

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318035020

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CITIZENS FOR HUMANE ACTION INC

Doing business as
CHA Animal Shelter

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3765 Corporate Drive

City or town, state or province, country, and ZIP or foreign postal code
Columbus, OH 43231

D Employer identification number
51-0166864

E Telephone number
(614) 891-5280

G Gross receipts \$ 549,488

F Name and address of principal officer:
Steve Boston
3765 Corporate Drive
Columbus, OH 43231

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.chaanimalshelter.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1975

M State of legal domicile:
OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Our mission is to serve the people and animals of Central Ohio by providing safe, temporary shelter and care for abandoned or otherwise homeless cats and dogs, and to reduce pet overpopulation by means of spay and neuter, education, and community outreach.

2 Check this box ☐ 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) 12

4 Number of independent voting members of the governing body (Part VI, line 1b) 12

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 16

6 Total number of volunteers (estimate if necessary) 400

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 400,874

9 Program service revenue (Part VIII, line 2g) 96,399

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,583

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -3,246

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 502,610

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 315,254

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶27,305

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 217,604

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 532,858

19 Revenue less expenses. Subtract line 18 from line 12 -30,248

Expenses

20 Total assets (Part X, line 16) 1,018,008

21 Total liabilities (Part X, line 26) 19,865

22 Net assets or fund balances. Subtract line 21 from line 20 998,143

Net Assets or Fund Balances

Beginning of Current Year End of Year

1,018,008 1,022,165

19,865 15,645

998,143 1,006,520

Part II Signature Block

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

Sign Here

Signature of officer
Steve Boston Treasurer
Type or print name and title

2020-11-15
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)