION

Employer identification number

62-0672999

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PET FOOD		
		\$ 17,292.	VARIOUS
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

NASHVILLE HUMANE ASSOCIATION

62-0672999

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

BAA

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

NASHVILLE HUMANE ASSOCIATION

Employer identification number

62-0672999

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ► \$

3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying).....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying).....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b).....															
<b>d</b> Other exempt purpose expenditures.....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d).....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f).....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-.....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-.....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....															

☐ Yes ☐ No

**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 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount.....					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)).....					
<b>c</b> Total lobbying expenditures.....					
<b>d</b> Grassroots nontaxable amount.....					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)).....					
<b>f</b> Grassroots lobbying expenditures.....					

BAA

Schedule C (Form 990 or 990-EZ) 2010

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If 'Yes,' describe in Part IV. SEE PART IV		X	
j Total. Add lines 1c through 1i.			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

## PART II-B, LINE 1I- OTHER ACTIVITIES DESCRIPTION

LOBBYING ACTIVITIES INVOLVE WORK ON ANIMAL WELFARE AND PROTECTION LEGISLATION THAT IS PROPOSED. A NASHVILLE HUMANE ASSOCIATION BOARD MEMBER WHO IS A LOBBYIST DONATES HER SERVICES.

**Part IV** Supplemental Information (continued)

PUBLIC COPY



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY

Employer identification number

62-0672999

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	9,065,898.	8,240,676.	9,472,626.		
b Contributions	850,000.				
c Net investment earnings, gains, and losses	953,417.	826,222.	-1,229,850.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	4,071.	1,000.	2,100.		
g End of year balance	10,865,244.	9,065,898.	8,240,676.		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ 78.88 %

b Permanent endowment ☐ 21.12 %

c Term endowment ☐ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds. SEE PART XIV

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		426,395.		426,395.
b Buildings		2,674,376.	560,778.	2,113,598.
c Leasehold improvements				
d Equipment		803,960.	686,315.	117,645.
e Other		76,468.	58,109.	18,359.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,675,997.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

**Part IX Other Assets.** (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	878,420.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15) ▶	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). SEE PART XIV

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,564,885.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,147,255.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	417,630.
4	Net unrealized gains (losses) on investments	83,039.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV). SEE PART XIV	-850,000.
9	Total adjustments (net). Add lines 4 through 8	-766,961.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-349,331.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,819,585.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	83,039.
b	Donated services and use of facilities	2b	106,242.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV). SEE PART XIV	2d	65,419.
e	Add lines 2a through 2d	2e	254,700.
3	Subtract line 2e from line 1	3	2,564,885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,564,885.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,318,916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	106,242.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.) SEE PART XIV	2d	65,419.
e	Add lines 2a through 2d	2e	171,661.
3	Subtract line 2e from line 1	3	2,147,255.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,147,255.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

THE ENDOWMENT FUND IS HELD BY THE NASHVILLE HUMANE ASSOCIATION SUPPORTING FOUNDATION

AND IS TO BE USED TO SUPPORT NASHVILLE HUMANE ASSOCIATION AND ITS PROGRAM SERVICES.

**PART X - FIN 48 FOOTNOTE**

THE ASSOCIATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE, AND THE ASSOCIATION IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A

PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE INTERNAL REVENUE CODE.

THEREFORE, NO PROVISION FOR FEDERAL INCOME TAXES IS

**Part XIV** Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ASSOCIATION HAS ADOPTED FASB ASC GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THIS GUIDANCE MUST BE APPLIED TO ALL EXISTING TAX POSITIONS UPON INITIAL ADOPTION.

ADOPTION OF THIS PRONOUNCEMENT HAD NO IMPACT ON THE ASSOCIATION'S CONSOLIDATED FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN OPEN FOR EXAMINATION INCLUDE YEARS ENDED DECEMBER 31, 2007 THROUGH DECEMBER 31, 2010. THERE ARE NO TAX PENALTIES OR INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

**Part XIV** Supplemental Information *(continued)*

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## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY

62-0672999

SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFER OF NET ASSETS TO SUPP FDN.....	\$	-850,000.
TOTAL	\$	<u>-850,000.</u>

SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENT EXPENSES.....	\$	65,419.
TOTAL	\$	<u>65,419.</u>

SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENTS EXPENSES.....	\$	65,419.
TOTAL	\$	<u>65,419.</u>

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SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,  
or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization **NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY**

Employer identification number  
**62-0672999**

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants  
b ☒ Internet and email solicitations f ☒ Solicitation of government grants  
c ☐ Phone solicitations g ☒ Special fundraising events  
d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ALPHA DOG MKT	DIRECT MAIL		X	226,171.	49,007.	177,164.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				226,171.	49,007.	177,164.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

TN



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FASHION SHOW (event type)	DOG DAY (event type)	2 (total number)	(add column (a) through column (c))	
1	Gross receipts .....	95,249.	83,880.	13,726.	192,855.	
2	Less: Charitable contributions .....	19,664.	15,647.		35,311.	
3	Gross income (line 1 minus line 2) .....	75,585.	68,233.	13,726.	157,544.	
DIRECT EXPENSES	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....				
	7	Food and beverages .....				
	8	Entertainment .....				
	9	Other direct expenses .....	32,065.	31,978.	1,376.	65,419.
	10	Direct expense summary. Add lines 4- through 9 in column (d) .....				65,419.
11	Net income summary. Combine line 3, column (d), and line 10 .....				92,125.	

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
1	Gross revenue .....				
DIRECT EXPENSES	2	Cash prizes .....			
	3	Non-cash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Combine lines 1, column (d) and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Schedule G (Form 990 or 990-EZ) 2010

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

► **Complete if the organizations answered 'Yes'**  
**on Form 990, Part IV, lines 29 or 30.**

► **Attach to Form 990.**

OMB No. 1545-0047

**2010****Open To Public  
Inspection**Name of the organization **NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY**Employer identification number  
**62-0672999****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....	X	1	11,941.	FMV
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution— Historic structures .....				
14 Qualified conservation contribution—Other .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....	X	4	1,114.	DONOR ASSIGNED
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► (SEE PART II .....) .....				
26 Other ► (.....) .....				
27 Other ► (.....) .....				
28 Other ► (.....) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a		X
31		X
32a		X

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule **M** (Form 990) 2010

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY

62-0672999

SCH M, PART I, LINES 25-28  
OTHER NON-CASH CONTRIBUTIONS

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
SHELTER SUPPLIE.....	X	2	\$ 5,155.	DONOR ASSIGNED
OFFICE SUPPLIES.....	X	2	1,319.	DONOR ASSIGNED
PET FOOD.....	X	934	167,190.	DONOR ASSIGNED
PET SUPPLIES.....	X	311	92,757.	DONOR ASSIGNED
EVENT POSTERS.....	X	1	136.	DONOR ASSIGNED
EVENT PRIZE.....	X	3	10,750.	DONOR ASSIGNED
FIRE EXTINGUISH.....	X	1	131.	DONOR ASSIGNED
GIFT CARDS.....	X	6	950.	DONOR ASSIGNED

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**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

NASHVILLE HUMANE ASSOCIATION AKA NASHVILLE HUMANE SOCIETY

Employer identification number

62-0672999

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) NASHVILLE HUMANE ASSOCIATION SUPP. 213 OCEOLA AVENUE	RAISE, MANAGE, & DISTRIBUTE FUNDS						
(2) NASHVILLE, TN 37209 57-1203593	FOR THE BENEFIT OF THE NHA	TN	501 (C) (3)	11 (A) -TYPE I	N/A		X
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity .....	<b>1 a</b>	X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	<b>1 b</b>	X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	<b>1 c</b>	X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	<b>1 d</b>	X
<b>e</b> Loans or loan guarantees by other organization(s) .....	<b>1 e</b>	X
<b>f</b> Sale of assets to other organization(s) .....	<b>1 f</b>	X
<b>g</b> Purchase of assets from other organization(s) .....	<b>1 g</b>	X
<b>h</b> Exchange of assets .....	<b>1 h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....	<b>1 i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....	<b>1 j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	<b>1 k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....	<b>1 l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	<b>1 m</b>	X
<b>n</b> Sharing of paid employees .....	<b>1 n</b>	X
<b>o</b> Reimbursement paid to other organization for expenses .....	<b>1 o</b>	X
<b>p</b> Reimbursement paid by other organization for expenses .....	<b>1 p</b>	X
<b>q</b> Other transfer of cash or property to other organization(s) .....	<b>1 q</b>	X
<b>r</b> Other transfer of cash or property from other organization(s) .....	<b>1 r</b>	X

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____ _____ _____										
(2) _____ _____ _____										
(3) _____ _____ _____										
(4) _____ _____ _____										
(5) _____ _____ _____										
(6) _____ _____ _____										
(7) _____ _____ _____										
(8) _____ _____ _____										

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**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY**

Employer identification number  
**62-0672999**

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

THE NASHVILLE HUMANE ASSOCIATION IS NATIONALLY AND STATE CREDENTIALLED AS A DISASTER  
ANIMAL RESPONSE TEAM (DART). THEY ARE ACTIVE IN PLANNING AND TRAINING SESSIONS TO  
ASSIST IN NATURAL AND MANMADE DISASTERS AND HAVE EXPERIENCE IN VARIOUS DEPLOYMENTS IN  
AND OUT OF STATE. THEY WORK CLOSELY WITH THE METRO NASHVILLE MAYOR'S OFFICE OF  
EMERGENCY MANAGEMENT (OEM) AND TENNESSEE EMERGENCY MANAGEMENT AGENCY (TEMA).

**DART DEPLOYMENT REQUESTS - JANUARY - DECEMBER 2010**

MARCH 6 - HUMANE SOCIETY OF THE UNITED STATES (HSUS) REQUESTED ASSISTANCE WITH A  
HOARDING SITUATION IN GRANGER COUNTY TN, FOR THE REMOVAL OF 132 CATS.

APRIL 23 - ASSISTED HSUS BY PROVIDING ADMISSIONS AND MEDICAL CARE FOR 30 DOGS AND 2  
CATS FROM A PUPPY MILL RAID IN WHITE COUNTY IN WHICH 200 DOGS WERE REMOVED FROM THE  
PROPERTY.

APRIL 28 - PARTICIPATED IN A MOCK DISASTER AT THE REQUEST OF VANDERBILT UNIVERSITY  
VETERANS ADMINISTRATION HOSPITAL. FOCUS WAS TO PROVIDE SERVICES FOR PERSONS ARRIVING  
ON A MEDICAL TRANSPORT PLANE FROM A DISASTER WITH SERVICE ANIMALS IN WHICH THE ANIMAL  
MAY OR MAY NOT HAVE TO BE SEPARATED FROM THE OWNER.

MAY 1 - METRO NASHVILLE FLOODED AT A LEVEL OF A 500 YEAR FLOOD. THIS DISASTER  
REQUIRED AN ENTIRE AGENCY RESPONSE FROM ALL STAFF. THE DART TEAM RESPONDED TO A  
REQUEST FROM THE NASHVILLE RED CROSS TO PROVIDE A PET FRIENDLY HUMAN SHELTER AS  
REQUIRED BY FEDERAL LAW. THE TEMPORARY HOUSING FOR ANIMALS WAS IN CLOSE PROXIMITY OF  
THE HUMAN EMERGENCY SHELTER. BOTH TEDDY'S WAGON AND ROVER WERE DISPATCHED TO PROVIDE

Name of the organization **NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY**

Employer identification number  
**62-0672999**

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

TEMPORARY CARE AND SHELTERING FOR OWNED ANIMALS IN WHICH THE OWNERS HAD TO EVACUATE.

IN ALL THE SHELTER PROVIDED ASSISTANCE TO 99 ANIMALS AND PROVIDED FOOD AND SUPPLIES

TO 543 ANIMALS THROUGH THE NHA PET FOOD BANK. IN ADDITION 24 STRAY PETS FROM THE

FLOOD AFFECTED AREAS WERE SHELTERED AND CARED FOR BY NHA.

JUNE 17 AMERICAN SOCIETY FOR THE PROTECTION OF ANIMALS (ASPCA-NEW YORK) REQUESTED

ASSISTANCE FROM NHA IN THE REMOVAL TRANSPORT AND CARE OF 20 ANIMALS FROM A HOARDING

SITUATION IN WAYNE COUNTY, TN.

JULY 23 - ASPCA REQUESTED ASSISTANCE FOR A FLOOD SITUATION IN PIKEVILLE KY. THE LOCAL

SHELTER WAS FLOODING AND ALL ANIMALS HAD TO BE REMOVED FROM THE FACILITY. NHA

PROVIDED HELP IN REMOVING 20 ANIMALS AND TRANSPORTING BACK TO THE NHA FACILITY.

DECEMBER 2 - HUMANE SOCIETY OF THE UNITED STATES (HSUS) REQUESTED SHELTERING AND CARE

FOR 10 ANIMALS REMOVED FROM A HOARDING SITUATION IN GADSDEN AL.

OPERATION OF A SHELTER, PROVIDING CARE FOR STRAY, ABANDONED AND INJURED ANIMALS UNTIL

HOMES ARE LOCATED FOR THEM.

DURING THE FISCAL YEAR THE PROGRAM:

-PROVIDED SHELTER TO 2,940 DOGS, CATS, KITTENS OR PUPPIES

-ADOPTED 2,718 PETS INTO NEW HOMES OR TRANSFERRED TO BREED OR GENERAL RESCUE

ORGANIZATIONS

-PROVIDED AN OFF SITE MOBILE ADOPTION CENTER THROUGH TEDDY'S WAGON THAT VISITED 38

Name of the organization **NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY**

Employer identification number  
**62-0672999**

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

LOCATIONS, ADOPTED OUT 44 ANIMALS AND WAS INSTRUMENTAL IN REFFERING THE PUBLIC TO THE  
NASHVILLE HUMANE ASSOCIATION FACILITY RESULTING IN MANY MORE ADOPTIONS.

ADDITIONALLY, THE ORGANIZATION OPERATES A PET FOOD BANK WHICH PROVIDES DOG/CAT FOOD  
AND SUPPLIES TO PET OWNING FAMILIES IN FINANCIAL CRISIS. THE PROGRAM'S FOCUS IS TO  
PROVIDE ASSISTANCE TO KEEP THE PET IN HOME UNTIL THE FAMILY OR INDIVIDUAL HAS  
SUFFICIENT FUNDS TO CARE FOR THEIR PET. FOOD BANK RECIPIENTS ALSO ARE ELIGIBLE FOR  
PET SPAY/NEUTER SERVICES, VACCINATIONS AND FLEA/TICK TREATMENTS AT NO CHARGE.

FINALLY, NASHVILLE HUMANE ASSOCIATION HAS OVER 400 VOLUNTEERS THAT PROVIDE  
SPECIALIZED AND SKILLED ASSISTANCE TO THE ORGANIZATION.

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

ROVER & COMMUNITY SPAY/NEUTER PROGRAMS (CSNP)

ROVER - OPERATION OF A MOBILE SPAY AND NEUTER CLINIC, PROVIDING STERILIZATION  
SERVICES FOR LOW INCOME INDIVIDUALS AND FAMILIES.

CSNP - COMMUNITY SPAY/NEUTER PROGRAM (CSNP) PROVIDES FREE PET STERILIZATIONS TO LOW  
INCOME OR GOVERNMENT ASSISTANCE PET OWNING INDIVIDUALS. THE PROGRAM OPERATES TWO  
DAYS PER WEEK AT THE NASHVILLE HUMANE ASSOCIATION FACILITY VETERINARY CLINIC.

COMBINED NASHVILLE HUMANE ASSOCIATION:

-WAS ABLE TO SPAY/NEUTER 8,576 PETS FOR 3,890 FINANCIALLY DISADVANTAGED FAMILIES,  
INDIVIDUALS OR 501(C) (3) ANIMAL RESCUE GROUPS.

Name of the organization NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY

Employer identification number  
62-0672999

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

-PROVIDED 4,081 PET RABIES VACCINATIONS TO REDUCE THE POTENTIAL FOR A RABIES ISSUE  
IN DAVIDSON COUNTY.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE 990 IS FIRST SHARED WITH THE EXECUTIVE COMMITTEE INCLUDING THE BOARD PRESIDENT.  
THE ENTIRE BOARD OF DIRECTORS IS ADVISED THE 990 HAS BEEN COMPLETED, AND THEY MAY  
OBTAIN A COPY.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

NEW MEMBERS MUST SIGN THE CURRENT WRITTEN CONFLICT OF INTEREST POLICY UPON  
APPOINTMENT TO THE BOARD. ANNUAL DISCLOSURES ARE NOT A SPECIFIC AGENDA ITEM,  
HOWEVER, BOARD MEMBERS ARE REQUIRED TO DISCLOSE POSSIBLE CONFLICTS WHEN SUCH EXISTS  
OR WHEN A NEW MEMBER IS BROUGHT ONTO THE BOARD. CONFLICT OF INTEREST ISSUES ARE  
COVERED IN THE NEW BOARD MEMBER ORIENTATION. IT IS THE POLICY OF BOTH AGENCY STAFF  
AND BOARD MEMBERS TO DISCUSS WITH THE APPROPRIATE INDIVIDUALS ITEMS THAT MAY CAUSE  
AN ISSUE FOR THE AGENCY. IF NECESSARY, LEGAL COUNSEL WILL REVIEW THESE SITUATIONS.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

RESOURCE DOCUMENTS, SUCH AS THE SOCIETY OF ANIMAL WELFARE ADMINISTRATORS SURVEY OF  
COMPENSATION, BENEFITS AND SPECIAL RELATED REPORTS, ARE USED AS WELL AS INFORMAL  
INQUIRY INTO PAY RANGES OF SIMILAR POSITIONS AT AREA NON PROFITS. THE STRATEGIC  
PLAN INITIATIVES AS WELL AS ANNUAL AGENCY GOALS ARE USED IN PERFORMANCE REVIEWS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

2010

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY

62-0672999

## FORM 990, PART XI, LINE 5

## OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	83,039.
TRANSFER OF NET ASSETS TO SUPP FDN.....		-850,000.
TOTAL	\$	<u>-766,961.</u>

PUBLIC COPY

Form **990-T**REQUEST FOR 45R CREDIT ONLY  
**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2010**For calendar year 2010 or other tax year beginning \_\_\_\_\_, 2010,  
and ending \_\_\_\_\_, \_\_\_\_\_

▶ See separate instructions.

Department of the Treasury  
Internal Revenue ServiceOpen to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b>	( <input type="checkbox"/> Check box if name changed and see instructions.) <b>NASHVILLE HUMANE ASSOCIATION</b> <b>AKA NASHVILLE HUMANE SOCIETY</b> <b>213 OCEOLA AVENUE</b> <b>NASHVILLE, TN 37209</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>62-0672999</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)			<b>E</b> Unrelated business activity codes (See instructions.)
<b>C</b> Book value of all assets at end of year <b>4,769,036.</b>	<b>F</b> Group exemption number (See instructions.) ▶		
<b>G</b> Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H** Describe the organization's primary unrelated business activity.  
▶**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... ☐ Yes ☐ No  
If 'Yes,' enter the name and identifying number of the parent corporation ... ▶**J** The books are in care of. ▶ **TYRE GROVES, GROVES PROF SVCS.** Telephone number. ▶ **(615) 504-3573**

<b>Part I Unrelated Trade or Business Income</b>		<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1 a</b> Gross receipts or sales ...				
<b>b</b> Less returns and allowances ... <b>c</b> Balance. ▶	<b>1 c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7) ...	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c ...	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D) ...	<b>4 a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) ...	<b>4 b</b>			
<b>c</b> Capital loss deduction for trusts ...	<b>4 c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) ...	<b>5</b>			
<b>6</b> Rent income (Schedule C) ...	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E) ...	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) ...	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) ...	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I) ...	<b>10</b>			
<b>11</b> Advertising income (Schedule J) ...	<b>11</b>			
<b>12</b> Other income (See instructions; attach schedule) ...	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 ...	<b>13</b>	0.	0.	0.

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)	
<b>14</b> Compensation of officers, directors, and trustees (Schedule K) ...	<b>14</b>
<b>15</b> Salaries and wages ...	<b>15</b>
<b>16</b> Repairs and maintenance ...	<b>16</b>
<b>17</b> Bad debts ...	<b>17</b>
<b>18</b> Interest (attach schedule) ...	<b>18</b>
<b>19</b> Taxes and licenses ...	<b>19</b>
<b>20</b> Charitable contributions (See instructions for limitation rules.) ...	<b>20</b>
<b>21</b> Depreciation (attach Form 4562) ...	<b>21</b>
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return ...	<b>22 a</b>
<b>23</b> Depletion ...	<b>22 b</b>
<b>24</b> Contributions to deferred compensation plans ...	<b>23</b>
<b>25</b> Employee benefit programs ...	<b>24</b>
<b>26</b> Excess exempt expenses (Schedule I) ...	<b>25</b>
<b>27</b> Excess readership costs (Schedule J) ...	<b>26</b>
<b>28</b> Other deductions (attach schedule) ...	<b>27</b>
<b>29 Total deductions.</b> Add lines 14 through 28 ...	<b>28</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 ...	<b>29</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) ...	<b>30</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 ...	<b>31</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) ...	<b>32</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 ...	<b>33</b>
	<b>34</b> 0.



**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐. See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34 **35 c****36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amounton line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions. **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40 a****b** Other credits (see instructions) **40 b****c** General business credit. Attach Form 3800 **40 c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40 d****e Total credits.** Add lines 40a through 40d **40 e** 0.**41** Subtract line 40e from line 39 **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866☐ Other (attach schedule) **42****43 Total tax.** Add lines 41 and 42 **43** 0.**44 a** Payments: A 2009 overpayment credited to 2010 **44 a****b** 2010 estimated tax payments **44 b****c** Tax deposited with Form 8868 **44 c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44 d****e** Backup withholding (see instructions) **44 e****f** Credit for small employer health insurance premiums (Attach Form 8941) **44 f** 642.**g** Other credits and payments: ☐ Form 2439☐ Form 4136 ☐ Other Total **44 g****45 Total payments.** Add lines 44a through 44g **45** 642.**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47****48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 642.**49** Enter the amount of line 48 you want: **Credited to 2011 estimated tax** **Refunded** **49** 642.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

- 1** At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. **Yes No**
- 2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes No**
- 3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation

- 1** Inventory at beginning of year **1**
- 2** Purchases **2**
- 3** Cost of labor **3**
- 4 a** Additional section 263A costs (attach schedule) **4 a**
- b** Other costs (attach sch) **4 b**
- 5 Total.** Add lines 1 through 4b **5**
- 6** Inventory at end of year **6**
- 7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2 **7**
- 8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No**

**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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **EXECUTIVE DIREC** Title **May the IRS discuss this return with the preparer shown below (see instructions)?** ☒ Yes ☐ No

**Paid Preparer Use Only**

Print/Type preparer's name **DAVID G. HOWARD** Preparer's signature Date Check ☒ if self-employed PTIN **P00031538**

Firm's name **FRASIER, DEAN & HOWARD, PLLC** Firm's EIN **62-1073578**

Firm's address **3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203** Phone no. **(615) 383-6592**

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . . . ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 . . . . . ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of Controlled Organization		2 Employer Identification Number	Exempt Controlled Organizations		
			3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income		8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b> .....						
	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> .....						

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			

**Credit for Small Employer Health Insurance Premiums**

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

OMB No. 1545-2198

**2010**Attachment  
Sequence No. **63**

Name(s) shown on return

**NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY**

Identifying number

**62-0672999**

<b>1</b> Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions) .....	<b>1</b>	<b>24</b>
<b>2</b> Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 .....	<b>2</b>	<b>19</b>
<b>3</b> Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12 .....	<b>3</b>	<b>34,166.</b>
<b>4</b> Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions) .....	<b>4</b>	<b>77,761.</b>
<b>5</b> Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions) .....	<b>5</b>	<b>78,387.</b>
<b>6</b> Enter the <b>smaller</b> of line 4 or line 5 .....	<b>6</b>	<b>77,761.</b>
<b>7</b> Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35) .....	<b>7</b>	<b>19,440.</b>
<b>8</b> If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions. ....	<b>8</b>	<b>7,776.</b>
<b>9</b> If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions. ....	<b>9</b>	<b>642.</b>
<b>10</b> Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions) .....	<b>10</b>	
<b>11</b> Subtract line 10 from line 4. If zero or less, enter -0- .....	<b>11</b>	<b>77,761.</b>
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11 .....	<b>12</b>	<b>642.</b>
<b>13</b> If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions) .....	<b>13</b>	<b>17</b>
<b>14</b> Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13 .....	<b>14</b>	<b>15</b>
<b>15</b> Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) .....	<b>15</b>	
<b>16</b> Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on Schedule K; all others, go to line 17 .....	<b>16</b>	<b>642.</b>
<b>17</b> Credit for small employer health insurance premiums included on line 16 from passive activities (see instructions) .....	<b>17</b>	
<b>18</b> Subtract line 17 from line 16 .....	<b>18</b>	<b>642.</b>
<b>19</b> Credit for small employer health insurance premiums allowed for 2010 from a passive activity (see instructions) .....	<b>19</b>	
<b>20</b> Carryback of the credit for small employer health insurance premiums from 2011 .....	<b>20</b>	
<b>21</b> Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount on Form 3800, line 29h .....	<b>21</b>	<b>642.</b>
<b>22</b> Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) .....	<b>22</b>	
<b>23</b> Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount on Form 3800, line 29h .....	<b>23</b>	
<b>24</b> Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit (see instructions) .....	<b>24</b>	<b>56,823.</b>
<b>25</b> Tax-exempt small employers, enter the <b>smaller</b> of line 21 or line 24 here and on Form 990-T, line 44f .....	<b>25</b>	<b>642.</b>

**BAA For Paperwork Reduction Act Notice, see separate instructions.**Form **8941** (2010)

NASHVILLE HUMANE ASSOCIATION  
AKA NASHVILLE HUMANE SOCIETY

62-0672999

FORM 990, PART II, LINE 42  
DEPRECIATION EXPENSE

LAND, BUILDING AND EQUIPMENT ARE RECORDED AT COST OR, IF DONATED, AT THE ESTIMATED FAIR MARKET VALUE AS OF THE DATE OF DONATION. DEPRECIATION IS PROVIDED USING THE STRAIGHT-LINE BASIS OVER THE ESTIMATED USEFUL LIVES OF THE RESPECTIVE ASSETS.

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