

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning**

and ending


<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization		<b>D</b> Employer identification number	
	CHATHAM ANIMAL RESCUE AND EDUCATION, INC		56-1587247	
	Doing business as		E Telephone number	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	919-542-5757	
	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
P. O. BOX 610		135,228.		
PITTSBORO, NC 27312		H(a) Is this a group return		
F Name and address of principal officer: SHERYL REESE		for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
P.O. BOX 610, PITTSBORO, NC 27312		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)		
J Website: ▶ WWW.CHATHAMANIMALRESCUE.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1975 M State of legal domicile: NC		

Part I	Summary
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Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>CHATHAM ANIMAL RESCUE AND EDUCATION, INC IS A NOT-FOR-PROFIT ORGANIZATION, WHOSE MISSION IS TO</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	1
	6	Total number of volunteers (estimate if necessary)	6	90
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	88,468.	59,445.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,580.	49,694.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	151,633.	132,724.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	6,639.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	118,455.	127,004.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	118,455.	133,643.
19		Revenue less expenses. Subtract line 18 from line 12	33,178.	-919.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year
	21	Total liabilities (Part X, line 26)	456,217.	454,922.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,535.	3,159.
			452,682.	451,763.

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

Sign Here	 Signature of officer		9/2/19 Date				
	SHERYL REESE, TREASURER Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name PAUL MILLER		Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	PTIN P00166372
	Firm's name ▶ KOONCE, WOOTEN & HAYWOOD, LLP					Firm's EIN ▶ 56-0517823	
	Firm's address ▶ P. O. BOX 17806 RALEIGH, NC 27619-7806					Phone no. 919-782-9265	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No