Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A I	For the	e 2020 calendar year, or tax year beginning and en	nding		
	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres		IC		
L	□ Name □ chang □ Initial			56-15872	
	return _Final _return/	P.O. BOX 610	oom/suite	E Telephone number 919-542-	5757
	termin ated			G Gross receipts \$	254,339.
	Ameno	F1113BORO, NC 2/312		H(a) Is this a group re	
	Application pendir	F Name and address of principal officer. STIERTE REEDE		for subordinates	—
_		P.O. BOX 610, PITTSBORO, NC 2/312		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ()	527	1	list. See instructions
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number ► ¶ State of legal domicile: NC
	art I	Summary	L Year (or formation: 1973 N	State of legal domicile; NC
40	1	Briefly describe the organization's mission or most significant activities: CHATHA			
Governance		EDUCATION, INC IS A NOT-FOR-PROFIT ORGANIZ			
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	1 1	
ŏ	3			3	9
		Number of independent voting members of the governing body (Part VI, line 1b)			9
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			1
ĭ	6	Total number of volunteers (estimate if necessary)			79
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		Current Year
	8	Contributions and grants (Part VIII, line 1h)		Prior Year 93,291.	152,529.
ne	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		26,335.	46,854.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		347.	877.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		78,550.	48,817.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		198,523.	249,077.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,079.	21,836.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	b		0.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		179,577.	185,803.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		194,656.	207,639.
		Revenue less expenses. Subtract line 18 from line 12		3,867.	41,438.
Assets or	G T		Beg	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		460,566.	502,826.
Net A	21	Total liabilities (Part X, line 26)		4,936.	5,758.
	art II	Net assets or fund balances. Subtract line 21 from line 20		455,630.	497,068.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules at	ınd etateme	inter and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			knowledge and belief, it is
truo	, 001100	Sharul Roans	прорагог	05/15/20)21
Sig	n	Signature of officer		Date	- :
Her		▶ SHERYL REESE, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	d	PAUL MILLER		if self-employ	
Pre	parer	Firm's name KOONCE, WOOTEN & HAYWOOD, LLP		Firm's EIN ▶	56-0517823
Use	Only	Firm's address P. O. BOX 17806			
		RALEIGH, NC 27619-7806		Phone no.91	9-782-9265
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	1990 (2020) CHATHAM ANIMAL RESCUE AND EDUCATION, INC 56-1587	247 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	·····
-	CHATHAM ANIMAL RESCUE AND EDUCATION, INC. IS A NOT-FOR-PROFIT	
	ORGANIZATION, WHOSE MISSION IS TO PROMOTE THE HEALTH AND SAFETY	OF ALL
	DOGS AND CATS IN CHATHAM COUNTY, NORTH CAROLINA.	
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 X 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 X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exsection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experiences	
	revenue, if any, for each program service reported.	erises, ariu
4a	(Code:) (Expenses \$158,629 . including grants of \$) (Revenue \$)	46,854.)
ти	TO ALLEVIATE OVERPOPULATION AND SUFFERING OF HOMELESS DOGS AND C	
	PROVIDING SHELTER, VETERINARY CARE AND PERMANENT ADOPTION FOR SU	
	ANIMALS. TO EDUCATE AND INCREASE PUBLIC AWARENESS OF PET	
	OVERPOPULATION ISSUES, RESPONSIBLE PET OWNERSHIP AND PROPER TREA	TMENT
	OF ANIMALS IN GENERAL.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 158,629.	
		Form 990 (2020)

			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	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		X
4	Section 501(c)(3) organizations. 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	4		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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
С	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	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_ v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_ v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	х	
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢'′	- 22	
18		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II	├ ' °		- ^
13	,	19		X
20a	complete Schedule G, Part III	20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 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? If "Yes." complete X 23 Schedule J 24a 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 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); A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 4 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2020) CHATHAM ANIMAL RESCUE AND EDUCATION, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No		
2a	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	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		Щ		
4a	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)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1,,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		\vdash		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			X		
L	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD				
и а	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?	7a		x		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	· · ·				
•	to file Form 8282?	7c		X		
d	-					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8		Ц_		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		—		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a					
a L	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against					
D						
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
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					
С	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.			77		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes." complete Form 4720. Schedule O.					

Page 6 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 on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	9		
2	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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	- 1		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, 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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•	•	•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHERYL REESE, TREASURER - 919-542-5757			
	P.O. BOX 610 PITTSBORO NC 27312			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization com												
(A)	(B)			_ ((C)			(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of		
	week							from	from related	other		
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	e or c	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization		
	organizations	ruste	l trus		ee/	mpen		(VV 2/ 1000 (VIICO)		and related		
	below	dualt	ntions	_	oldm	st co	<u></u>			organizations		
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former					
(1) LARI HATLEY	40.00											
DIRECTOR OF DEVELOPMENT AN		Х						20,284.	0.	0.		
(2) ROSE VERHOEVEN	1.00											
PRESIDENT				Х				0.	0.	0.		
(3) KRISTIN BLACKWELL	1.00	<u> </u>										
VICE-PRESIDENT				X				0.	0.	0.		
(4) RACHEL FREW	1.00	1		ľ	4				_	_		
SECRETARY			Ц	Х	L			0.	0.	0.		
(5) SHERYL REESE	1.00	1										
TREASURER	1			Х				0.	0.	0.		
(6) GINNY BROWN	1.00	ļ										
DIRECTOR	1 00	Х						0.	0.	0.		
(7) LAURA MILLER DIRECTOR	1.00	٠,,							0			
	1.00	Х						0.	0.	0.		
(8) JEFF TABER DIRECTOR	1.00	х						0.	0.	0.		
(9) PAT STANCATI	1.00	^						0.	0.	· ·		
DIRECTOR	1.00	х						0.	0.	0.		
(10) JOAN CUNNINGHAM	1.00							•	•	· ·		
DIRECTOR		х						0.	0.	0.		
		1										
		1										
		<u> </u>										
		-										
		<u> </u>	_									
		1										
	-											
		1										
								1				

Form **990** (2020)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					ana	Reportable	Reportable	Es	timate	d
	hours per	box, unless person is both ar officer and a director/trustee					n an	compensation	compensation	an	nount c	of
	week		cer an	id a di	recto	or/trus	tee)	from	from related	1	other	
	(list any	Individual trustee or director Institutional trustee Officer Officer Key employee Highest compensated Highest Compensated Former					the	organizations		pensat		
	hours for related	or dir	e e			Highest compensated employee		organization	(W-2/1099-MISC)		om the	
	organizations	ustee	truste		gy.	bens		(W-2/1099-MISC)		1 -	anizatio	
	below	ual tr	tional		ploye	t com	_				d relate Inizatio	
	line)	divid	Institutional trustee	Officer	Key employee	ighes	Former			loiga	ıı iizatio	115
-	<u> </u>	=	=	0	ž	王喜	Œ			+		
		1										
						\vdash						
		1										
-										1		
		1										
						\vdash						
		1										
		1										
										1		
		1										
		1										
										1		
		1										
-										1		
		1				r						
1b Subtotal	1	I					>	20,284.	0.			0.
c Total from continuation sheets to Part VI								0.	0 .			0.
d Total (add lines 1b and 1c)								20,284.	0 .			0.
Total number of individuals (including but n							_			-		
compensation from the organization								,				0
											Yes	No
3 Did the organization list any former officer	director, trust	ee, k	ey e	emple	ove	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual		•	·	•		Ū		•	3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4		X
5 Did any person listed on line 1a receive or a	accrue comper	ısati	on fr	om a	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," con										5		Х
Section B. Independent Contractors	•											
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ntra	acto	rs th	nat received more than \$	100,000 of compens	ation fro	m	
the organization. Report compensation for	the calendar y	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		(C		
Name and business	address	NC	INC	3				Description of s	ervices	Compe	nsation	1
							_					
							_					
2 Total number of independent contractors (i		ot lin	nited	to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation				(J					990 (o	
										(JULI 10	000

Form 990 (2020) CHATHAM
Part VIII Statement of Revenue

		Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns	1a					
ant	b		1b					
Contributions, Gifts, Grants and Other Similar Amounts			1c					
			1d					
		Related organizations						
		• ,	1e					
e ti	Ť	All other contributions, gifts, grants, and		150 500				
혈된		similar amounts not included above \dots		152,529.				
E D	g	Noncash contributions included in lines 1a-1f	1g \$	14,950.	150 500			
<u>2 g</u>	h	Total. Add lines 1a-1f			152,529.			
e S				Business Code				
	2 a	ADOPTION FEES		900099	46,854.	46,854.		
e <u>Č</u>	b							
Program Service Revenue	С							
am eve	d					<u> </u>		
Pg B	е							
Ą.	f	All other program service revenue						
	g	Total. Add lines 2a-2f			46,854.			
	3	Investment income (including divide	ends, intere	st, and				
		other similar amounts)			877.			877.
	4	Income from investment of tax-exer				,		
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	h	Less: rental expenses 6b						
		Rental income or (loss) 6c						
	4	Net rental income or (loss)		K				
		` '[Securities	(ii) Other				
	ı a	assets other than inventory 7a		(1) 5 11 15.				
	h	Less: cost or other basis						
Φ	D							
ğ	_	and sales expenses						
ther Revenue		Gain or (loss) 7c						
Æ		Net gain or (loss)		P				
	8 а	Gross income from fundraising events (·					
0		including \$						
		contributions reported on line 1c). S	I	F4 070				
		Part IV, line 18						
		Less: direct expenses		5,262.	40 017			10 017
		Net income or (loss) from fundraising		D	48,817.			48,817.
	9 a	Gross income from gaming activitie						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming a						
	10 a	Gross sales of inventory, less return						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
\perp	С	Net income or (loss) from sales of ir	nventory					
_ω				Business Code				
o a	11 a							
ane	b							
Miscellaneous Revenue	С							
/lisc B	d	All other revenue						
_		Total. Add lines 11a-11d						
	12	Total revenue. See instructions		•	249,077.	46,854.	0.	49,694.

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). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 20,284. 20,284. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 1,552. 1,552. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 4,200. 4,200. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,471. 2,471. Office expenses 13 Information technology 14 15 Royalties 8,781. 4,392. 4,389. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 111. 111. Depreciation, depletion, and amortization 22 1,863. 1,863. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 95,668. 95,668. VETERINARIAN SERVICES ANIMAL FOOD AND SUPPLIE 46,447. 46,447. 12,149. 2,522. 9,627. PROFESSIONAL FEES 6,785. 6,785. d BEHAVIORAL SERVICES AND 7,328. SEE SCH O 2,704. 4,624. e All other expenses 207,639. 158,629. 49,010. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 286,578. 306,942. 1 Cash - non-interest-bearing 191,051. 171,207. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,428. basis. Complete Part VI of Schedule D ______ 10a 0. 720. b Less: accumulated depreciation ______ 10b 10c 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,781. 4,113. Other assets. See Part IV, line 11 15 15 460,566. 502,826. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 4,780. 5,758. 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 156. of Schedule D 25 4,936. 5,758. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 360,822. 436,431. Net assets without donor restrictions 27 27 Net assets with donor restrictions 94,808. 60,637. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 455,630. 497,068. Total net assets or fund balances 32 32 460,566. 502,826. 33 Total liabilities and net assets/fund balances 33

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>77.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>20'</u>	7,6	<u>39.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		41,438			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>45</u> !	5,6	30.	
5							
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10		49'	7,0	68.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?			2a	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:	·					
	Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		I .	2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number CHATHAM ANIMAL RESCUE AND EDUCATION 56-1587247 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 CHATHAM ANIMAL RESCUE AND EDUCATION, INC 56-1587247 Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4				. ,	, ,	
	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 VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th	· ·					
	organization, check this box and stop					. , . ,	▶□
Sec	ction C. Computation of Public						
	Public support percentage for 2020 (li			column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2020. If the o					ore, check this bo	x and
	stop here. The organization qualifies a						. □
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts						
	meets the facts-and-circumstances tes		•	•	•		>
b	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organization						s >
						<u> </u>	

Schedule A (Form 990 or 990-EZ) 2020 CHATHAM ANIMAL RESCUE AND EDUCATION, INC 56-1587247 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and	,	, ,	, ,	,	, ,		
	membership fees received. (Do not							
	include any "unusual grants.")	194,700.	88,468.	59,445.	93,291.	152,529.	588,433.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	73,019.	67,553.	75,783.	104,885.	95,671.	416,911.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	267,719.	156,021.	135,228.	198,176.	248,200.	1005344.	
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
t	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.	
c	Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6.)						1005344.	
_	ction B. Total Support				·			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	267,719.	156,021.	135,228.	198,176. 347.	248,200. 877.	1,224.	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				347.	877.	1,224.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	267,719.	156,021.	135,228.	198,523.	249,077.	1006568.	
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,	
_							>	
	ction C. Computation of Publi							
	Public support percentage for 2020 (li			olumn (f))		15	99.88 %	
	Public support percentage from 2019					16	99.96 %	
	ction D. Computation of Inves					Г. _ Т	10	
	17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 .04 %							
						18	, -	
198	19a 33 1/3% support tests - 2020. 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							
k	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support tests - 2019. 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%, che							
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	▶Ш	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3.5		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
<u> </u>		
7		
8		
00		
9a		
9b		
9c		
10a		
405		
10b n 990 or 99	0-EZ)	2020

	edule A (Form 990 or 990-EZ) 2020 CHATHAM ANIMAL RESCUE AND EDUCATION, INC 56-15	0/4	/ Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			l
	and or type in eappering enganisations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	tion 217th Type in capporting organizations		Vaa	Na
_	Did the conscination was ide to each of its supported conscinations by the last day of the fifth wealth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If #Vos # describe in Part VI the releasing by the agreement in this record	3h		

Schedule A (Form 990 or 990-EZ) 2020 CHATHAM ANIMAL RESCUE AND EDUCATION, INC 56-1587247 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 CHATHAM ANIMAL RESCUE AND EDUCATION, INC 56-1587247 Page 7

Par	t v Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continue}	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	}	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	;	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
<u>b</u>	From 2016				
<u> </u>	From 2017				
<u>d</u>	From 2018				
e	From 2019				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2020 distributable amount				
<u>i_</u>	Carryover from 2015 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>е</u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 CHATHAM ANIMAL RESCUE AND EDUCATION, INC 56-1587247 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

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

INC

OMB No. 1545-0047

2020

CHATHAM ANIMAL RESCUE AND EDUCATION

Employer identification number

56-1587247

Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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.,

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

CHATHAM ANIMAL RESCUE AND EDUCATION, INC

56-1587247

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NAN WEISS 3000 GALLOWAY RIDGE APT B208 PITTSBORO, NC 27312	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESTATE OF LEILA WEBSTER 88 LUCKY LANE CHAPEL HILL, NC 27517	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOAN CONDORET IRREVOCABLE TRUST 920 FEARRINGTON POST PITTSBORO, NC 27312	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHATHAM ANIMAL RESCUE AND EDUCATION, INC

56-1587247

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

СНАТНА	AM ANIMAL RESCUE AND EDU	JCATION, INC		56-1587247		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, used uplicate copies of Part III if additional states.	ons to organizations described in so through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations	hat total more than \$1,000 for the year		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of gif				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of gif	t			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of gif	t			
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
-		(e) Transfer of gif	t			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHATHAM ANIMAL RESCUE AND EDUCATION,

Employer identification number 56-1587247

1		(a) Donor advise	ed funds	(b) F	unds and other account	s
	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that gra	ant funds can be	used only		
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	No
Pai		anization answered "Ye	s" on Form 990, F	Part IV, line	7.	
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	A			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historica	ally important land area	
	Protection of natural habitat		Preservation of	a certified	historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form	of a conser	vation easement on the	last
	day of the tax year.				Held at the End of the	Tax Year
а				28	a	
b					b	
С	Number of conservation easements on a certified historic stru				c	
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register				d	
3	Number of conservation easements modified, transferred, rele					
-	year >	,g	,	9	g	
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period		tion, handling of			
	violations, and enforcement of the conservation easements it				Yes	─ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					
	>		ia eniorcing cons	ei valion ea	asements during the yea	r
			id emorcing cons	ervation ea	asements during the yea	r
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and en				r
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and en				r
	> \$		forcing conservat	tion easem		r
7 8	▶ \$ Does each conservation easement reported on line 2(d) above	satisfy the requirement	forcing conservat	tion easeme	ents during the year	
8	▶ \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	e satisfy the requirement	forcing conservat	tion easem h)(4)(B)(i)	ents during the year	No
	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	e satisfy the requirement n easements in its rever	ts of section 170(l	tion easemonth)(4)(B)(i) statement	ents during the year Yes	
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnotest of	e satisfy the requirement n easements in its rever	ts of section 170(l	tion easemonth)(4)(B)(i) statement	ents during the year Yes	
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnoorganization's accounting for conservation easements.	e satisfy the requirement n easements in its rever ote to the organization's	ts of section 170(l nue and expense financial stateme	h)(4)(B)(i) statement ents that de	ents during the year Yes and escribes the	
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footne organization's accounting for conservation easements. III Organizations Maintaining Collections of	e satisfy the requirement on easements in its rever ote to the organization's	ts of section 170(l nue and expense financial stateme	h)(4)(B)(i) statement ents that de	ents during the year Yes and escribes the	
8 9 Pa ı	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnoorganization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	e satisfy the requirement on easements in its rever ote to the organization's Art, Historical Tre 990, Part IV, line 8.	forcing conservates of section 170(learning and expense in financial statements, or Ot	tion easement)(4)(B)(i) statement ents that de	ents during the year Yes and escribes the ilar Assets.	
8 9 Pa ı	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnoorganization's accounting for conservation easements. III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 18 If the organization elected, as permitted under FASB ASC 958	e satisfy the requirement on easements in its rever one to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its rever	forcing conservation of section 170(linear conservation) and expense financial statement asures, or Ot	tion easement h)(4)(B)(i) statement ents that de her Simi	ents during the year Yes and escribes the ilar Assets.	
8 9 Pa ı	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnoorganization's accounting for conservation easements. † III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Forms of the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publications.	e satisfy the requirement on easements in its rever ote to the organization's Art, Historical Tre 1990, Part IV, line 8. 3, not to report in its rever lic exhibition, education	ts of section 170(lanue and expense in financial statement asures, or Otenue statement a, or research in fu	tion easement statement that de her Simi and balance or therance of	ents during the year Yes and escribes the ilar Assets.	
8 9 Pai	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnorganization's accounting for conservation easements. **IIII** Organizations Maintaining Collections of Complete if the organization answered "Yes" on Forms If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance.	e satisfy the requirement on easements in its rever ote to the organization's Art, Historical Tre 1990, Part IV, line 8. 13, not to report in its rever 10 ic exhibition, education, 10 icial statements that des	forcing conservates of section 170(limited and expense financial statement asures, or Ottenue statement a, or research in fucribes these item	tion easement of the statement of the similar of the similar of the statement of the statem	ents during the year Yes and escribes the Ilar Assets. e sheet works of public	
8 9 Pai	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Forms of the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 and the organization elected, as permitted under FASB ASC 958 and the organization elected, as permitted under FASB ASC 958 and the organization elected, as permitted under FASB ASC 958 and the organization elected as permitted under FASB ASC 958 a	n easements in its reverse to the organization's Art, Historical Tre 1990, Part IV, line 8. 1990, Part in its reverse exhibition, education cial statements that des 1990, to report in its revenue	forcing conservates of section 170(Innue and expense in financial statement asures, or Ottenue statement a, or research in functibes these item e statement and be	tion easement h)(4)(B)(i) statement that de her Simi and balance of s. balance she	ents during the year Yes and escribes the ilar Assets. e sheet works of public eet works of	
8 9 Pa ı 1a	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 18 the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public art, historical treasures, or other similar assets held for public art, historical treasures, or other similar assets held for public art, historical treasures, or other similar assets held for public	n easements in its reverse to the organization's Art, Historical Tre 1990, Part IV, line 8. 1990, Part in its reverse exhibition, education cial statements that des 1990, to report in its revenue	forcing conservates of section 170(Innue and expense in financial statement asures, or Ottenue statement a, or research in functibes these item e statement and be	tion easement h)(4)(B)(i) statement that de her Simi and balance of s. balance she	ents during the year Yes and escribes the ilar Assets. e sheet works of public eet works of	
8 9 Pai	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 18 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance if the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	n easements in its rever on easements in its rever on the organization's Art, Historical Tre 1990, Part IV, line 8. 19, not to report in its rever lic exhibition, education, organization its revenue 1981, to report in its revenue 1981, to report in its revenue 1981, education, organization, organization	forcing conservations of section 170(Innue and expense in financial statement assures, or Otto enue statement as, or research in functibes these item is estatement and it is research in further the statement and it is research in further statement and it is statement.	h)(4)(B)(i) statement ents that de her Simi nd balance ortherance of solutions	ents during the year Yes and escribes the ilar Assets. e sheet works of public eet works of public service,	No
8 9 Pai	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. It III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 18 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	e satisfy the requirement on easements in its rever one to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its reversible exhibition, education, cial statements that des 8, to report in its revenue exhibition, education, or	forcing conservations of section 170(incomplete and expense of financial statement assures, or Ottenue statement as, or research in further statement and by the research in further statement and by the statement as the statement as the statement and by the statement as the statemen	tion easement h)(4)(B)(i) statement ents that described her Simi and balance of such a balance of plants and the statement of plants and the s	ents during the year Yes and escribes the ilar Assets. e sheet works of public eet works of public service,	No
8 9 Pai	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. It III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 18 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	e satisfy the requirement on easements in its rever one to the organization's Art, Historical Tre 1990, Part IV, line 8. 13, not to report in its reversible exhibition, education or cial statements that des 13, to report in its revenue exhibition, education, or	forcing conservations of section 170(innue and expense in financial statement assures, or Otenue statement a, or research in further statement and by the statement and by research in further statement and by the statement	tion easement h)(4)(B)(i) statement ents that de her Simi and balance of substance of parameters of	ents during the year Yes and escribes the ilar Assets. e sheet works of public eet works of public service, \$\$\$	□ No
8 9 Pa ı 1a	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. **IIII** Organizations Maintaining Collections of Complete if the organization answered "Yes" on Forms If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance if the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures are provided to the provided to the second or the provided to the provid	e satisfy the requirement in easements in its rever ote to the organization's Art, Historical Tre 990, Part IV, line 8. B, not to report in its reve lic exhibition, education, cial statements that des B, to report in its revenue exhibition, education, or	forcing conservation of section 170(Induced and expense in financial statement as your research in functibes these item is statement and but research in further section of the section of	tion easement h)(4)(B)(i) statement ents that de her Simi and balance of substance of parameters of	ents during the year Yes and escribes the ilar Assets. e sheet works of public eet works of public service, \$\$\$	□ No
8 9 Par 1a b	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. It III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 18 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	e satisfy the requirement in easements in its rever one to the organization's Art, Historical Tre 1990, Part IV, line 8. By not to report in its reversible exhibition, education, cial statements that des 18, to report in its revenue exhibition, education, or other similar a 18C 958 relating to these	forcing conservations of section 170(include and expense in financial statement as your research in functibes these item as tatement and but research in further sects for financial items:	statement ents that de her Simi nd balance of serance of places.	ents during the year Yes and escribes the ilar Assets. e sheet works of public eet works of public service, \$\$\$	□ No

	t III Organizations Maintaining C	ANIMAL RES						56-15 C∆esete			age 2
									• (continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any or the i	ollowing the	at make si	grillicarit t	ise of its			
	collection items (check all that apply):		. —								
а	Public exhibition	d		Loan or exc							
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit of								_		1
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pa		ete if the	organizatio	n answered	l "Yes" on	Form 990	, Part IV, I	line 9, or		
10	Is the organization an agent, trustee, custodi		ion, for a	ontribution	or other or	nooto not i	naludad				
ıa	•		-						7 v		1
	on Form 990, Part X?							∟	」Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	iowing to	able:							
									Amount		
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance									_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or cu	istodial acc	ount liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Pai	rt IV, line 1	0.		1		
		(a) Current year	(b) P	rior year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four	years I	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		line 10	column (a)) held as:				ı		
	Board designated or quasi-endowment		%	,, column (a)	ij mora ao.						
	Permanent endowment										
С	·	•									
0-	The percentages on lines 2a, 2b, and 2c sho	·						4:			
Sa	Are there endowment funds not in the posse	ession of the organiza	llion tha	t are neid ar	ia administe	ered for the	e organiza	шоп	Γ,	v	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	-	
_	(ii) Related organizations								3a(ii)	-	
	If "Yes" on line 3a(ii), are the related organization								3b		
Do:	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV			0, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investn			or other (other)	1 ' '	ccumulate preciation	;d	(d) Book	value	;
1a	Land										
b	Buildings										
	Leasehold improvements							\neg			
	Equipment		428.			1	7(08.		72	20.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	0c)	1				72	20.
. 5	- · · · · · · · · · · · · · · · · · · ·	rquai i Oiiii 330, i all	N. CUIUII	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	····						

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CHATHAM ANIMAL RESCUE AND EDUCATION, INC

Employer identification number 56-1587247

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" on	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not				
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations f Solicitation of government grants c Phone solicitations g X Special fundraising events d In-person solicitations 2 a 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? b If "Yes," list the 10 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?		or control of		or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No							
		4								
		74								
otal			•							
List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration				

Schedule G (Form 990 or 990-EZ) 2020 CHATHAM ANIMAL RESCUE AND EDUCATION, INC 56-1587247 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events VARIOUS NONE (add col. (a) through OTHER EVENTS col. (c)) (event type) (event type) (total number) 54,079. 54,079. 1 Gross receipts 2 Less: Contributions 54,079. 54,079. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 5,262. 5,262 9 Other direct expenses 5,262 **10** Direct expense summary. Add lines 4 through 9 in column (d) 48,817 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 CHATHAM ANIMAL RESCUE AND EDUCATION, INC 56-1	<u> 587247</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
17	Enter the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III, lines 9, 9	3b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	CHATHAM A	NIMAL	RESCUE	AND	EDUCATION,	INC 5	6-1587247	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation _{(continued}	d)			-			Ĭ

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

CHATHAM ANIMAL RESCUE AND EDUCATION, INC

Employer identification number 56-1587247

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (4958-6/c)2	a		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LARI HATLEY	(i)	20,284.	0.	0.	0.	0.	20,284.	0.
DIRECTOR OF DEVELOPMENT AN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)		,					
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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.

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

Inspection

OMB No. 1545-0047

Name of the organization

CHATHAM ANIMAL RESCUE AND EDUCATION, INC **Employer identification number** 56-1587247

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
PROMOTE THE HEALTH AND SAFETY OF ALL DOGS AND CATS IN CHATHAM COU	JNTY,
NORTH CAROLINA.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S BOARD OF DIRECTORS ARE PROVIDED A COPY OF FORM	1 990 FOR
REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY DISTRIBUTED TO THE BOARD OF DIRECTORS	S ANNUALLY
AND ACKNOWLEDGED IN WRITING.	
FORM 990, PART VI, SECTION C, LINE 19:	
ORGANIZATION USES GUIDESTAR FOR NONPROFITS TO MAKE INFORMATION AV	AILABLE AS
WELL AS ITS OWN WEBSITE AND ALSO AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
ADMINISTRATIVE SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,884.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,884.
PRINTING & COPYING:	
PROGRAM SERVICE EXPENSES	2,074.
MANAGEMENT AND GENERAL EXPENSES	0.
LHA For Panerwork Reduction Act Notice see the Instructions for Form 990 or 990-F7 Schedule O (Form	000 or 000-F7) 2020

Name of the organization CHATHAM ANIMAL RESCUE AND EDUCATION, INC	Employer identification number 56-1587247
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,074.
POSTAGE & MAILING SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,092.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,092.
TELEPHONE & COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	630.
MANAGEMENT AND GENERAL EXPENSES	211.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	841.
DUES & MEMBERSHIPS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	362.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	362.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	75.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	