Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2017

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

Department of the Treasury

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		2017 calendar year, or tax year beginning , 2017, 3	and ending		, 20
		Γ	and chaing	D Employer ident	
	heck if ap			27-16193	10000
	ddress ch		Room/suite	E Telephone numi	
	ame char		rtoorradate	L relephone num	Jei
	nitial return				
		City or town state or province country and ZIP or foreign postal code	1	F Group Exemption	n .
	mended r			Number ▶	""
	pplication				organization is not
		ng Method: ☐ Cash ☐ Accrual Other (specify) ▶	F		organization is not
	Vebsite			required to attach So	20.000
		mpt status (check only one) - 🗶 501(c)(3)		(Form 990, 990-EZ,	or 990-PF).
		organization: Corporation Trust Association Other			
		6 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 c			
100000					106,103
Pa	rtl	Revenue, Expenses, and Changes in Net Assets or Fund Bal			
		Check if the organization used Schedule O to respond to any question in			
	1	Contributions, gifts, grants, and similar amounts received			66,981
	2	Program service revenue including government fees and contracts			39,122
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
			5b		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greater than		The state of the s	
ne		\$15,000)	6a		
Revenue	b	Gross income from fundraising events (not including \$	of contribution	ons	
Re		from fundraising events reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000)	6b		
	С	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and si	ubtract		
		line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
		Less: cost of goods sold			
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			106,103
-	10	Grants and similar amounts paid (list in Schedule O)			
	11	Benefits paid to or for members			
	12	Salaries, other compensation, and employee benefits		40	
Ses	13	Professional fees and other payments to independent contractors		13	70,084
Expenses	14	Occupancy, rent, utilities, and maintenance			
Ехр	15	Printing, publications, postage, and shipping			
_	16	Other expenses (describe in Schedule O)			36,436
	17	Total expenses. Add lines 10 through 16			106,520
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			(417)
ţ	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag			
sse	13	end-of-year figure reported on prior year's return)		19	2,431
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		————	2,35
S	20	The same of the sa			2,014
	21	Net assets of fund parameter at end of year. Combine lines to through 20	· · · · · · · · ·		Form 990-F7 (2017)

Form 990-EZ (2017) Stray Haven Re			27-1619	369 Page 2
Part II Balance Sheets (see the instruction	ns for Part II)			
Check if the organization used Sche	edule O to respond to any question in	this Part II	· · · · · ·	
		(A) Beginning of y		(B) End of year
22 Cash, savings, and investments			431 22	2,014
			0 23	0
4 Other assets (describe in Schedule O)			0 24	0
			431 25	2,014
Total liabilities (describe in Schedule O)			0 26	0
Net assets or fund balances (line 27 of column	(B) must agree with line 21)	2,	431 27	2,014
Check if the organization used Sch What is the organization's primary exempt purpose? Describe the organization's program service accomplisas measured by expenses. In a clear and concise man	shments for each of its three largest prograner, describe the services provided, the n	in this Part III foster cats. am services,	501 ₁	Expenses quired for section (c)(3) and 501(c)(4) inizations; optional for irs.)
persons benefited, and other relevant information for each 28 ALL STRAY CATS MEDICAL AND NUTRI				
AND WHEN STABLE IT IS PUT UP FOR	ADOPTION. ALL CAIS ARE			
SPAYED AND NEUTERED.	If this amount includes foreign grants, chec	k here	- ☐ 28a	
(Cranto C	If this amount includes loreign grants, chec	RIICIC		
29				
(Occupie C	If this amount includes foreign grants, chec	k here	29a	
	IT this amount medaces foreign grants, chec	MINIOTO		
30				
(O		k here	- 🗍 30a	
	If this amount includes foreign grants, chec			
	If this amount includes foreign grants, chec			
Other program services (describe in Schedule O)			- <u>-</u> -	
Other program services (describe in Schedule O) (Grants S)	If this amount includes foreign grants, chec	k here	 > □ 31a	
Other program services (describe in Schedule O) (Grants S) Total program service expenses (add lines 28a	If this amount includes foreign grants, chec	k here	 > □ 31a . ▶ 32	(
Other program services (describe in Schedule O) (Grants S) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees,	If this amount includes foreign grants, chec a through 31a)	k here		ons for Part IV)
Other program services (describe in Schedule O) (Grants S) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees,	If this amount includes foreign grants, checonormal through 31a) and Key Employees (list each one even be O to respond to any question in this Part	if not compensated - see t	31a . ▶ 32 he instruction	ons for Part IV)
Other program services (describe in Schedule O) (Grants S) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees,	If this amount includes foreign grants, checa through 31a) and Key Employees (list each one even e O to respond to any question in this Part (b) Average hours per week	if not compensated - see t IV (c) Reportable compensation contribution orms W-2/1099-MISC) benefit p	31a . ▶ 32 he instruction	ons for Part IV)
Other program services (describe in Schedule O) (Grants S) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checa through 31a) and Key Employees (list each one even e O to respond to any question in this Part (b) Average hours per week	if not compensated - see t IV (c) Reportable compensation contribution orms W-2/1099-MISC) benefit p	⇒ 31a . ▶ 32 he instruction benefits, s to employee plans, and	ons for Part IV) (e) Estimated amount of
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checa through 31a) and Key Employees (list each one even e O to respond to any question in this Part (b) Average hours per week	if not compensated - see t IV (c) Reportable compensation contribution orms W-2/1099-MISC) benefit p	⇒ 31a . ▶ 32 he instruction benefits, s to employee plans, and	ons for Part IV) (e) Estimated amount of
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants S) 22 Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants S) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation
Other program services (describe in Schedule O) (Grants \$) Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title Dawn McTeer	If this amount includes foreign grants, checon through 31a) and Key Employees (list each one even be O to respond to any question in this Part (b) Average hours per week devoted to position (F)	if not compensated - see t IV (c) Reportable compensation orms W-2/1099-MISC) if not paid, enter -0-1 (d) Health contribution benefit p deferred c	⇒ 31a ⇒ 32 he instruction benefits s to employee plans, and ompensation	(e) Estimated amount of other compensation

EEA

Form **990-EZ** (2017)

Pa	other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			П
	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this rare v	•••	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes." attach a conformed	i		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		1000	37
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		Х
27.	during the year? If "Yes," complete applicable parts of Schedule N	30		77
	Did the organization file Form 1120-POL for this year?	37b		Х
b 29.2	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0,0		- 21
00 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Χ
h	If "Yes." complete Schedule L. Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			,,
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed MO			
42 a	The organization's books are in care of ▶ Dawn McTeer Telephone no. ▶			<u> </u>
	Located at Saint Louis, MO ZIP + 4 ▶			
b	At any time during the calendar year, and the organization have an interest in or a signature or other authority over		Yes	No X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Χ
С	If "Yes." enter the name of the foreign country:	720		
12	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	П
43	and enter the amount of tax-exempt interest received or accrued during the tax year	1		-
	and effect the amount of tax exempt merestrosofted of adolated during the tax year		Yes	No
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
u	completed instead of Form 990-EZ	44a		Χ
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
J	completed instead of Form 990-EZ	44b		Χ
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			
ų.	explanation in Schedule O	44d		
15 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Χ
EE		orm 99	0-EZ (2017)

Form 9	990-EZ (201	7) Stray Haven Resc	ue			27-1	619369	200	age
			litical campaign optic	tion on hobelf of or in an	nocition		Ī .	Yes	No
46		organization engage, directly or indirectly, in idates for public office? If "Yes," complete S					46		Χ
Dar		Section 501(c)(3) organizations o		· · · · · · · · · · · · · · · · · · ·	• • • • • • • •	<u></u>	, ,,,		
rai		All section 501(c)(3) organizations	must answer questi	ons 47 - 49b and 52	2, and com	plete the	tables for	lines	
		50 and 51.	- 1.1- 0 to seemend	to our or ortion in t	hia Dart \/I				П
		Check if the organization used Sch	edule O to respond	to any question in	nis Part VI	• • • •		Yes	No.
47	Did tho	organization engage in lobbying activities or	r have a section 501(h) e	lection in effect during th	e tax			163	NO
47							47		
48		rganizat on a school as described in section					48		Χ
49a		organization make any transfers to an exem					49a		
b		was the related organization a section 527					49b		
50		te this table for the organization's five highes							
	employe	ees) who each received more than \$100,000	of compensation from th	e organization. If there i	s none, enter '	'None."			
			(b) Average	(c) Reportable	(d) Health b		(e) Estimate	d amou	nt of
		(a) Name and title of each employee	hours per week	compensation	benefit plans, a	nd deferred	other co	mpensat	ion
			devoted to position	(Forms W-2/1099-MISC)	compen	sation			
NON	Ε								
								-	
f	Total nu	umber of other employees paid over \$100,00	0	L					-LUCE MANER
51		te this table for the organization's five highes		ent contractors who each	received mor	e than			
		00 of compensation from the organization. If							
				(b) Type of service		10	:) Compensatio	n	
	(a)	Name and business address of each independent contrain		(b) Type of derive					
NON	Ε								
	·								
d	Total nu	umber of other independent contractors each	receiving over \$100,000) Þ					
		umber of other independent contractors each organization complete Schedule A? Note :							
	Did the	umber of other independent contractors each organization complete Schedule A? Note :	All section 501(c)(3) orga	anizations must attach a			→ ∑ Yes		No
52	Did the complet	organization complete Schedule A? Note:	All section 501(c)(3) orga	anizations must attach a		of my knowle			No
52 Under	Did the complet r penalties	organization complete Schedule A? Note : and Schedule A	All section 501(c)(3) orga	anizations must attach a	and to the best	▶ of my knowle			No
52 Under	Did the complet r penalties	organization complete Schedule A? Note: A seed Schedule A	All section 501(c)(3) orga	anizations must attach a	and to the best	of my knowle			No
52 Under	Did the complet r penalties correct, an	organization complete Schedule A? Note: A led Schedule A	All section 501(c)(3) orga	anizations must attach a	and to the best	of my knowle			No
Under	Did the complet r penalties correct, an	organization complete Schedule A? Note: A set of Schedule A	All section 501(c)(3) orga	anizations must attach a	and to the best	of my knowle			No
Under true. c	Did the complet r penalties correct, an	organization complete Schedule A? Note: a set Schedule A	All section 501(c)(3) orga	anizations must attach a	and to the best any knowledge. Date		dge and belie		No
Under true. c	Did the complet r penalties correct, and	organization complete Schedule A? Note: A set of Schedule A	All section 501(c)(3) orga	anizations must attach a	and to the best any knowledge. Date	neck if			No
Under true. c	Did the complet r penalties correct, an	organization complete Schedule A? Note: A led Schedule A	All section 501(c)(3) orga	anizations must attach a	and to the best any knowledge. Date Ci	neck if	dge and belie		No
Under true. c	Did the completer penalties correct, and e	organization complete Schedule A? Note: A led Schedule A	All section 501(c)(3) orga	anizations must attach a	and to the best any knowledge. Date	neck if	dge and belie		No
Under true. c	Did the complet r penalties correct, an	organization complete Schedule A? Note: A led Schedule A	All section 501(c)(3) orga	anizations must attach a	and to the best any knowledge. Date Ci se	neck	dge and belie		No
Under true. c	Did the completer penalties correct, and e	organization complete Schedule A? Note: A led Schedule A	All section 501(c)(3) orga	anizations must attach a	and to the best any knowledge. Date Ci	neck	dçe and belie	f, it is	No

SCHEDULE A

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.

OMB No. 1545-0047

2017

Open to Public Inspection

(Form 990 or 990-EZ) Department of the Treasury

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

Internal Revenue Service Employer identification number 27-1619369 Stray Haven Rescue 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. 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. 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. d 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 require ment (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 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). (v) Amount of monetary (vi) Amount of (iii) Type of organization (iv) is the organization (i) Name of supported organization other support (see (described on lines 1-10 listed in your governing support (see instructions) above (see instructions)) document? Yes No (A) (B) (C)

(D)

(E) Total

Sched	dule A (Form 990 or 990-EZ) 2017 Stra	y Haven Res	cue			27-161936	
	rt II Support Schedule for Org	ganizations D	escribed in Se	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi	
	(Complete only if you chec	ked the box or	n line 5, 7, or 8	of Part I or if th	ne organization	failed to qualify	under
	Part III. If the organization	fails to qualify	under the tests	listed below, p	olease complet	e Part III.)	
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
•	fumished by a governmental unit to the						
	organization without charge			-			
4	Total. Add lines 1 through 3						
5	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		1		1		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(a) 2013	(6) 2014	(6) 2013	(4) 2010	(6) 2011	(i) rotal
7 8	Gross income from interest, dividends.				1		
•	payments received on securities loans,						
	rents, royalties and income from similar sources						
			1				
9	Net income from unrelated business activities, whether or not the business				ment is all actions		
	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets				1000		
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	_
	organization, check this box and stop here						▶ 📗
Sec	tion C. Computation of Public Su					T T T	
14	Public support percentage for 2017 (line 6,					14	%
15	Public support percentage from 2016 Scheo						%
16a	33 1/3% support test - 2017. If the organiz						. 🗖
	box and stop here. The organization quali						▶ ⊔
b	33 1/3% support test - 2016. If the organia						- []
47	this box and stop here . The organization of						4
17a	10%-facts-and-circumstances test - 201 10% or more, and if the organization meets						
	Part VI how the organization meets the "fac						
	organization						
h	10%-facts-and-circumstances test - 201						
b	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization mee						
	Enplain in Fait VI HOW the Olyanization Hier	TO THOUS WING			ac a publi	- 1	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Support Schedule for Organizations Described in Section 509(a)(2) Part III

Support Solication of Garman and State of the state of th
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
(Complete only if you directly a set of the leading places complete Dort II.)
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						/6) T-4-1
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		66,171	82,505	92,125	66,981	307,782
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						207.700
6	Total. Add lines 1 through 5		66,171	82,505	92,125	66,981	307,782
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						307,782
	ction B. Total Support		1 11 0011	(-) 2045	(4) 2016	(e) 2017	(f) Total
Cale	endar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015 82,505	(d) 2016 92,125	66,981	307,782
9	Amounts from line 6		66,171	62,503	92,123	00,301	33.,,.=
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not includec in line 10b, whether or not the business is regularly carried on						
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.)		66,171	82,505	92,125		307,782
14	First five years. If the Form 990 is for the organization, check this box and stop here			, or fifth tax year a	as a section 501(c)(3) • • • • • • • • • • • • • • • • • • •	▶□
Se	ction C. Computation of Public Su	ipport Percei	ntage			15	100.00 %
15	Public support percentage for 2017 (line 8, c	olumn (f) divided l	by line 13, column (f))				100.00 %
16	Public support percentage from 2016 Schedu	ule A, Part III, line				10	100.00
	ction D. Computation of Investme Investment income percentage for 2017 (lin	e 10c column (f)	divided by line 13. co	olumn (fl)		17	0.00 %
17	Investment income percentage for 2017 (iiii Investment income percentage from 2016 S	Schedule A Part	III, line 17			18	0.00 %
18	2045 1611	:-ation did not chi	ock the box on line 14	and line 15 is m	ore than 33 1/3%.	and line	
	17 is not more than 33 1/3%, check this box	x and stop nere.	The organization qua	illies as a publicly	Supported organi		▶ 🏻
ł	33 1/3% support tests - 2016. If the organ line 18 is not more than 33 1/3%, check this	s box and stop no	ere. The organization	qualifies as a par	mory supported or	9	
20	Private foundation. If the organization did	not check a box	OIT IIIIC 14, 134, 01 19	D, GIROR HIIS DOX 6			rm 990 or 990-EZ) 2017

Par	t IV Supporting Organizations (continued)		V	
-		_	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 (b) and (c)	44		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Yes	No
	the state of the same and the same state of the same to		163	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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		
	Organizations and must contain a contained by containing the conta			
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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	NI -
		Γ	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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	1		
_	the supported organization(s).	<u> </u>		
Sec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			į
	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	4		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), 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	,		
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations	ostruc	tions)
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.		2. 3.13,	1.5
a	The state of each of its supported organizations. Complete line 3 helow			
b	- Describe in Bowl VI how you cupported a government entity	(see ii	nstruc	tions)
c	The organization supported a governmental entity. Describe in Part VI now you supported a government charge. Activities Test. Answer (a) and (b) below.		Yes	No
2	and the state of the appropriate of activities during the tay year directly further the exempt purposes of			
a	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 (a) 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			To Control of the Con
	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 (a) and (b) below.		1	
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? Provide details in Part VI.	3a	-	+
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	24	The second second	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u>i</u>	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	itions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organize	zations	must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		, , , , , , , , , , , , , , , , , , , ,
P. C. C.	2		
	3		
Other gross income (see instructions) Add lines 1 through 3.	4		
	5		
Depreciation and depletionPortion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
	7		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	T		(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	1a		
a Average monthly value of securities	1b		
b Average monthly cash balances			
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 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	-integra	ated Type III supporting	g organization (see
instructions).	3000		AND THE RESIDENCE OF THE PERSON OF THE PERSO

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.)
	IIIIes 2, 0, and 0. Also complete the part is: any transfer to
-	
No. of Contract of	
	Schedule A (Form 990 or 990-EZ) 2017

EEA

Page 8

	C (Form 990 or 990-EZ) 2017 Stray Haven Re	scue			27-16193	69 Page 2
	i i i i i i i i i i i i i i i i i i i	s exempt und	er section 501(c)(3) and filed	Form 5768 (elect	ion under
Part	section 501(h)).	o chomps and	,	,,		
01		affiliated group (a	and list in Part IV each	h affiliated group m	nember's name,	
Cn	eck if the filing organization belongs to all address, EIN, expenses, and share o	f excess lobbying	expenditures).			
	□ au ' ' bealead boy	A and "limited cor	ntrol" provisions apply			
S Ch	eck ► ☐ if the filing organization checked box Limits on Lobbyi	na Expenditures			(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid	or incurred.)		organization's totals	group totals
	Total lobbying expenditures to influence public opin	nion (grass roots lo	obbying)			
1a]	Fotal lobbying expenditures to influence a legislative	e hody (direct lobb	oving)			
b T	Fotal lobbying expenditures to influence a logislature (add lines 1a and 1b)					
	Other exempt purpose expenditures					
d (Other exempt purpose expenditures (add lines 1c a	nd 1d)				
e	otal exempt purpose expenditures (add lines to a _obbying nontaxable amount. Enter the amount fro	m the following tab	le in both			
		in the femenang test				
	columns. If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
		20% of the amo				
	Not over \$500,000		15% of the excess ov	ver \$500,000.		
	Over \$500,000 but not over \$1,000,000		10% of the excess ov			
	Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000		5% of the excess over			
-		\$1,000,000.				
	Over \$17,000.000 Grassroots nontaxable amount (enter 25% of line	1				
g	Subtract line 1g from line 1a. If zero or less, enter	,				
h	Subtract line 1g from line 1a. If zero or less, enter -	• • • • • • •				
1	If there is an amount other than zero on either line	1h or line 1i, did the	e organization file For	rm 4720		Denision
		111 Of 11110 11, G.G. 1.				Yes No
		A-Vear Averagi	na Period Under s	section 501(h)		
	(Some organizations that made a sec	tion 501(h) ele	ction do not have	to complete al	of the five column	s below.
	(Some organizations that made a sec	the separate in	structions for line	es 2a through 2	f.)	
	Lobbyi	ng Expenditures [Ouring 4-Year Avera	ging Period		
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	Calendar year (or fiscal year	(a) 2014	(2) 2010	(-,		
	beginning in)					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					000 000 571 004
					Schedule C (F	orm 990 or 990-EZ) 20

Schedu	le C (Form 990 or 990-EZ) 2017 Stray Haven Rescue	27-	16193	769	Page 3
	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT in	lea F	orm 5	100	
	(election under section 501(h)).	1	a)		(b)
<i></i>	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	1	4)		
HOSE dose	ription of the lobbying activity.	Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or				
	legislation, including any attempt to influence public opinion on a logislation				
	referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported or links to date 5 Media advertisements?				
С	Media advertisements? Mailings to members, legislators, or the public?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
f	Grants to other organizations for lobbyling pulpuses? Direct contact with legislators, their staffs, government officials, or a legislative body?				
g	Direct contact with legislators, their statis, government officials, or a logislator bury. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any simulations of the conventions of				
i	Other activities? Total. Add lines 1c through 1i				
j	Total. Add lines 1c through 11 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
2a	Did the activities in line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in social very line 1 cause the organization to be not described in the organiz				
b	If "Yes," enter the amount of any tax incurred united section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
С					
d		;)(5),	or se	ction	
Pa					
	501(c)(6).				Yes No
4400	Were substantially all (90% or more) dues received nondeductible by members?			1	
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
2	tabbuting and political campaign activity expenditures from year:			3	
3		:)(5),	or se	ction	
Pa	rt III-B Complete if the organization is exempt under section 301(c)(4), 300th 100 NC 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (OR (b) Part	III-A,	line 3, is
	anguared "Vas "				
4	Dues, assessments and similar amounts from members		1_		
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
2	which the section 527(f) tax was paid).				
			2a		
a	Carryover from last year		2b		
b			2c		
c	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
4	average does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	1 - 186 Lawrenditum poyt veer?	• • •	4	-	
_	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>	5		
5 D	and the second landow motion				
_	the descriptions required for Part I-A line 1: Part I-B, line 4: Part I-C, line 5; Part II-A (affiliated group list), Part II-P	, lines	1 and		
2 (5	see instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
-					
_					
-					