efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492258005129 Short Form OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2017 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. Department of the Treasury Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 11-01-2017 and ending 10-31-2018 B Check if applicable C Name of organization D Employer identification number \square Address change Outreach for Animals Inc 31-1809373 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 8881 Clearwater Ct ☐ Final return/terminated (937) 667-9264 City or town, state or province, country, and ZIP or foreign postal code □ Amended return Huber Heights, OH 45424 F Group Exemption ☐ Application pending Number Check ▶ □ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www outreachforanimals org J Tax-exempt status(check only one) - $\boxed{2}$ 501(c)(3) $\boxed{2}$ $\boxed{2}$ 501(c)($\boxed{3}$ $\boxed{4}$ (insert no) $\boxed{2}$ 4947(a)(1) or $\boxed{2}$ 527 K Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts 8,665 3 3 Membership dues and assessments 4 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 7a h Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 8.665 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . . . 12 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 Printing, publications, postage, and shipping 15 16 16 7,762 Other expenses (describe in Schedule O) 17 17 7,762 Total expenses. Add lines 10 through 16 18 903 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 1,796 20 Other changes in net assets or fund balances (explain in Schedule O) 21 2,699 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2017)

Part II	Balance Sheets (see the instruction Check if the organization used Schedule		question in this	Part II			☑
				(A) B	eginning of year		(B) End of year
22 Cash, sa	ivings, and investments				863	22	3,170
23 Land and	d buildings				3,001	23	2,302
24 Other as	ssets (describe in Schedule O)				400	24	400
25 Total as	ssets				4,264	25	5,872
26 Total lia	abilities (describe in Schedule O)				2,468	26	3,173
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with	line 21)		1,796	27	2,699
Part III	Statement of Program Service	Accomplishments	(see the instructi	ons for Pa	rt III)	Τ.	Expenses
	Check if the organization used Schedule	O to respond to any o	question in this	Part III			equired for section 501(c)) and 501(c)(4)
	organization's primary exempt purpose? people about wild animals and the dangei	r of treating them as n	ets			òr	ganızatıons, optıonal for
Describe the measured b	e organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pr	shments for each of its er, describe the service	s three largest			- ot	hers)
	nal Data Table						
(Grants \$)	If this amour	it includes foreign gran	nts check here		▶ □	28a	
(Grants 5) 29	II tills arriour	it includes foreign gran	its, thete here	• •	<u>. , , , , , , , , , , , , , , , , , , ,</u>	29a	
(Cranta #)	If this amoun	it includes foreign gran	ta abaali bara		⊾ □		
(Grants \$)	II this amour	it includes foreign gran	its, check here		. • 🗆	ļ	
30						30a	1
(Grants \$)	If this amour	it includes foreign gran	its, check here		. ▶ ⊔		
31 Other pr	ogram services (describe in Schedule O)						
(Grants \$)	If this amour	nt includes foreign gran	nts, check here		. ▶ 🗆	31a	
32 Total pr	ogram service expenses (add lines 28					32	
Part IV	List of Officers, Directors, Trustees,						
	Check if the organization used Schedule	O to respond to any c	question in this	Part IV.		•	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2)	ition	(d) Health bend contributions to en benefit plans,	nploy	(e) Estimated amount ee of other compensation
		·	MISC) (if no enter -(t paid,)-)	deferred compen		1
Timothy Har	rison	020 00		0			
Director							
Matthew He	ıb	010 00		0			
Trustee							
Russell Mun	+7	025 00		0			
Kussell Mull		023 00		J			
Trustee							
		+					
		1					
							E 000 E7 (001

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in the	≘		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part 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	103	No	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		No	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business				
h	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		No	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	335			
	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a				
b	Did the organization file Form 1120-POL for this year?	37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
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]			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶ <u>0</u> , section 4912 ▶ <u>0</u> , section 4955 ▶ <u>0</u>				
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		No	
С	c 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 sections4912, 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	40e			
41	transaction? If "Yes," complete Form 8886-T				
42a	The organization's books are in care of ▶ Russell Muntz Telephone no ▶	(937) 6	67-9264	1	
	Located at ▶ 8881 Clearwater Ct Huber Heights, OH ZIP + 4 ▶	4542	24		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a				
D	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	425	Yes	No	
	If "Yes," enter the name of the foreign country ▶	42b		No	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No	
	If "Yes," enter the name of the foreign country				
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □		
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43				
			Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No	
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No	
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
	explanation in Schedule O	44d		n.	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No	
45b	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			

Form	990-E	Z (2017)									Page 4
										Yes	No
46		ne organization engage dates for public office?					opposition to				l
Pari		Section 501(c)(3							46		No
Fail	. VI	All section 501(c)(3) organizations	must answer quest	ions 47-49b and	d 52, and	complete the	tables	for lir	nes 50	and 51
		Check if the organiza	tion used Schedule	O to respond to any o	question in this Pa	rt VI				 Yes	□ No
									$\overline{}$	163	
47		ne organization engage s," complete Schedule		es or have a section 5	01(h) election in e	effect during	the tax year?		47		No
40		organization a school	,	tion 170/h)/1)/A)/u)2	If "Vac " complete	o Cabadula I	_		48		No
		-			•		-		49a		
		ne organization make a	,	•	related organizat	tion			49b		
		s," was the related org		-							
50		lete this table for the o each received more tha						ıstees a	nd key	employ	ees)
	(a)	Name and title of each	employee	(b) Average	(c) Reportab		d) Health bene				amount
				hours per week devoted to position	compensation (Forms W-2/10	099- B	ributions to em penefit plans, a	nd ´	or otne	er comp	ensation
					MISC)	def	erred compens	ation			
NONE											
f 		al number of other emp	, ,					-			
51		lete this table for the o ensation from the orga			ndependent contra	actors who e	each received	more th	an \$10	0,000 o	f
		(a) Name and bus	siness address of e	ach independent contr	actor	(b) T	ype of service	(c)	Compe	ensation	<u> </u>
NONE	:										
											—
											_
d	Tota	al number of other inde	pendent contractor	s each receiving over	\$100,000			-			
52	Did	the organization comp	Jota Schodula A2 N	OTE All Section 501(c\(3) organization	as must atta	uch a				
J2	con	npleted Schedule A .	· · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	• • • • • • • •			•	✓ Ye	s 🗆 I	No
Under	· penal	ties of perjury, I declar	e that I have exam	ined this return, inclu	dına accompanvır	na schedules	and statemer	nts. and	to the	best of	mv
knowl	edge a	and belief, it is true, con wledge									
	.,	l i					 I				
.		****** Signature of officer					2019-09-15 Date				
Sign Here		Rus Muntz Treasurer									
		Type or print name and	title								
		Print/Type prepare Bambi A Peirson-C		Preparer's signature		Date 2019-09-15	Check If	PTIN			
Paic		r Fırm's name ▶	Peirson Accounting Se	rvices Inc			self-employed Firm's EIN ▶				
	oarei Onl	.,) F07 7	100		
	J.11	Timis address P					Phone no (937) 506-84	⊦8U		
			Tipp City, OH 45371								
							<u> </u>		1 3 2		
May t	ne IRS	discuss this return wit	n the preparer sho	wn above? See instruc	ctions				Yes	☑ No	7 (2017)

Additional Data

Software ID: 17005317

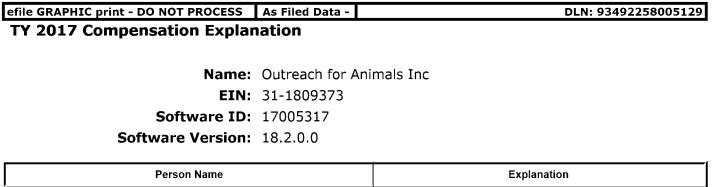
Software Version: 18.2.0.0

EIN: 31-1809373

Name: Outreach for Animals Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			Expenses quired for section 501)(3) and 501(c)(4) qanizations; optional for others.)	
28 Presentation of problems and issu	es with treating wild animals as pets	28a		
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \square$			



efil	e GR	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3492258005129		
	m 99	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017		
•		f the Treasury	▶ Info	ormation abou	ıt Schedule A (Form			ıctions is at	Open to Public Inspection		
Nam	e of th	nie Service he organiza	tion		<u>www.iis.g</u>	<u>00/10/111990</u> .		Employer identific	<u> </u>		
Outre	acn for	Anımals Inc						31-1809373			
	rt I				us (All organization			See instructions.			
1 ne c	organiz		•		e it is (For lines 1 thro	3 ,	,	/A\/!\			
_		•		·	ssociation of churches						
2	Ш		ool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
3		·	·	·	vice organization desc			•			
4			esearch orga and state _	nızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170		
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).			
7	✓	-		mally receives [vi]. (Complete	a substantıal part of ıt : Part II)	s support from a	governmental u	init or from the genera	al public described in		
8		A communi	ty trust descr	ibed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)				
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a		
10		from activit	ies related to income and	ıts exempt fur unrelated busın	(1) more than 331/30 octions—subject to cer ess taxable income (learn)	tain exceptions,	and (2) no more	than 331/3% of its su	- '		
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>			
а		Type I. A so	supporting or n(s) the power	ganization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
b		Type II. A manageme	supporting o nt of the sup	rganization sup	ervised or controlled i						
c		Type III f	unctionally i	ntegrated. A s	and C. supporting organizatio ions) You must com				ted with, its		
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	functionally		
f	Enter		• •	on-functionally organizations	integrated supporting	organization					
g				-	ipported organization(s)		_			
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	ganization in your governing document? monetary support other ribed on lines above (see instructions) instructions.		(vi) Amount of other support (see instructions)			
						Yes	No				
Tota	ıl				nstructions for	Cat No 11285		 Schedule A (Form 9			

Page 2

	(Complete only if you che						ility under Part
	III. If the organization fa	ıls to qualıfy ur	ider the tests liste	ed below, pleas	se complete Par	t III.)	
S	ection A. Public Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(4) 2015	(5) 201	(6) 2013	(4) 2010	(0) 2017	(1) 10ta
1	Gifts, grants, contributions, and		40.726				10.70
	membership fees received (Do not		10,726				10,72
_	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						_
3	The value of services or facilities						
	furnished by a governmental unit to						
A	the organization without charge		10,726				10,72
	Total. Add lines 1 through 3		10,726				10,72
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						10,72
_						l	
	ection B. Total Support	1	1 1		I		1
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
_	(or fiscal year beginning in) ▶		10.726				10,72
	Amounts from line 4		10,726				10,72
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						10,72
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	•
					.		
13	First five years. If the Form 990 is for	=			•		_
	check this box and stop here						
S	ection C. Computation of Public	Support Perc	entage				
	Public support percentage for 2017 (lin		_	lumn (f))		14	100 000 0
	Public support percentage for 2016 Sch			(1))			
					4.4 22	15	100 000 0
16 a	33 1/3% support test—2017. If the	organization did	not check the box o	n line 13, and lin	e 14 is 33 1/3% o	r more, check thi	
	and stop here. The organization qualif						▶ ✓
b	33 1/3% support test—2016. If the	e organization did	not check a box on	line 13 or 16a, a	and line 15 is 33 i	./3% or more, ch	eck this
	box and stop here. The organization	qualifies as a pub	olicly supported orga	anization			ightharpoons
17.	10%-facts-and-circumstances test	–2017 . If the or	ganization did not c	heck a box on lin	e 13 16a or 16b	and line 14	
1 / d	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	_	racio ana cii		organization	1co as a publ	, supported	⊾ □
	organization					4.7	▶□
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization	n meets the "fact	s-and-circumstance	s test The orga	nization qualifies	as a publicly	—
	supported organization						▶ □

20

P	Support Schedule for							
	(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.)							
Se	ction A. Public Support		Г		· · · · · · · · · · · · · · · · · · ·			
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
4	Gifts, grants, contributions, and							
-	membership fees received (Do not							
	include any "unusual grants")							
2	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							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons Amounts included on lines 2 and 3							
D	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)							
Se	ction B. Total Support							
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
_	(or fiscal year beginning in) ▶	. ,	` ,	` ,	` '			
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
ь	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 included 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)		 		<u> </u>	-t F01/-\/2\		
14	First five years. If the Form 990 is fo	r the organization	is rirst, second, th	iira, fourth, or fift	n tax year as a se	crion 201(c)(3) or		
	check this box and stop here						▶⊔	
	ction C. Computation of Public S	Support Perce	ntage					
15	Public support percentage for 2017 (lin			column (f))		15	0 %	
16	Public support percentage from 2016 S	chedule A, Part I	II, line 15			16		
Se	ction D. Computation of Invest	ment Income	Percentage					
17	Investment income percentage for 201	. 7 (line 10c, colu	mn (f) divided by	lıne 13, column (f))	17	0 %	
1 0	Investment income percentage from 2	016 Schedule A	Part III line 17			18		

19a 331/3% support tests—2017. 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

b 33 1/3% support tests—2016. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Page 4

6

7

8

9a

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

Schedule A (Form 990 or 990-EZ) 2017

3a

6

7

8

10a

Sections A and D, and complete Part V) Section A. All Supporting Organizations No

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	1

	describe the designation of historic and continuing relationship, explain	1	Ĺ
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		
	ın section 509(a)(1) or (2)	2	2

	describe the designation in historic and continuing relationship, explain	1	
	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		
	ın section 509(a)(1) or (2)	2	
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	

(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		l
ın section 509(a)(1) or (2)	2	
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Ι
below	3a	
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	2 h	Τ

_							
	below	3a					
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						
С	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						
_	Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

		_ sa	
the public determina c Did the oil If "Yes," 6 4a Was any sichecked 1 b Did the oil	sublic support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	ĺ
С	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 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a		
If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	ĺ	
4a Was any supported organization not organized in the United States ("foreign supported organ			
	cnecked 12a or 12b in Fart 1, answer (b) and (c) below	4a	1
ь			
	organization? If "Yes." describe in Part VI now the organization had such control and discretion despite being controlled or		i —

		describe in Part VI how the organization had such control and discretion despite being controlled or innection with its supported organizations upport any foreign supported organization that does not have an IRS determination under sections 1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all supported organization was used exclusively for section 170(c)(2)(B) purposes dd, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and explain the part VI, including (i) the names and EIN numbers of the supported ubstituted, or removed, (ii) the reasons for each such action, (iii) the authority under the ing document authorizing such action, and (iv) how the action was accomplished (such as by anizing document) ly. Was any added or substituted supported organization part of a class already designated in the nig document? 5b	
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	a organization had such control and discretion despite being controlled or organizations organizations on Part VI what controls the organization used to ensure that all support clusively for section 170(c)(2)(B) purposes by supported organizations during the tax year? If "Yes," answer (b) and ort VI, including (i) the names and EIN numbers of the supported the reasons for each such action, (iii) the authority under the chaction, and (iv) how the action was accomplished (such as by tutted supported organization part of a class already designated in the	
c	supervised by or in connection with its supported organizations 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 (b) and	4c		
5a	(c) 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	retion despite being controlled or S determination under sections in used to ensure that all support ses 4c	
		5a	
ь	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?	5b	
supervised by or in connection with its support Did the organization support any foreign support 501(c)(3) and 509(a)(1) or (2)? If "Yes," explit to the foreign supported organization was used Did the organization add, substitute, or remov (c) below (if applicable) Also, provide detail in organizations added, substituted, or removed, organization's organizing document authorizing amendment to the organizing document) Type I or Type II only. Was any added or su organization's organizing document?	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

```
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.
                                                                                                                                 9b
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.
```

Dа	rt IV Supporting Organizations (continued)			age 3
	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
_	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
s	ection B. Type I Supporting Organizations			
			Yes	No
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		
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			
	organization	2		
S	ection C. Type II Supporting Organizations			
			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 the supported organization(s)	1		
<u> </u>	ection D. All Type III Supporting Organizations			
_	ection b. All Type 111 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 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 (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		
S	ection 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 instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below			
	b			
,	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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	2 a		
	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 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.			
	a 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? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

Page **6**

Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O	_		Doub VII Coo
-	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion 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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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-in instructions)	tegrat	ed Type III supporting or	ganization (see

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
9	Distributable amount for 2017 from Section C, line 6			
10	10 Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

details in Part VI) See instructions				
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
	(i)	(i) (ii) Underdistributions		

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID: 17005317
Software Version: 18.2.0.0

EIN: 31-1809373

Name: Outreach for Animals Inc

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)

Facts And Circumstances Test

DLN: 93492258005129 OMB No 1545-0047 SCHEDULE G Supplemental Information Regarding (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization Outreach for Animals Inc 31-1809373 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 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? ☐ Yes ☐ No If "Yes," list the ten 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Sche	edule G (Form 990 or 990-EZ) 2017				Page 2
Pa	Fundraising Events. Complethan \$15,000 of fundraising 6				
	gross receipts greater than \$		gross income on Form	1 990-LZ, illies I aliu (DD. LIST EVEITS WITH
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Пе					
Revenue					
Re					
	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
Direct Expenses	5 Noncash prizes				
	6 Rent/facility costs				
<u>å</u>	7 Food and beverages				
ŭ	8 Entertainment				
Dire	9 Other direct expenses				
	10 Direct expense summary Add lines 4	through 9 in column (d)		>	
	11 Net income summary Subtract line 10	from line 3, column (d)		>	
Pai	rt III Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	IV, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
Expenses	2 Cash prizes				
ed X	3 Noncash prizes				
ect E	4 Rent/facility costs				
₫	5 Other direct expenses				
		☐ Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	nn (d)		
9	Enter the state(s) in which the organizat	ion conducts gaming activ	rities		
а	Is the organization licensed to conduct g				☐ Yes ☐ No
b	If "No," explain				
10a b	Were any of the organization's gaming li If "Yes," explain	· ·	ed or terminated during the	e tax year?	☐ Yes ☐ No
	•				

Sche	dule G (Form 990 or 990-EZ) 2017					P	Page 3
l 1	Does the organization conduct gaming	activities with nonmember	s [?]		Yes	□ No	
L2	Is the organization a grantor, beneficial formed to administer charitable gamin		member of a partnership or other entity		□Yes		
L3	Indicate the percentage of gaming acti	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
L 4	Enter the name and address of the per	son who prepares the orga	nization's gaming/special events books and r	ecords			
	Name •						
_	Address >						
.5a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming r amount of gaming revenue retained by			he			
С	If "Yes," enter name and address of th	e thırd party					
	Name ►						
	Address ▶						
.6	Gaming manager information						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
.7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		□Yes	П.,	
ь	3 3	red under state law distribi	uted to other exempt organizations or spent		∟ Yes	□ No	
	in the organization's own exempt activ						
Par			ions required by Part I, line 2b, columr licable. Also provide any additional info				5).
	Return Reference		Explanation				
		1	<u> </u>	lule G (F	orm 990 or	990-F7) 2	2017

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Schedule L (Form 990 or 990	Comple	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	nswered "Yes c, or Form 99 h to Form 99	Interested Persons (es" on Form 990, Part IV, lines 25a, 25b, 26, 990-EZ, Part V, line 38a or 40b.						OMB No 1545-0047 2017		
Department of the Trea	asurs	ormation abo	out Schedu	ile L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at	(pen		ublic
Name of the org	anızatıon						En	nplo	yer ide	entifica			
									9373				
	ss Benefit Tra												
) Name of disqual			Relationship be	etween disqua			(c) [escrip	tion of	(d) Cor	rected?
				(organization			tr	ansact	ion	Y	es	No
							_				4		
Cor rep (a) Name of	ans to and/or nplete if the organ orted an amount of (b) Relationship with organization	ization answei on Form 990, F (c) Purpose	red "Yes" or Part X, line ! (d) Loan	n Form 990-EZ 5, 6, or 22	, Part V, line 3 (e)Original principal amount	8a, or Form 9 (f) Balance due	(g)	Part IV, line 26, or if (g) In efault? Approved by board or committee?		(i)Written y agreement?		ten:	
			То	From	1		Yes	No	Yes	No	Yes		No
Total Part IIII Gra	nts or Assista	nce Renefit	ina Inter		► \$ ne								
	nplete if the org					line 27.							
(a) Name of inter	rested person (b) Relationship erested perso organizati	n and the	(c) Amount	of assistance	(d) ⊤ype	of assis	stanc	e	(e) Pu	rpose (of assi	stance
									+				
									\dashv				
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Explanation

Schedule I (Form 990 or 990-F7) 2017

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

efile GRAPH	IC print - D	O NOT PROCESS	As Filed Data -		DLN:	93492258005129	
SCHEDUL				n to Form 990 or 9		OMB No 1545-0047 2017	
(Form 990 or 990- EZ) Complete to provide information for responses to specific any additional control of the complete to provide any additional control of the complete to provide any additional control of the complete to provide information for responses to specific any additional control of the complete to provide information for responses to specific any additional control of the complete to provide information for responses to specific any additional control of the complete to provide information for responses to specific any additional control of the complete to provide information for responses to specific any additional control of the complete to provide information for responses to specific any additional control of the complete to provide information for responses to specific any additional control of the contr			ide any additional information	dditional information.			
Department of the T	l l	▶ Information about	Schedule O (Form	n 990 or 990-EZ. 990 or 990-EZ) and its instru v/form990.	ctions is at	Open to Public Inspection	
I nternal Revenue S.e Name of the org Outreach for Anima					Employer identif	ication number	
Sucreacii ioi Allilla	als IIIC				31-1809373		
990 Schedule	e O, Supple	mental Information	n				
Return Reference				Explanation			
Form 990- EZ, Part I, Line 16, Other Expenses	Travel 4,182						

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Interest 235 EZ, Part I, Line 16, Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Supplies 190 EZ, Part I, Line 16, Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Telephone 1.690 EZ, Part I, Line 16, Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Depreciation 699 EZ, Part I, Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Insurance 766 EZ, Part I, Line 16, Other

Return Explanation
Reference

990 Schedule O, Supplemental Information

Other Assets

Form 990EZ, Part II,
Line 24.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Liabilities

Form 990EZ, Part II,
Line 26.

Credit card Beginning of year 468, End of year 1,173

Return Explanation

990 Schedule O, Supplemental Information

Liabilities

Form 990EZ, Part II,
Line 26.

Notes payable Beginning of year 2,000, End of year 2,000
E and the second second

DLN: 93492213006008 efile GRAPHIC print - DO NOT PROCESS As Filed Data -OMB No 1545-1150 **Short Form** Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Department of the Treasury Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection A For the 2016 calendar year, or tax year beginning 11-01-2016 and ending 10-31-2017 B Check if applicable C Name of organization D Employer identification number \square Address change Outreach for Animals Inc 31-1809373 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 8881 Clearwater Ct ☐ Final return/terminated (937) 667-9264 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Huber Heights, OH 45424 F Group Exemption ☐ Application pending Number Check ▶ ☐ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ **G** Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www outreachforanimals org J Tax-exempt status(check only one) - $\boxed{2}$ 501(c)(3) $\boxed{2}$ $\boxed{1}$ 501(c)($\boxed{1}$) $\boxed{4}$ (insert no) $\boxed{1}$ 4947(a)(1) or $\boxed{1}$ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts 5,556 3 3 Membership dues and assessments 4 4 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 7a h Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 5.556 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . . . 12 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 Printing, publications, postage, and shipping 15 16 16 9,075 Other expenses (describe in Schedule O) 17 17 **Total expenses.** Add lines 10 through 16 9,075 18 -3,519 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 5,315 20 Other changes in net assets or fund balances (explain in Schedule O) 21 1,796 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2016)

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this	Part II			.
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		(A) B	eginning of year		(B) End of year
22 Cash, sa	vings, and investments				2,739	22	863
	d buildings				4,410	23	3,001
24 Other as	sets (describe in Schedule O)				400	24	400
25 Total as	sets				7,549	25	4,264
26 Total lia	ibilities (describe in Schedule O)				2,234	26	2,468
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with	line 21)		5,315	27	1,796
Part III	Statement of Program Service	Accomplishments	(see the instruct	ions for Pai	t III)		Expenses
	Check if the organization used Schedule	O to respond to any o	uestion in this	Part III			equired for section 501(c) and 501(c)(4)
	organization's primary exempt purpose? Deople about wild animals and the danger	of treating them as n	ate				anizations, optional for
Describe the measured by penefited, ar	e organization's program service accompli y expenses In a clear and concise manne and other relevant information for each pro	shments for each of its r, describe the service	three largest			oth	ers)
28 See Addition	al Data Table						
Grants \$)	If this amoun	t includes foreign gran	ts. check here		. ▶ □	28a	
29	I the amount	t melades for eight gran	ico, criccii fiero		. , _	29a	
Grants \$)	If this amoun	t includes foreign gran	ts, check here		. ▶ □		
30	II cins amoun	grant	,	- •	-	30a	
. .						30a	
· C · · · ·		k an alaa da a	an also the		, \Box		
Grants \$)		t includes foreign gran	ts, check here		. ▶ ⊔		
31 Other pro	ogram services (describe in Schedule O)				<u>.</u> .		
Grants \$)		t includes foreign gran				31a	
	ogram service expenses (add lines 28a					32	
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule	O to respond to any o	(list each one ev luestion in this	en if not co Part IV.	mpensated — see the	ınstru	ctions for Part IV)
			,				
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no enter -1	ation /1099- o t paid,	(d) Health bend contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
Γιmothy Har	rison	020 00	enter -	0			
Director							
Matthew Hei	b	010 00		0			
rustee		025.00					
Russell Munt	ZZ	025 00		0			
Trustee							
							- 222

EZ (2016)		Page 3
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

3	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		No
4	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		No
5a	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		No
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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
8a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
9	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities			
0a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			
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		No
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 sections4912, 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			
e 41	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		
	The organization's books are in care of ▶ Russell Muntz Telephone no ▶ (937) 6	67-9264	1
		4542		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	-		
U	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	·	▶ □	
			Yes	No
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
5b	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		

								Yes	No
	ganization engage, directly or indirects for public office? If "Yes," complete					n to			
	ection 501(c)(3) organization	·					46		No
All	section 501(c)(3) organizations	must answer questi	ons 47-49b and 52,	and c	omplete	the table	s for lu	nes 50	and 51
Ch	eck if the organization used Schedule	O to respond to any q	uestion in this Part VI					Yes	No
1 7 Did the or	ganization engage in lobbying activiti	es or have a section 50	N1(h) election in effect	durina	the tay v	ear?			
	omplete Schedule C, Part II	· · · · · · · ·	· · · · · · ·	• •			47		No
8 Is the org	anization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sche	edule E			48		No
• 9a Did the or	ganization make any transfers to an e	exempt non-charitable	related organization?				49a		
b If "Yes," v	was the related organization a section	527 organization? .					49b		
	this table for the organization's five h						and key	employ	ees)
	received more than \$100,000 of com ne and title of each employee	(b) Average	(c) Reportable	(d) Health l	enefits,		tımated	
		hours per week devoted to position	compensation (Forms W-2/1099-		butions to enefit pla	employeens, and	of othe	er compe	ensatior
		·	MISC)	defe	rred com	pensation			
ONE									
f Total nu	mber of other employees paid over \$	100,000		٠		. ▶_			
1 Complete	this table for the organization's five h	ighest compensated in		who e		. ►	han \$10	0,000 of	 F
1 Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "	·						
Complete compensa	this table for the organization's five h	ighest compensated in none, enter "None "	·		ech receive			0,000 of	
Complete compensa	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "	·						
Complete compensa	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "	·						
Complete compensa	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "	·						_
Complete compensa	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "	·						
Complete compensa	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "	·						_
Complete compensa	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "	·						_
Complete compensa	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "	·						
51 Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "	·						
Complete compensa	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None " ach independent contra	actor						
d Total nu	this table for the organization's five hition from the organization. If there is (a) Name and business address of elements of the properties of the propert	ighest compensated in none, enter "None " ach independent control seach receiving over:	\$100,000	(b) Ty	pe of ser	vice (d	Compo	ensation	
d Total nu	this table for the organization's five hition from the organization. If there is (a) Name and business address of e	ighest compensated in none, enter "None " ach independent control seach receiving over:	\$100,000	(b) Ty	pe of ser	vice (d	Compo		
d Total nu Did the comple	this table for the organization's five hition from the organization. If there is (a) Name and business address of e mber of other independent contractor organization complete Schedule A? Noted Schedule A	seach receiving over:	\$100,000	(b) Ty	pe of ser	wice (c	Composition Composition	ensation es	
d Total nu Did the comple	this table for the organization's five hition from the organization. If there is (a) Name and business address of e mber of other independent contractor organization complete Schedule A? Noted Schedule A	seach receiving over:	\$100,000	(b) Ty	pe of ser	ments, an	Composition Composition	ensation es	
d Total nu 2 Did the complex and lass any knowledge and lass any knowledge.	this table for the organization's five hition from the organization. If there is (a) Name and business address of e mber of other independent contractor organization complete Schedule A? Noted Schedule A	seach receiving over:	\$100,000	(b) Ty	pe of ser	ments, an	Composition Composition	ensation es	
d Total nu 2 Did the complex and lass any knowledge and lass any knowledge are Recorded Reco	mber of other independent contractor organization complete Schedule A? Need Schedule A	seach receiving over:	\$100,000	(b) Ty	pe of ser	ments, an	Composition Composition	ensation es	
d Total nu 2 Did the complement of the compleme	mber of other independent contractor organization complete Schedule A? Need Schedule A	s each receiving over stored this return, include Declaration of preparations.	\$100,000	st attac	pe of ser	ments, an	Composition Composition	ensation es	
d Total nu 2 Did the comples and less any knowledge and less any knowledge are less any knowledge are less any knowledge and less any knowledge are less any kn	mber of other independent contractor organization complete Schedule A? Need Schedule A	seach receiving over:	\$100,000	st attac	pe of ser	ments, annformation	Composition Composition	ensation es	
d Total nu 2 Did the complete complete compensation on the complete complet	mber of other independent contractor organization complete Schedule A? Need Schedule A	s each receiving over state that the property of preparer's signature	\$100,000	st attac	pe of ser	ments, and formation	Composition Composition	ensation es	
d Total nu 2 Did the complete complete compensation on the complete complet	this table for the organization's five hation from the organization. If there is (a) Name and business address of experience of other independent contractor organization complete. Schedule A? Noted Schedule A	s each receiving over state that the property of preparer's signature	\$100,000	st attac	pe of ser	ments, and formation	Composition Composition (Composition Composition Compo	ensation es	
d Total nu 2 Did the complement of the compleme	mber of other independent contractor organization complete Schedule A? Need Schedule A	s each receiving over state that the property of preparer's signature	\$100,000	st attac	pe of ser	ments, and formation	Composition Composition (Composition Composition Compo	ensation es	

Additional Data

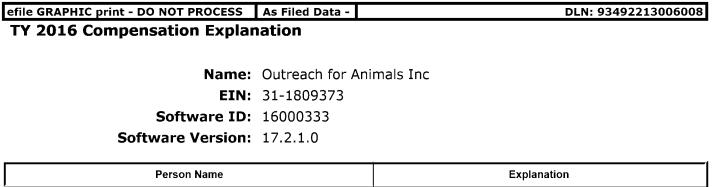
Software ID: 16000333

Software Version: 17.2.1.0 **EIN:** 31-1809373

Name: Outreach for Animals Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured	cion's program service accomplishments for each of its three largest program by expenses. In a clear and concise manner, describe the services provided, the nefited, and other relevant information for each program title.	` (c	Expenses quired for section 501)(3) and 501(c)(4) quizations; optional for others.)
28 Presentation of probl	ems and issues with treating wild animals as pets	28a	
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \square$		



SCI	HED	ULE A	Public	Charity Statu	s and Pub	agu <mark>2</mark> oilc		OMB No 1545-0047
For 90F	m 990 E Z)	0 or		organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) c mpt charitable	organization of trust.		2016
•		the Treasury	► Information abo	out Schedule A (Form			uctions is at	Open to Public Inspection
am	e of th	ne organizat Anımals Inc	tion				Employer identific	ation number
B-		D	fan Briblia Chanita Cha	to a CAII amananahan		La 16.a aa.d \ /	31-1809373	
	r t I rganız		for Public Charity Sta a private foundation becaus				See instructions.	
L	П	A church, c	onvention of churches, or a	ssociation of churches	described in sect	tion 170(b)(1))(A)(i).	
2	\Box	A school de	scribed in section 170(b)	(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital c	or a cooperative hospital se	rvice organization desci	ribed in section	170(b)(1)(A)((iii).	
4			esearch organization opera and state	ted in conjunction with	a hospital descri	bed in section	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the bene (iv). (Complete Part II)	fit of a college or univei	rsity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6		A federal, s	tate, or local government o	or governmental unit de	scribed in sectio	on 170(b)(1)(A	A)(v).	
7	✓	section 17	ation that normally received (O(b)(1)(A)(vi). (Complet	e Part II)	• •		unit or from the genera	al public described in
8			ty trust described in sectio		•	·		
9		_	ural research organization or rant college of agriculture	. , , ,		•	-	ege or university or a
0		from activit	ation that normally receives les related to its exempt fo income and unrelated bus see section 509(a)(2). (0	inctions—subject to cert ness taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1		An organiza	ation organized and operate	ed exclusively to test for	r public safety S	ee section 509	9(a)(4).	
2		more public	ation organized and operate ly supported organizations through 12d that describe	described in section 5	09(a)(1) or sec	ction 509(a)(2	.). See section 509(a	
a		organizatioi	supporting organization open n(s) the power to regularly Part IV, Sections A and I	appoint or elect a major				
b		Type II. A manageme	supporting organization sunt of the supporting organiplete Part IV, Sections A	pervised or controlled in zation vested in the san				
С			unctionally integrated. A programme in the contraction of the contract					ted with, its
d		functionally	on-functionally integrat integrated The organizati i) You must complete Pa	on generally must satis	fy a distribution i			
e		Check this l	box if the organization rece	eived a written determin	ation from the II	RS that it is a Ty	ype I, Type II, Type II	I functionally
f	Enter		or Type III non-functionall of supported organizations		organization			
g			ing information about the s		s)			
i)N			organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	-	
ota	1							
		vork Reduc	tion Act Notice, see the	Instructions for	Cat No 11285	<u>. </u>	Schedule A (Form 9	 90 or 990-F7) 2016

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2
Р	art II Support Schedule for (Organizations	Described in S	Sections 170(b)	(1)(A)(iv) ar	nd 170(b)(1)(A	
	(Complete only if you che						ıfy under Part
	III. If the organization fa	ıls to qualıfy un	der the tests lis	ted below, please	complete Par	t III.)	
S	ection A. Public Support		-				
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not			10,726			10,726
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization'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						
	Total. Add lines 1 through 3			10,726			10,726
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						10,726
S	ection B. Total Support			1		1	
<u> </u>	Calendar year	(-)2012	(1-)2012	(-)2014	(4)2015	(-)201C	(6)T-+-1
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4			10,726			10,726
8	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	• •						10,726
	10	t - /	>			1 1	10,7.20
	Gross receipts from related activities, e					12	
13	First five years. If the Form 990 is for	the organization	's fırst, second, th	ard, fourth, or fifth t	ax year as a sec	tion 501(c)(3) org	janization,
	check this box and stop here					<u> ▶ [</u>	
S	ection C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2016 (lin	e 6, column (f) dı	vided by line 11,	column (f))		14	100 000 %
15	Public support percentage for 2015 Sch	edule A, Part II, I	ine 14			15	100 000 %
	33 1/3% support test—2016. If the			on line 13, and line	14 is 33 1/3% o	r more, check this	
	and stop here. The organization qualif				·	,	▶ ☑
h	33 1/3% support test—2015. If the				nd line 15 is 33 i	1/3% or more, chec	
	box and stop here. The organization	-		·		-,	▶ □
172	10%-facts-and-circumstances test				13. 16a. or 16b	and line 14	, <u> </u>
1,4	is 10% or more, and if the organization	meets the "facts	-and-circumstanc	es" test, check this l	box and stop he	e re. Explain	
	in Part VI how the organization meets t	the "facts-and-circ	cumstances" test	The organization qu	ialifies as a publ	ıcly supported	
	organization						▶ □
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	i meets the Tacts	-and-circumstand	es test ine organi	zation qualifies	as a publicly	►□
	supported organization						▶

							, age .
i	art III Support Schedule for						
	(Complete only if you ch						er Part II. If
	the organization fails to	qualify under	the tests listed	below, please co	omplete Part II.)	
S	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
	(or fiscal year beginning in) ▶	(-,	(-,	(-)	(-,	(-,	(1)
1							
	membership fees received (Do not						
2	include any "unusual grants ") 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						
6	Total. Add lines 1 through 5						
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						
_	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6)						
S	ection B. Total Support		•	•	•	•	•
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
	(or fiscal year beginning in) ▶	(4)2012	(6)2013	(0)2014	(u)2013	(6)2010	(T)Total
9	,						
0a	,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b							
J	(less section 511 taxes) from						
	businesses acquired after June 30,					1	
	1975						
C							
11							
	activities not included in line 10b,					1	
	whether or not the business is		I	I	1	1	I

	13 for the year											
С	Add lines 7a and 7b											
8	Public support. (Subtract line 7c											
	from line 6)											
Se	Section B. Total Support											
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2	116	(f)Total				
	(or fiscal year beginning in) ▶	(8)2012	(6)2013	(0)2014	(4)2013	(6)2	310	(T)Total				
9	Amounts from line 6											
10a	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties and											
١.	income from similar sources											
Ь	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 included 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											
13	(Explain in Part VI) Total support. (Add lines 9, 10c,											
13	11, and 12)											
14	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fift	h tax vear as a secti	on 501	(c)(3) or	ganization.				
	check this box and stop here	2	,,	,,	,		. , , , , - ,	▶ □				
-												
	ection C. Computation of Public S			l (f))		T						
15	Public support percentage for 2016 (lin	15	0									

Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2015 Schedule A, Part III, line 15

15 16

Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17

16

20

18

19a 331/3% support tests—2016. 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

	- 1

		0	%

17 18

Investment income percentage from 2015 Schedule A, Part III, line 17

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

▶□ ightharpoons Schedule A (Form 990 or 990-EZ) 2016

10a

answer line 10b below

the organization had excess business holdings)

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

Page 4

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

1	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	1	
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		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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 3b 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 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 5a amendment to the organizing document) 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations. (11) 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

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

7 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) 7

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) 8 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. 9a

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. 9b

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.

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Par	** 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 (b) and (c) 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					
C-	ection B. Type I Supporting Organizations						
se	ection B. Type I Supporting Organizations		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗀	1.03	""			
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa						
	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					
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					
			•	•			
Se	ection C. Type II Supporting Organizations		Yes	N.			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No			
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)						
		1					
				•			
Se	ection D. All Type III Supporting Organizations		T.				
	Did the appropriate analysis to each of the growth of annual to the last the second of the second 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 tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of						
	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?	<u> </u>	-	<u> </u>			
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 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)						
_	Divinion of the valeting described in (2) did the surround of	2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t						
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3					
			1				
	ection 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 instr	actions)					
a							
b							
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))			
2	Activities Test Answer (a) and (b) below.	_	Yes	No			
a	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 supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3					
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>					
	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 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.	_					
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a					
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1				
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b					
		,	1				

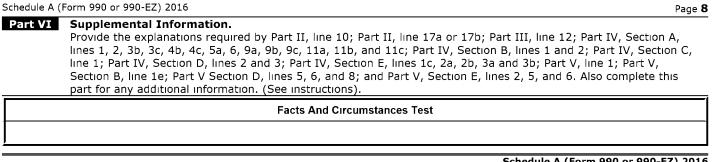
	Recoveries of prior-year distributions			
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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
	Advicted not income for prior year (from Section A. Line 9. Column A.)			

Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2016

2

5

b Excess from 2013.



Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization Outreach for Animals Inc 31-1809373 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events ☐ In-person solicitations 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? ☐ Yes ☐ No If "Yes," list the ten 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? No Yes 8 9 10 Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2016

As Filed Data -

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

DLN: 93492213006008

OMB No 1545-0047

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SCHEDULE G

licensing

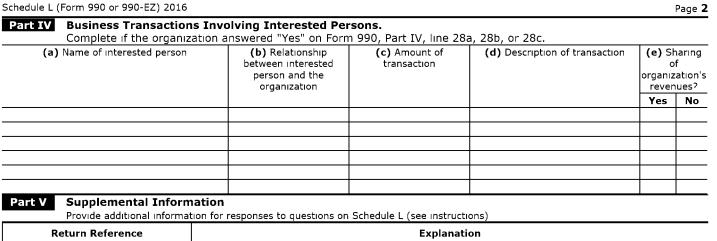
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

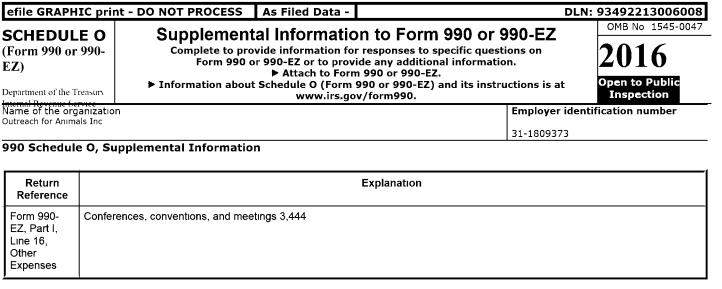
(Form 990 or 990-EZ)

	gross receipts greater than \$5	·									
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events						
Revenue		(event type)	(event type)	(total number)	(add col (a) through col (c))						
1	1 Gross receipts										
	2 Less Contributions										
4	1 Cash prizes										
ပ္စ္အ 5	Noncash prizes										
esuse 6	Rent/facility costs										
Direct Expenses	7 Food and beverages										
ਰੂ 8											
_	Other direct expenses										
	10 Direct expense summary Add lines 4 through 9 in column (d)										
Part	I1 Net income summary Subtract line 10III Gaming. Complete if the organization				more than \$15,000						
	on Form 990-EZ, line 6a.	anization answered Te		I	T THO TO CHAIT \$15,000						
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))						
	1 Gross revenue										
ses	Cash prizes										
Expenses	3 Noncash prizes										
	Rent/facility costs										
<u>ة</u>	5 Other direct expenses										
		☐ Yes	☐ Yes %	☐ Yes %							
6	5 Volunteer labor	☐ No	□ No	□ No							
7	7 Direct expense summary Add lines 2 t	hrough 5 in column (d)		•							
<u></u>	Net gaming income summary Subtract	line 7 from line 1, colum	n (d)								
	Enter the state(s) in which the organization										
	Is the organization licensed to conduct ga If "No," explain		these states?		☐ Yes ☐ No						
	Were any of the organization's gaming lic	enses revoked, suspende	d or terminated during the		Yes No						

Sche	dule G (Form 990 or 990-EZ) 2016					F	age			
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No				
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No				
13	Indicate the percentage of gaming act	ivity conducted in								
а	The organization's facility			13a						
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords						
	Name •									
	Address >									
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?									
b			ganization ▶ \$ and th	ne						
	amount of gaming revenue retained by the third party ▶ \$									
С	If "Yes," enter name and address of the	ne 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	,	te law to make charitable di	stributions from the gaming proceeds to		_					
_	retain the state gaming license?									
b	·	nter the amount of distributions required under state law distributed to other exempt organizations or spent								
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt				
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid							
	Return Reference		Explanation							
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201			

efile GRAPHI	C print	- DO NO	T PROCES	S As	Filed Data -					DI	LN: 93	4922	130	06008
Schedule L (Form 990 or 990-EZ) Fransactions with Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.						OI	OMB No 1545-0047							
Department of the Treasury Internal Revenue Service					ach to Form 990	or Form 99 0 or 990-EZ	0-EZ.	ructio	ns is	at		Open		ublic
Name of the org	anızatıo	n						Er	mplo	yer ide	entifica			
Outreach for Anima	als Inc							31	L-180	9373				
					1(c)(3), section 5									
			tion answered Tied person		Form 990, Part : Nelationship be					ert v, II Descrip		(d	l) Cor	rected?
	,			,-	•	organization				ansact		_ <u>-</u> -	es	No
					nagers or disqual									
Part II Lo	ans to nplete if orted an	and/or F the organi amount or elationship	rom Inter zation answe n Form 990, I (c) Purpose	ested Perred "Yes" Part X, line (d) Loar	on Form 990-EZ,			(g)	rt IV,	(5, or if h)	(i)Wrii	ten
micrested person	With	garnzadori	IIIZACION OI IOAN	organization		amount	duc			board or committee?		-		Cite
				То	From	1		Yes	No	Yes	No	Yes		No
														
Total Part III Gra	nte or	Accietan	ce Benefit	ina Inte	rested Perso	> \$ ne								
					Yes" on Form 9		line 27.							
(a) Name of inte	rested p		Relationship erested perso organizat	n and the	(c) Amount o	of assistance	(d) Type	of assı	stand	ce	(e) Pu	rpose	of ass	istance
										-+				
For Paperwork Red	luction A	et Notice -	oo the Inct	rtions for F	OH 000 OH 000 F	: 7 C:	at No 50056A				. (5			FZ) 2016





Return
Reference
Form 990Equipment rental and maintenance 545

EZ, Part I,
Line 16,
Other
Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Interest 351

EZ, Part I,
Line 16,
Other
Expenses

Return Explanation Reference Form 990-Supplies 297 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Telephone 1,670 EZ, Part I, Line 16,

Other Expenses

Return Explanation Reference Form 990-Depreciation 1,409 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Bank charges 12 EZ, Part I, Line 16,

Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Insurance 769 EZ, Part I, Line 16,

Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Postage 139 EZ, Part I, Line 16, Other

Expenses

Return Explanation Reference Form 990-Dues subscriptions 135 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Animal care/supplies 304 EZ, Part I, Line 16, Other

Expenses

Return Explanation
Reference

Other Assets

Form 990EZ, Part II,
Line 24.

Return Explanation
Reference

Liabilities

Form 990EZ, Part II,
Line 26.

Credit card Beginning of year 234, End of year 468

Return Explanation
Reference

Liabilities

Form 990-EZ, Part II, Line 26. efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93492236004116

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

Internal Revenue Service

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)

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

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

Open to Public

		e 2014 calenda fapplicable	r year, or tax year beginning 11-01-2014 C Name of organization	, and ending 1	10-31-20:	15	D Employ	ver ide	ntification number	
		change	Outreach for Animals Inc		='	nuncación number				
Γ_{N}	ame cl	hange	Number and street (or P O box, if mail is not delivere	ed to street address)	Room/suite		31-1809373 E Telephone number			
I	nitial re	eturn	8881 Clearwater Ct	,	,		·	·		
F								` ′	667-9264	
	n/term mende	inated ed return	City or town, state or province, country, and ZIP or for Huber Heights, OH 45424	eign postal code			F Group E Number		on	
\Box	pplicati	ion pending								
							<u> </u>			
			V Cash V Accrual Other (specify) ✓		+				nization is not	
GA	ccoun	ting Method I	Cash I Accrual Other (specity)				to attach 90, 990-E			
I W	ebsite	www outreachf	foranımals org		— [•	•	·	·	
			only one) - 501(c)(3) 501(c)() ◀(Insert no)		527					
			Corporation Trust Association	•						
			7 b to line 9 to determine gross receipts If gros		00,000	or more, or i			art II, column	
	oelow ort I		0 or more, file Form 990 instead of Form 990-E •, Expenses, and Changes in Net Asse		lances	/coothour	► \$ 1			
- (e organization used Schedule O to respond to a							
	1		s, gifts, grants, and similar amounts received					1 1	10,726	
	2		vice revenue including government fees and con					2	9,082	
	3		dues and assessments					3	-,	
Revenue	4	Investment in						4		
	- 5а		t from sale of assets other than inventory			 5a				
	b		•		<u> </u>	5b		1 1		
	_) from sale of assets other than inventory (Subt					5c		
	c		undraising events	ract line 35 honri	iiile Ja)					
<u> </u>	6	Gross income from gaming (attach Schedule G if greater than \$15,000)								
	а									
	b		e from fundraising events (not including \$ ing events reported on line 1) (attach Schedule		ibutions					
		sum of such g	gross income and contributions exceeds \$15,0	00)	<u> </u>	5b]		
	C	Less direct e	expenses from gaming and fundraising events		· 6	6c]		
	d	Net income o	r (loss) from gaming and fundraising events (ad	d lines 6a and 6b	and subt	ract line 6 c	:)	6d		
	7a	Gross sales o	of inventory, less returns and allowances		<u>.</u>	7a				
	b	Less cost of	goods sold		7	7b				
	c	Gross profit o	or (loss) from sales of inventory (Subtract line 7	b from line 7a)				7c		
	8	O ther revenue	e (describe in Schedule O)					8		
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				•	9	19,808	
	10	Grants and si	ımılar amounts paıd (lıst ın Schedule O)					10		
	11	Benefits paid	to or for members					11		
	12							12		
s l	13		fees and other payments to independent contra					13		
Expenses	14		al fees and other payments to independent contractors							
dx:	15		oublications, postage, and shipping							
ш	16				15 16	28,998				
	17		ther expenses (describe in Schedule O)						28,998	
	18		eficit) for the year (Subtract line 17 from line 9)			· · · ·		17	-9,190	
ssets	19		r fund balances at beginning of year (from line 2)				• •	10		
A.	13		igure reported on prior year's return)	, , coluilli (A)) (III	iast agree	- VVICII			23,610	
NetA	20			andula O)				19	23,610	
_	20	_	es in net assets or fund balances (explain in Sch	•				20	14.420	
	21		r fund balances at end of year Combine lines 18	s unrough 20 .				<u> 21 </u>	14,420	

Pa	Check If the organization use		any question in	this Pa	rt II	<u></u>	
				(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments .			(2)	23,974	22	9,430
	Land and buildings				4,936	+-+	6,590
24	Other assets (describe in Schedule (0)			400	24	400
25	Total assets				29,310	25	16,420
26	Total liabilities (describe in Schedule	eO)			5,700	26	2,000
27	Net assets or fund balances (line 27	of column (B) must agree w	ith line 21)		23,610	27	14,420
Pai	rt III Statement of Program Check if the organization use						Expenses equired for section 501
	at is the organization's primary exemp						(3) and 501(c)(4) anizations, optional fo
	educate people about wild animals and scribe the organization's program serv			aest n	rogram services as	_	ers)
mea bene	asured by expenses In a clear and co efited, and other relevant information	ncise manner, describe the for each program title	services provide		_		T
	Presentation of problems and issues wants \$) If t	vith treating wild animals as his amount includes foreign		re .	▶┌	28a	28,998
29			<u> </u>		, , , , , , , , , , , , , , , , , , ,	1200	20,330
(Gra	ants \$) Ift	hıs amount ıncludes foreıgn	grants, check he	re .	▶ ┌	29a	
30							
		his amount includes foreign	grants, check he	re .	▶┌	30a	
	Other program services (describe in S ants \$)	Schedule O) his amount includes foreign	grants check he	re	▶┌	212	
<u> </u>	Total program service expenses (add I					31a 32	28,99
	rt IV List of Officers, Directors, Ti						
	(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportal compensati (Forms W-2/1 MISC) (if not enter -0-)	on 099- paid,	(d) Health benef contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amoun of other compensatio
	othy Harrison ector	020 00		0			
	thew Heib stee	010 00		0			
	sell Muntz stee	025 00		0			

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	<u> </u>		<u>l</u>		
			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		No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		No		
35a	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		No		
ь	b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule					
c	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III					
36						
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a					
b	Did the organization file Form 1120-POL for this year?	37b				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Yes			
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 2 . 38b 2,000					
39	Section 501(c)(7) organizations Enter					
а	Initiation fees and capital contributions included on line 9					
ь	Gross receipts, included on line 9, for public use of club facilities 39b					
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under					
	section 4911 ▶					
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		No		
C	c 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 sections4912, 4955, and 4958					
d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e				
41	List the states with which a copy of this return is filed					
42a	The organization's books are in care of Russell Muntz Telephone no	(93	7)667-	-9264		
	Located at 🕨 8881 Clearwater Ct Huber Heights, OH ZIP + 4					
_						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No		
	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)					
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No		
43	If "Yes," enter the name of the foreign country - Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here					
	and enter the amount of tax-exempt interest received or accrued during the tax year					
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44a		No		
b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		No		
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No		
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the					
.2 2	45b					

	0-EZ (2	2014)						Page
							Yes	No
		rganization engage, directly es for public office? If "Yes,"			ehalf of or in opposition to			No
Part \		ection 501(c)(3) orga		47.40	1.50			
	aı	II section 501(c)(3) orgaind 51					s for lir	nes 50
	С	heck if the organization used	d Schedule O to respond t	o any question in this P	art VI		Yes	No
							res	NO
		rganization engage in lobbyir complete Schedule C, Part I		ction 501(h) election in		? . 47		Νo
48 Is	the org	ganızatıon a school as descr	ibed in section 170(b)(1)	(A)(11)? If "Yes," comple	te Schedule E .	. 48		No
49a Di	ıd the oı	rganızatıon make any transfe	ers to an exempt non-cha	rıtable related organızat	ion?	. 49a		
b If	"Yes,"	was the related organization	a section 527 organization	on ⁷		. 49b		
		e this table for the organization						
		es) who each received more t nd title of each employee	(b) A verage	(c) Reportable	(d) Health benefits,		e " tımated	amoun
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employee benefit plans, and deferred compensation	of othe	rcompe	
NONE								
<i>e</i> 7	Total nu	umber of other employees pa	ud over # 100 000					
51 Co	omplete comper	umber of other employees pa e this table for the organization nsation from the organization a) Name and business addre	on's five highest compens n If there is none, enter "	None "			an \$10	
51 Co	omplete comper	e this table for the organization	on's five highest compens n If there is none, enter "	None "	actors who each received (b) Type of service			
51 Co	omplete comper	e this table for the organization	on's five highest compens n If there is none, enter "	None "				
51 Co	omplete comper	e this table for the organization	on's five highest compens n If there is none, enter "	None "				
51 Co	omplete comper	e this table for the organization	on's five highest compens n If there is none, enter "	None "				
51 Co	omplete comper	e this table for the organization	on's five highest compens n If there is none, enter "	None "				
51 Co	omplete comper	e this table for the organization	on's five highest compens n If there is none, enter "	None "				
51 Co	omplete comper	e this table for the organization	on's five highest compens n If there is none, enter "	None "				
51 Co	omplete comper	e this table for the organization	on's five highest compens n If there is none, enter "	None "				
51 Co	omplete comper (3	e this table for the organizations from the organization a) Name and business addre	on's five highest compens If there is none, enter " ess of each independent c	None " ontractor	(b) Type of service			
51 Co	omplete comper (a	e this table for the organization insation from the organization a) Name and business address and the state of the state of other independent of other independent of the state of the stat	on's five highest compens If there is none, enter " ess of each independent c	None " ontractor g over \$100,000	(b) Type of service			
51 Coon of	Total nu	e this table for the organizations from the organization a) Name and business addre	on's five highest compens If there is none, enter " ess of each independent c	None " ontractor g over \$100,000	(b) Type of service		Compen	sation
d 1 52 Juder pe	Total nu Did the comple	e this table for the organization insation from the organization a) Name and business address. A second of the control of the	on's five highest compens If there is none, enter " ess of each independent c contractors each receiving edule A? NOTE. All Section	nontractor g over \$100,000 n 501(c)(3) organization uding accompanying sche	(b) Type of service	(c) C	✓ Yes	sation
d 1 52 Under pe	Total nu Did the comple	umber of other independent of organization complete Schedule A	on's five highest compens If there is none, enter " ess of each independent c contractors each receiving edule A? NOTE. All Section	nontractor g over \$100,000 n 501(c)(3) organization uding accompanying sche	(b) Type of service Ins must attach a	(c) C	✓ Yes	sation
d 1 52 Under peknowledknowledk	Total nu Did the comple	umber of other independent of organization complete Schedule A of perjury, I declare that I have belief, it is true, correct, and complete schedule is true, correct, and complete is the correct is the correct is true, correct is the correct	on's five highest compens If there is none, enter " ess of each independent c contractors each receiving edule A? NOTE. All Section	nontractor g over \$100,000 n 501(c)(3) organization uding accompanying sche	(b) Type of service	(c) C	✓ Yes	sation
d 1 52 Under peknowledknowledk	Total nu Did the comple	umber of other independent of organization complete Schedule A of perjury, I declare that I have belief, it is true, correct, and contact the correct of th	on's five highest compens If there is none, enter " ess of each independent c contractors each receiving edule A? NOTE. All Section	nontractor g over \$100,000 n 501(c)(3) organization uding accompanying sche	(b) Type of service	(c) C	✓ Yes	sation
d 1 52 Under peknowledknowledk	Total nu Did the comple	e this table for the organization is ation from the organization a) Name and business address. The properties of other independent of the organization complete Scheeted Schedule A The properties of officer of the organization complete is the organization complete. The properties of officer of the organization complete is the organization complete in the organization complete. The organization complete is organization complete. The properties of officer of the organization complete is organization complete. The properties of officer of the organization complete is organization. The properties of officer of the organization complete is organization. The properties of officer of the organization complete is organization. The properties of officer of the organization complete is organization. The properties of the organization complete is organization complete. The properties of the organization complete is organization complete. The properties of the organization complete is organization complete. The properties of the organization complete is organization complete. The properties of the organization complete is organization complete. The properties of the organization complete is organization complete is organization. The properties of the organization complete is organization complete. The properties of the organization complete is organization complete. The properties of the organization complete is organization complete is organization. The properties of the organization complete is organization complete. The properties of the organization complete is organization complete. The properties of the organization complete is organization complete. The properties of the organization complete is organization complete is organization complete is organization. The properties of the organization complete is organization complete is organization. The properties of the organization complete is organization complete is organization complete is organization. The properties of the organization complet	on's five highest compens If there is none, enter " ess of each independent c contractors each receiving edule A? NOTE. All Section	ontractor g over \$100,000	(b) Type of service	(c) C	✓ Yes	sation
d 7 52 Under perknowledgeknowl	Total nu Did the comple	umber of other independent of organization a) Name and business addressed and surface organization complete. Scheeted Schedule A of perjury, I declare that I have belief, it is true, correct, and contact of the correct of the corr	on's five highest compens If there is none, enter " ess of each independent c contractors each receiving edule A? NOTE. All Section omplete. Declaration of prep	ontractor g over \$100,000	(b) Type of service	(c) C	✓ Yes	sation
d 1 52	Total nu Did the comple ge and bege.	umber of other independent of organization a) Name and business addressed and surface organization complete. Scheeled Schedule A of perjury, I declare that I have belief, it is true, correct, and complete is true, correct, and complete organization complete. ****** Signature of officer Russ Muntz Secretary Type or print name and title Print/Type preparer's name Bambi A Peirson-Cline	on's five highest compens If there is none, enter " ess of each independent c contractors each receiving edule A? NOTE. All Section be examined this return, incl complete. Declaration of prep	ontractor g over \$100,000	(b) Type of service	(c) C	✓ Yes	sation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93492236004116

TY 2014 Compensation Explanation

Name: Outreach for Animals Inc

EIN: 31-1809373

Software ID: 14000292

Software Version: 14.4.1.0

Person Name	Explanation
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efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492236004116

OMB No. 1545-004

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Outreach for Animals Inc							Employer identification number			
							31-1809373			
Pa	rt I	Reason for Publi	c Charity S	Status (All organizations must complete this part.) See instructions.						
The	rganı	zation is not a private f	oundation beca	undation because it is (For lines 1 through 11, check only one box)						
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Γ	A hospital or a cooper	atıve hospital	service organization (described in sec	tion 170(b)(1))(A)(iii).			
4	Γ	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	lescribed in se c	ction 170(b)(1)(A)(iii	i). Enter the		
	_	hospital's name, city,								
5		An organization opera			versity owned o	or operated by	a governmental unit d	escribed in		
		section 170(b)(1)(A)	(iv). (Complet	e Part II)						
6		A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	1)(A)(v).			
7	굣	An organization that n				om a governme	ental unit or from the o	general public		
8	_	described in section 1 A community trust de				+ TT \				
9	<u>'</u>	An organization that n					hutians mambarshin	food and groce		
9	ı	receipts from activitie	•							
		its support from gross		•	-		• •			
							· ·	i busillesses		
10	_	acquired by the organ		•		•	•			
	<u> </u>	An organization organ						t the numbers of		
11	ı	An organization organ								
		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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g								
а	Γ	Type I. A supporting of								
		supported organizatio		- ,	•	ty of the dırect	ors or trustees of the	supporting		
h	_	organization You mus				with its suppo	orted organization(s), by having control or			
b	ı	management of the su								
		must complete Part I'			oumo porcomo c	inde donieron or i	manage the supported	,		
C	Г		ctionally integrated. A supporting organization operated in connection with, and functionally integrated with, its							
	_	supported organizatio								
d	ļ	Type III non-function not functionally integr								
		(see instructions) Yo	_	= -	•	•	cilicite and all according	eness requirement		
e	Γ	Check this box if the o	organization re	ceived a written deter	mınatıon from t	he IRS that ıt ı	s a Type I, Type II, T	ype III functionally		
_		integrated, or Type III non-functionally integrated supporting organization								
т	f Enter the number of suppo									
g		Provide the following i	nformation and	out the supported orga	inization(s)					
	(i)N	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of		
		organization		organization	listed in your		monetary support	other support (see		
				(described on lines 1-9 above or IRC	docume	ent?	(see instructions)	ınstructions)		
				section (see						
				instructions))		Г				
					Yes	No				
Tota	1		1			l	I	I		

instructions

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do not 10,025 10,234 10,726 30,985 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 10,025 10,234 10,726 30,985 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 **Public support.** Subtract line 5 from 30,985 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 10,025 10,234 10,726 30,985 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 30,985 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 100 000 % Public support percentage for 2013 Schedule A, Part II, line 14 15 100 000 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 0 % 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

19a 33 1/3% support tests—2014. 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

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

33 1/3% support tests—2013. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2013 Schedule A, Part III, line 17

17

18

0 %

₽-i

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
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.	1		
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) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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 $(2)^7$ 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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 II of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
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).	10b		
l1	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) 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

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
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		
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		
S	ection C. Type II Supporting Organizations			
			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 the supported organization(s).	1		
S	ection 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 organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 (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		
S	ection 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 The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 (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 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				
	a 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		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1		Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ур	e I	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion 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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	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)	1		
а	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	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 -	Distribu	ıtable	Amount	

- Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes				
2 A mounts paid to perform activity that directly furthe excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in				
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons			
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval rec	nured)				
6 Other distributions (describe in Part VI) See instru	ICTIONS				
7 Total annual distributions. Add lines 1 through 6					
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide			
9 Distributable amount for 2014 from Section C, line	6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014		
1 Distributable amount for 2014 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)					
3 Excess distributions carryover, if any, to 2014					
a From 2009					
b From 2010					
c From 2011					
d From 2012					
e From 2013					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 					
j Remainder Subtract lines 3g, 3h, and 3i from 3f					
4 Distributions for 2014 from Section D, line 7 \$					
Applied to underdistributions of prior years					
b Applied to 2014 distributable amount			1		
c Remainder Subtract lines 4a and 4b from 4					
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7 Excess distributions carryover to 2015. Add lines 31 and 4c					
8 Breakdown of line 7					
a From 2010					
b From 2011					
c From 2012					
d From 2013					

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).

Facts Ar	nd Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93492236004116

Employer identification number

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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					31-1809373	3
filers are not require			ganızatıo	n answered "Yes" to	o Form 990, Part IV,	line 17. Form 990-E
Indicate whether the organ	ızatıon raısed funds	through a	ny of the f	ollowing activities Ch	eck all that apply	
Mail solicitations			e	Solicitation of nor	n-government grants	
Internet and email soli	cıtatıons		f	Solicitation of gov	vernment grants	
Phone solicitations			g	☐ Special fundraisir	ng events	
In-person solicitations	i e					
Did the organization have a or key employees listed in						Г _{Yes} Г
If "Yes," list the ten highes to be compensated at least			fundraisei	rs) pursuant to agreem	nents under which the fo	ındraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1			.			
List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	or has been notified it is	s exempt from

Pa	rt I	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	tion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported les 1 and 6b. List
		3 1 3	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
φΛΦ	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ဟ	5	Noncash prizes				
suse	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
ᇫ	9	Other direct expenses .				
	10	Direct expense summary Add line	es 4 through 9 in colum	n (d)		()
	11	Net income summary Subtract lir				
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
		\$15,000 on Form 990-EZ, lin	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) billigo	bingo/progressive bingo		col (a) through col
<u>~</u>	1	Gross revenue				
နှင့် မေ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	✓ Yes	Г Yes% Г No	│ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, c	column (d)		
9	E n	ter the state(s) in which the organiza	tion conducts gaming a	ctivities		
а		the organization licensed to conduct		•		Г _{Yes} Г _{No}
b	If"	'No," explain				
10a b		ere any of the organization's gaming l	icenses revoked, suspe	ended or terminated during		

11 Does the organization conduct gaming activities with nonmembers?	entity ooks an	. 13a 13b ad rec	cords	Гу	es 「	
formed to administer charitable gaming? 13 Indicate the percentage of gaming activities conducted in a The organization's facility	ooks an	13a 13b ad rec	cords			9/6
13 Indicate the percentage of gaming activities conducted in The organization's facility	ooks an	13a 13b ad rec	cords			9/6
Indicate the percentage of gaming activities conducted in The organization's facility	ooks an	13a 13b ad rec	cords			9/6
b An outside facility	ooks an	13b	cords			9/6
Name ► Address ► Does the organization have a contract with a third party from whom the organization receives gamin revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue by the third party ► \$ If "Yes," enter name and address of the third party Name ► Address ►	g	nd rec				
Name ► Address ► Does the organization have a contract with a third party from whom the organization receives gamin revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party Name ► Address ►	g 					
Address Does the organization have a contract with a third party from whom the organization receives gamin revenue? If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\sum_{\text{amount}}\$ amount of gaming revenue retained by the third party \$\inst\sum_{\text{c}}\$ If "Yes," enter name and address of the third party Name \$\bigs\sum_{\text{amount}}\$	g 					
Does the organization have a contract with a third party from whom the organization receives gamin revenue? If "Yes," enter the amount of gaming revenue received by the organization * \$ amount of gaming revenue retained by the third party * \$ If "Yes," enter name and address of the third party Name * Address *	g 					
revenue? If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party If "Yes," enter name and address of the third party Name Address				Гү	es [– No
If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\sum_{amount of gaming revenue retained by the third party \$\bigs\sum_{s}\$. If "Yes," enter name and address of the third party Name \$\bigs\sum_{s}\$ Address \$\bigs\sum_{s}\$				Гү	es 「	No
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party Name ► Address ►						
C If "Yes," enter name and address of the third party Name ► Address ►						
C If "Yes," enter name and address of the third party Name Address						
Address 🟲						
Name 🟲						
Gaming manager compensation 🕨 \$						
Description of services provided 🟲						
Director/officer Employee Independent contractor						
7 Mandatory distributions						
a Is the organization required under state law to make charitable distributions from the gaming proce	eds to					
retain the state gaming license?				$\Gamma_{\scriptscriptstyle Y}$	es [— No
b Enter the amount of distributions required under state law distributed to other exempt organizations						110
in the organization's own exempt activities during the tax year 🕨 💲						
Part IV Supplemental Information. Provide the explanations required by Part I, line 2 Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any instructions).						
Return Reference Explanation						

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DLN: 93492236004116

Employer identification number

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions with Interested Persons ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Outreach for Ar	nimals Inc							- 31-18	09373			
	cess Benefit 1						L(c)(29) orga	nızatıoı	ns only)	406	
	ame of disqualified			hip between ((c) Des					(d) Cori	rected?
1 (a) N	ame or disquamiled	person (b)		and organiza	•	(C) Des	criptio	ווטונום	iiisactii)'' -	Yes	No
			•								163	140
4958. 3 Enterth Part II Loans to Complete if	e amount of tax in e amount of tax, if and/or From if the organization a amount on Form 9		, above, re Persons on Form	imbursed by	the organizat		 	· · ·	▶ \$	<u> </u>	anızatıor	
(a) Name of interested person	(b) Relationship with organization		(d) Loan or from t organızatı	he	(e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	Appr by boo	oved ard or	(i)Wrı agreem	
			То	From	1		Yes	No	Yes	No	Yes	No
1) Russ 1untz	Secretary	Working capital	Х		5,700	2,000		No	Yes		Yes	
	,	organization) Relationship	answered between	"Yes" on F		· ·	27.	sistan		e) Purpo	se of ass	istance
per	son int	erested perso organizati										

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
Complete if the organization	<u>n answered "Yes" on F</u>	<u>-orm 990, Part IV, lin</u>	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction		(e) Sha of organiz revent	ation's
				Yes	No

Part V	Supplemental Information
	Supplemental zimermanen

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
	Schedule I (Form 990 or 990-F7) 2014

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93492236004116

OMB No 1545-0047

2014

Open to Public Inspection

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Outreach for Animals Inc Employer identification number

31-1809373

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 11,114
Form 990-EZ, Part I, Line 16, Other Expenses	Supplies 1,764
Form 990-EZ, Part I, Line 16, Other Expenses	Telephone 2,387
Form 990-EZ, Part I, Line 16, Other Expenses	Depreciation 2,866
Form 990-EZ, Part I, Line 16, Other Expenses	Auto expense 3,096
Form 990-EZ, Part I, Line 16, Other Expenses	Bank charges 8
Form 990-EZ, Part I, Line 16, Other Expenses	Payroll taxes 154
Form 990-EZ, Part I, Line 16, Other Expenses	Insurance 700
Form 990-EZ, Part I, Line 16, Other Expenses	Office 465
Form 990-EZ, Part I, Line 16, Other Expenses	Promotional 875
Form 990-EZ, Part I, Line 16, Other Expenses	Charitable contributions 200
Form 990-EZ, Part I, Line 16, Other Expenses	Postage 62
Form 990-EZ, Part I, Line 16, Other Expenses	Licenses permits 61
Form 990-EZ, Part I, Line 16, Other Expenses	Training education 1,350
Form 990-EZ, Part I, Line 16, Other Expenses	Dues subscriptions 106
Form 990-EZ, Part I, Line 16, Other Expenses	Animal care 3,790
Form 990-EZ, Part II, Line 24, Other Assets	Prepaid expenses Beginning of year 400, End of year 400
Form 990-EZ, Part II, Line 26, Liabilities	Notes payable Beginning of year 5,700, End of year 2,000