

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning July 1, 2020, and ending June 30, 20 21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Spay Campbell County Tennessee Pets		D Employer identification number 81-1545343
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 644		E Telephone number (423) 494-6444
	City or town, state or province, country, and ZIP or foreign postal code LaFollette, Tennessee 37766		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ www.SpayCCTNPets.com

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other **Non Profit Organization**

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	42,274			18	5,077
2	Program service revenue including government fees and contracts	2	0			19	13,740
3	Membership dues and assessments	3	0			20	0
4	Investment income	4	0			21	18,817
5a	Gross amount from sale of assets other than inventory	5a	4,690				
b	Less: cost or other basis and sales expenses	5b	525				
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	4,165				
6	Gaming and fundraising events:						
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0				
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0				
c	Less: direct expenses from gaming and fundraising events	6c	0				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0				
7a	Gross sales of inventory, less returns and allowances	7a	0				
b	Less: cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0				
8	Other revenue (describe in Schedule O)	8	0				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	46,439				
10	Grants and similar amounts paid (list in Schedule O)	10	0				
11	Benefits paid to or for members	11	0				
12	Salaries, other compensation, and employee benefits	12	0				
13	Professional fees and other payments to independent contractors	13	37,175				
14	Occupancy, rent, utilities, and maintenance	14	0				
15	Printing, publications, postage, and shipping	15	201				
16	Other expenses (describe in Schedule O)	16	3,986				
17	Total expenses. Add lines 10 through 16 ▶	17	41,362				
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	5,077				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	13,740				
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0				
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	18,817				

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,740	22 18,817
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	13,740	25 18,817
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,740	27 18,817

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . .

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? subsidized spay/neuter of pets for low income families
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>Happy Pets Low Cost Spay/Neuter Aid Program: 1001 completed services. Spay/Neuter of owned cats/dogs. including rabies vaccination the day of service. 692 families were impacted</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	37,175
29 <u>We Love Animals Educational Program: An in school, school board approved, humane educational program 1000 7-8 grade students were impacted</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	254
30 <u>Covid 19 pet food pantry. 2000 lbs of cat and dog food were dispensed over a 3 month period to 256 families This was a temporary program to address community needs.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,005
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	267
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	39,701

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
President				
Terri Woodward	30	0	0	0
Vice President				
Debra Miller	30	0	0	0
Secretary/Treasurer				
Deborah Pemberton	30	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41	List the states with which a copy of this return is filed ▶ <u>Tennessee</u>		
42a	The organization's books are in care of ▶ <u>Deborah Pemberton</u> Telephone no. ▶ <u>(423) 494-6444</u> Located at ▶ <u>231 Lakeshore Lane, LaFollette, Tennessee</u> ZIP + 4 ▶ <u>37766</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

49b

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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: Deborah Pemberton
 Date: _____
 Type or print name and title: Deborah Pemberton Secretary/Treasurer
 Date: July 3, 2021

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

81-1545343

Spay Campbell County Tennessee Pets (SpayCC)

990Ez, Part 3, Line 27

Year End Fund Balances

Spay/Neuter Aid Fund: **\$13,793.67**

Spay/Neuter/Reserve Fund: **\$489.40**

General Operational Fund **\$943.29**

Fundraising Fund: **\$1,176.92**

Educational Program Fund: **\$1,340.33**

Insurance Fund: **\$572.60**

Trap/Neuter/Return Program fund: **\$500.00**

Total Funds: \$18,816.21

The spay/neuter aid fund, spay/neuter/reserve fund and TNR fund are to subsidize low cost spay/neuter services for owned pets.

General fund is for organizational expenses, such as postage, permits, chamber membership, et.

Fundraising fund is funds set aside for a future large fundraiser

Insurance fund is for the required liability insurance for any event and educational presentation that covers everyone except volunteers.

We have another policy that covers medical expenses for volunteers.

Educational Fund is for materials for the Humane Educational Program.

Name of the organization Spay Campbell County Tennessee Pets (SpayCC)	Employer identification number 811545343
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990ez Part 1, line 16: Other expenses

Educational Program	\$254.00
Pet Food Pantry	\$2005.00
Trap/Neuter/return equipment	\$267.00
Group Liability insurance	\$1,259.
Chamber membership	\$100.00
State permit and charter renewal	\$101.00
Total:	\$3986.00

990EZ, part 3, line 31 Program expenses;

This is a developing joint program between several organizations for Community Cats Trap/Neuter/Return for feral cat colonies in
 Our community. The expense was for dividing forks (used in the care of the cats in the traps) and covers for the traps for this program.