

2007

Open to Public Inspection

Form 990-EZ

Short Form 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)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning January 1, 2007, and ending December 31, 2007

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Pickett County Humane Society. D Employer identification number: 20-1047662. E Telephone number: (931) 864-8550. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual Other (specify)

I Website: www.pickettcountyhumane.org

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

J Organization type (check only one) [X] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 18,983

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 18,983 and total expenses is 19,028, resulting in a deficit of 45.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments (1,293 to 1,248), Land and buildings, Other assets, Total assets (1,293 to 1,248), Total liabilities, and Net assets or fund balances (1,293 to 1,248).

| Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)   |  | Expenses   |
|--|--|--|
| What is the organization's primary exempt purpose? <b>Promoting animal welfare in the communities in our area.</b>   |  | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. |  |  |
| 28   | Foster program where stray dogs that are reported are kept in volunteer foster homes until they can be adopted into new homes across the country.<br><br>(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 28a  |
| 29   | Public outreach spay/neuter program. We spay and neuter pets belonging to low income residents.<br><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 29a  |
| 30   | Education program in local area school. We supply a humane newspaper from the Humane Society of the United States called the "Kind News". The teachers use it to teach the children about various humane issues regarding animals.<br><br>(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a  |
| 31   | Other program services (attach schedule) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 31a  |
| 32   | Total program service expenses. Add lines 28a through 31a . . . . .  | 32   |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.) |  |   |   |  |
|--|--|---|---|--|
| (A) Name and address   | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| Cathy R. Crockett<br>P O. Box 685, Byrdstown, TN 38549   | President  | 0   | 0   | 0  |
| Margo Hinkle<br>1921 Cordell Hull Memorial Hwy., Byrdstown, TN 38549   | Treasurer  | 0   | 0   | 0  |
| Patricia Flowers<br>1526 Livingston Hwy., Byrdstown, TN 38549  | Secretary  | 0   | 0   | 0  |

| Part V Other Information (Note the statement requirement in General Instruction V.) |  |     | Yes | No |
|---|--|-----|-----|----|
| 33  | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .   | 33  |     | ✓  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .   | 34  |     | ✓  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. |     |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .   | 35a |     | ✓  |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .   | 35b |     | ✓  |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. . . . .   | 36  |     | ✓  |
| 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? . . . . .   | 37b |     | ✓  |
| 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 unpaid at the start of the period covered by this return? . . . . .          | 38a |     | ✓  |
| b   | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved . . . . .  | 38b |     |    |
| 39  | 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 |     |    |

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ \_\_\_\_\_; section 4912 ▶ \_\_\_\_\_; section 4955 ▶ \_\_\_\_\_

**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

|            | Yes | No |
|------------|-----|----|
| <b>40b</b> |     | ✓  |
| <b>40e</b> |     | ✓  |

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ \_\_\_\_\_

**d** 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? . . .

**41** List the states with which a copy of this return is filed. ▶ \_\_\_\_\_

**42a** The books are in care of ▶ Margo Hinkle Telephone no. ▶ (931) 864-3069  
 Located at ▶ 1921 Cordell Hull Memorial Hwy., Byrdstown, TN ZIP + 4 ▶ 38549

**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)? . . .

|            | Yes | No |
|------------|-----|----|
| <b>42b</b> |     | ✓  |
| <b>42c</b> |     | ✓  |

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

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  and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

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.

Please Sign Here

Signature of officer: Cathy R. Crockett Date: 3-1-08  
 Type or print name and title: Cathy R. Crockett, President

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_  
 Phone no.: \_\_\_\_\_