

FRIEDMAN LLP
CERTIFIED PUBLIC ACCOUNTANTS
2000 MARKET STREET, SUITE 500
PHILADELPHIA, PA 19103

SEPTEMBER 22, 2017

ANIMAL CARE SANCTUARY
P.O. BOX A
EAST SMITHFIELD, PA 18817
ATTENTION: JOAN SMITH-REESE

DEAR JOAN SMITH-REESE:

ENCLOSED ARE THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURN AND 2017 ESTIMATED TAX PAYMENT INFORMATION. THE STATE EXEMPT ORGANIZATION ANNUAL REPORTS ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-PF RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

FORM 990-PF HAS AN OVERPAYMENT OF \$190. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-PF.

ESTIMATED TAX PAYMENTS FOR FORM 990-PF:

FOR YOUR REFERENCE WE HAVE LISTED ALL ESTIMATED TAX PAYMENTS AND THEIR ORIGINAL DUE DATES BELOW.

INSTALLMENT NO. 3 BY 09/15/17 \$260
INSTALLMENT NO. 4 BY 12/15/17 \$150

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE AT WWW.EFTPS.GOV OR BY CALLING EFTPS CUSTOMER SERVICE AT 1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME, THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF

FUNDS.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$3,228,824. THIS MAY BE APPLIED TO TAX YEAR 2017 AND SUBSEQUENT YEARS.

NEW JERSEY FORM CRI-300R:

THE NEW JERSEY FORM CRI-300R SHOULD BE FILED VIA THE WEB ON OR BEFORE JANUARY 2, 2018 AT:
[HTTPS://NJCONSUMERAFFAIRS.STATE.NJ.US/SIGN-IN/](https://njconsumeraffairs.state.nj.us/sign-in/)

NO PAYMENT IS REQUIRED.

NEW YORK FORM CHAR500:

THE NEW YORK FORM CHAR500 SHOULD BE MAILED AS SOON AS POSSIBLE TO:

NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271

ENCLOSE A CHECK OR MONEY ORDER FOR \$275.00, PAYABLE TO DEPARTMENT OF LAW.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF FEDERAL FORM 990-PF MUST BE PROPERLY SIGNED AND DATED.

PENNSYLVANIA FORM BCO-10:

THE PENNSYLVANIA FORM BCO-10 SHOULD BE MAILED AS SOON AS POSSIBLE TO:

BUREAU OF CHARITABLE ORGANIZATIONS
207 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

ENCLOSE A CHECK OR MONEY ORDER FOR \$250.00, PAYABLE TO COMMONWEALTH OF PENNSYLVANIA.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

AN ADDITIONAL COPY OF THE FEDERAL FORM 990PF HAS BEEN

ENCLOSED FOR FILING WITH THE COMMONWEALTH OF PENNSYLVANIA.
PLEASE SIGN AND MAIL THIS COPY UPON RECEIPT:
MAIL TO -

PENNSYLVANIA OFFICE OF ATTORNEY GENERAL
16TH FLOOR, STRAWBERRY SQUARE
HARRISBURG, PA 17120

VERY TRULY YOURS,

DENISE MCKNIGHT, CPA
FRIEDMAN LLP

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

ANIMAL CARE SANCTUARY

22-1837635

Name and title of officer

**JOAN SMITH-REESE
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b <u>570.</u>
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24373319103

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **09/22/17**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-PF**

2017

Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2016 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	570.
c	2017 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	600.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11		09/15/17	12/15/17
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12		450.	150.
13	2016 Overpayment. See instructions	13		190.	
14	Payment due (Subtract line 13 from line 12)	14		260.	150.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

ESTIMATED TAX 600.
OVERPAYMENT APPLIED 190.
AMOUNT DUE 410.

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2016

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2016 or tax year beginning , and ending

Name of foundation ANIMAL CARE SANCTUARY		A Employer identification number 22-1837635
Number and street (or P.O. box number if mail is not delivered to street address) P.O. BOX A	Room/suite	B Telephone number 570-596-2200
City or town, state or province, country, and ZIP or foreign postal code EAST SMITHFIELD, PA 18817		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 5,057,502.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	2,353,286.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	35,723.	35,723.	35,723.	STATEMENT 1
	4 Dividends and interest from securities	50,994.	50,994.	50,994.	STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-66,567.			
	b Gross sales price for all assets on line 6a	3,090,075.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain			12,850.	
	9 Income modifications				
	10a Gross sales less returns and allowances	14,644.			STATEMENT 3
b Less: Cost of goods sold	31.				
c Gross profit or (loss)	14,613.		14,613.		
11 Other income	417,936.	5,132.	417,936.	STATEMENT 4	
12 Total. Add lines 1 through 11	2,805,985.	91,849.	532,116.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	69,179.	0.	0.	69,179.
	14 Other employee salaries and wages	1,113,671.	0.	223,358.	890,313.
	15 Pension plans, employee benefits	141,429.	0.	35,394.	106,035.
	16a Legal fees STMT 5	12,006.	0.	8.	11,998.
	b Accounting fees STMT 6	15,000.	0.	10.	14,990.
	c Other professional fees STMT 7	162,728.	34,842.	34,928.	127,800.
	17 Interest				
	18 Taxes STMT 8	7,768.	0.	1,548.	6,220.
	19 Depreciation and depletion	100,166.	0.	100,166.	
	20 Occupancy				
	21 Travel, conferences, and meetings	14,430.	0.	619.	13,811.
	22 Printing and publications	24,406.	0.	69.	24,337.
	23 Other expenses STMT 9	497,401.	0.	131,471.	365,930.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,158,184.	34,842.	527,571.	1,630,613.
	25 Contributions, gifts, grants paid	0.			0.
26 Total expenses and disbursements. Add lines 24 and 25	2,158,184.	34,842.	527,571.	1,630,613.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	647,801.				
b Net investment income (if negative, enter -0-)		57,007.			
c Adjusted net income (if negative, enter -0-)			4,545.		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	59,219.	54,345.	54,345.
	2 Savings and temporary cash investments	51,719.	173,059.	173,059.
	3 Accounts receivable ▶ 1,371.			
	Less: allowance for doubtful accounts ▶	5,989.	1,371.	1,371.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use	869.	4,444.	4,444.
	9 Prepaid expenses and deferred charges		36,888.	36,888.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 11	16,000.	11,274.	11,274.
	c Investments - corporate bonds STMT 12	316,074.	787,581.	787,581.
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 13	2,488,237.	2,787,667.	2,787,667.	
14 Land, buildings, and equipment: basis ▶ 2,518,571.				
Less: accumulated depreciation STMT 14 ▶ 1,332,098.	1,204,720.	1,186,473.	1,186,473.	
15 Other assets (describe ▶ GOODWILL)	16,200.	14,400.	14,400.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	4,159,027.	5,057,502.	5,057,502.	
Liabilities	17 Accounts payable and accrued expenses	156,508.	166,560.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	16,045.	67,600.	
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	172,553.	234,160.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	2,504,901.	2,983,241.	
	25 Temporarily restricted	156,412.	187,143.	
	26 Permanently restricted	1,325,161.	1,652,958.	
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	3,986,474.	4,823,342.		
31 Total liabilities and net assets/fund balances	4,159,027.	5,057,502.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,986,474.
2 Enter amount from Part I, line 27a	2	647,801.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 10	3	189,067.
4 Add lines 1, 2, and 3	4	4,823,342.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,823,342.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PERSHING LLC - INVESTMENT ACCOUNTS	P		12/31/16
b PERSHING LLC - INVESTMENT ACCOUNTS	P		12/31/16
c BENEFICIAL TRUST	P		12/31/16
d BENEFICIAL TRUST	P		12/31/16
e MERRILL LYNCH	P		12/31/16

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 797,413.		772,518.	24,895.
b 1,716,797.		1,770,736.	-53,939.
c 240,325.		253,490.	-13,165.
d 172,380.		197,858.	-25,478.
e 163,160.		162,040.	1,120.

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
			24,895.
			-53,939.
			-13,165.
			-25,478.
			1,120.

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-66,567.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	12,850.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	1,494,053.	3,374,432.	.442757
2014	1,470,171.	4,097,350.	.358810
2013	1,830,985.	3,799,090.	.481954
2012	1,744,550.	3,300,756.	.528530
2011	1,527,656.	3,975,812.	.384237

2 Total of line 1, column (d)	2	2.196288
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.439258
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	3,700,931.
5 Multiply line 4 by line 3	5	1,625,664.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	570.
7 Add lines 5 and 6	7	1,626,234.
8 Enter qualifying distributions from Part XII, line 4	8	1,630,613.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, credits/payments, and tax due/overpayment. Total tax due is 190.00.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address WWW.ANIMALCARESANCTUARY.ORG
14 The books are in care of JOAN SMITH-REESE Telephone no. 570-596-2200
Located at P.O. BOX A, EAST SMITHFIELD, PA ZIP+4 18817
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes No X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A
Organizations relying on a current notice regarding disaster assistance check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes No X
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No X
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? 4b X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No **N/A**
 Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No **N/A**
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **N/A**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 15		69,179.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DEBORAH URBAN - C/O ORGANIZATION PO BOX A, EAST SMITHFIELD, PA 18817	VETERINARIAN 40.00	63,168.	0.	0.
ROSEMARY TWOOMEY - C/O ORGANIZATION PO BOX A, EAST SMITHFIELD, PA 18817	DEVELOPMENT 40.00	61,560.	0.	0.

Total number of other employees paid over \$50,000 Yes No **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Rows 1-4 list activities with expenses of 414,376, 424,293, 343,694, and 87,010.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Row 1 contains 'N/A'.

Total. Add lines 1 through 3 0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,730,089.
b	Average of monthly cash balances	1b	27,201.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,757,290.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,757,290.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	56,359.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,700,931.
6	Minimum investment return. Enter 5% of line 5	6	185,047.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5	2a	
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,630,613.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,630,613.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	570.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,630,043.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012	1,582,308.			
c From 2013	1,646,516.			
d From 2014				
e From 2015				
f Total of lines 3a through e	3,228,824.			
4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$	N/A			
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2016 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,228,824.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	3,228,824.			
10 Analysis of line 9:				
a Excess from 2012	1,582,308.			
b Excess from 2013	1,646,516.			
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling _____

b Check box to indicate whether the foundation is a private operating foundation described in section _____ 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	4,545.	36,077.	204,868.	189,955.	435,445.
b 85% of line 2a	3,863.	30,665.	174,138.	161,462.	370,128.
c Qualifying distributions from Part XII, line 4 for each year listed	1,630,613.	1,494,796.	1,473,316.	1,833,728.	6,432,453.
d Amounts included in line 2c not used directly for active conduct of exempt activities	690,913.	516,254.	544,274.	707,238.	2,458,679.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	939,700.	978,542.	929,042.	1,126,490.	3,973,774.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	2,787,188.	1,119,746.	1,013,060.	1,537,159.	6,457,153.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	2,359,771.	624,875.	511,149.	1,035,429.	4,531,224.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income	5,132.	22,581.	335,168.	296,348.	659,229.

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)					
a Paid during the year					
NONE					
Total				3a	0.
b Approved for future payment					
NONE					
Total				3b	0.

Part XVI-A Analysis of Income-Producing Activities

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a VET CLINIC					319,313.
b ADOPTION					38,733.
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	35,723.	
4 Dividends and interest from securities			14	50,994.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			15	5,132.	
8 Gain or (loss) from sales of assets other than inventory			18	-66,567.	
9 Net income or (loss) from special events			01	11,400.	
10 Gross profit or (loss) from sales of inventory					14,613.
11 Other revenue:					
a MISCELLANEOUS			01	2,828.	
b BOARDING INCOME			01	7,813.	
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		47,323.	372,659.
13 Total. Add line 12, columns (b), (d), and (e)					419,982.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
▼	INCOME IS USED TO PROVIDE FOR NEGLECTED AND SURRENDERED ANIMALS AND PETS OF ALL KINDS, AND TO ACT AS A DEPOSITORY OF FUNDS DONATED AND BEQUESTED BY THE PUBLIC FOR THE CARE OF SUCH ANIMALS.
1A	TO PROVIDE VETERINARY CARE TO HELPLESS ANIMAL CREATURES.
1B	TO PROVIDE ADOPTION OF ANIMALS TO APPROVED HOMES.
10	TO INCREASE THE PUBLIC'S AWARENESS OF ACS AS AN ORGANIZATION SINCE THESE RETAIL ITEMS CARRY THE ACS LOGO. COLLARS, LEASHES, T-SHIRTS ARE EXAMPLES OF THE RETAIL ITEMS THAT ACS SELLS AT VARIOUS ADOPTION EVENTS HELD ANNUALLY.
11A	MISCELLANEOUS INCOME RECEIVED FOR PROGRAM SERVICES.
11B	TO BOARD ANIMALS WHILE OWNERS ARE UNABLE TO CARE FOR THEM.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

ANIMAL CARE SANCTUARY

Employer identification number

22-1837635

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization ANIMAL CARE SANCTUARY	Employer identification number 22-1837635
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HANS S MANNHEIMER TRUST 1 W 4TH ST, 2ND FL WINSTON SALEM, NC 27101	\$ 264,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF HERMIONE STRUTHERS 1 N JEFFERSON AVE SAINT LOUIS, MO 63103	\$ 1,385,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TRUST OF CRISP S. MILLER 1 W 4TH ST, 2ND FL WINSTON SALEM, NC 27101	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LESLEY SINCLAIR TRUST 430 N. KAYSTONE AVE SAYRE, PA 18840	\$ 26,877.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AMERISOURCE BERGEN SERVICES CORPORATION PO BOX 247 THOROFARE, NJ 08086	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ELINOR PATTERSON BAKER FOUNDATION 10 MASON ST GREENWICH, CT 06830	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ANIMAL CARE SANCTUARY	Employer identification number 22-1837635
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE PETCO FOUNDATION 654 RICHLAND HILLS DR SAN ANTONIO, TX 78245	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SAYRE AMERICAN LEGION POST 283 171 CAYUTA ST SAYRE, PA 18840	\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	UNITED WAY OF BRADFORD COUNTY PO BOX 106 TOWANDA, PA 18848	\$ 7,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MARTINA MARTIN 160 LAKESIDE LN MEDIA, PA 19063	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MICHNICH FAMILY 1756 DAVIS RD LE RAYSVILLE, PA 18829	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	JOAN SMITH-REESE 6373 HAIGHT DR WAVERLY, NY 14892	\$ 5,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ANIMAL CARE SANCTUARY	Employer identification number 22-1837635
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ESTATE OF WILLIAM A KING JR 1415 WALLACH DR TOMS RIVER, NJ 08755	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PURR'N POOCH FOUNDATION FOR ANIMALS PO BOX 7352 SHREWSBURY, NJ 07702	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ANIMAL CARE SANCTUARY	Employer identification number 22-1837635
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization ANIMAL CARE SANCTUARY	Employer identification number 22-1837635
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENT INCOME	35,723.	35,723.	35,723.
TOTAL TO PART I, LINE 3	35,723.	35,723.	35,723.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL GAINS DISTRIBUTIONS	8,447.	0.	8,447.	8,447.	8,447.
DIVIDEND INCOME	42,547.	0.	42,547.	42,547.	42,547.
TO PART I, LINE 4	50,994.	0.	50,994.	50,994.	50,994.

FORM 990-PF

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	14,644	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		14,644
4. COST OF GOODS SOLD (LINE 15)	31	
5. GROSS PROFIT (LINE 3 LESS LINE 4).		14,613
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND 6)		14,613

COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR		
9. MERCHANDISE PURCHASED.		
10. COST OF LABOR.		
11. MATERIALS AND SUPPLIES	31	
12. OTHER COSTS.		
13. ADD LINES 8 THROUGH 12		31
14. INVENTORY AT END OF YEAR		
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14).		31

FORM 990-PF	OTHER INCOME		STATEMENT	4
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
ROYALTY INCOME	5,132.	5,132.	5,132.	
VET CLINIC	319,313.	0.	319,313.	
ADOPTION	38,733.	0.	38,733.	
MISCELLANEOUS	2,828.	0.	2,828.	
BOARDING INCOME	7,813.	0.	7,813.	
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	44,117.	0.	44,117.	
TOTAL TO FORM 990-PF, PART I, LINE 11	417,936.	5,132.	417,936.	

FORM 990-PF	LEGAL FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	12,006.	0.	8.	11,998.
TO FM 990-PF, PG 1, LN 16A	12,006.	0.	8.	11,998.

FORM 990-PF	ACCOUNTING FEES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	15,000.	0.	10.	14,990.
TO FORM 990-PF, PG 1, LN 16B	15,000.	0.	10.	14,990.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GENERAL PROFESSIONAL SERVICES	11,053.	0.	7.	11,046.
STRATEGIC PLANNING	14,933.	0.	10.	14,923.
INVESTMENT FEES	34,842.	34,842.	34,842.	0.
PUBLIC RELATIONS	101,900.	0.	69.	101,831.
TO FORM 990-PF, PG 1, LN 16C	162,728.	34,842.	34,928.	127,800.

FORM 990-PF	TAXES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	380.	0.	0.	380.
LICENSE & PERMITS	2,292.	0.	1,548.	744.
REAL ESTATE	5,096.	0.	0.	5,096.
TO FORM 990-PF, PG 1, LN 18	7,768.	0.	1,548.	6,220.

FORM 990-PF	OTHER EXPENSES			STATEMENT 9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	24,494.	0.	1,093.	23,401.
FOOD - ANIMALS	47,646.	0.	0.	47,646.
AUTO EXPENSES	7,888.	0.	117.	7,771.
BANK CHARGES & FEES	7,210.	0.	41.	7,169.
COMPUTER EXPENSES	34,397.	0.	5,848.	28,549.
DUES & SUBSCRIPTIONS	13,988.	0.	1,025.	12,963.
INSURANCE	60,272.	0.	13,280.	46,992.
INTEREST	2,884.	0.	0.	2,884.
JANITORIAL/CLEANING	18,153.	0.	1,379.	16,774.
MISCELLANEOUS	17,767.	0.	4,687.	13,080.
OFFICE EXPENSE	15,262.	0.	1,479.	13,783.
REFUSE REMOVAL	3,848.	0.	1,579.	2,269.
REPAIRS & MAINTENANCE	27,025.	0.	1,659.	25,366.
SMALL TOOLS & EQUIPMENT	960.	0.	4.	956.

ANIMAL CARE SANCTUARY

22-1837635

SUPPLIES	2,837.	0.	0.	2,837.
TELECOMMUNICATIONS	12,899.	0.	4,607.	8,292.
TRAINING	452.	0.	100.	352.
UTILITIES	60,396.	0.	7,336.	53,060.
VETERINARY SERVICES	3,198.	0.	1,095.	2,103.
VETERINARY SUPPLIES AND MEDICATION	101,307.	0.	51,624.	49,683.
SPECIAL EVENT COSTS	32,717.	0.	32,717.	0.
AMORTIZATION	1,801.	0.	1,801.	0.
TO FORM 990-PF, PG 1, LN 23	497,401.	0.	131,471.	365,930.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 10

DESCRIPTION	AMOUNT
IN-KIND SERVICES	6,485.
UNREALIZED GAIN/LOSS	182,582.
TOTAL TO FORM 990-PF, PART III, LINE 3	189,067.

FORM 990-PF CORPORATE STOCK STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	11,274.	11,274.
TOTAL TO FORM 990-PF, PART II, LINE 10B	11,274.	11,274.

FORM 990-PF CORPORATE BONDS STATEMENT 12

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE/GOVERNMENT BONDS	787,581.	787,581.
TOTAL TO FORM 990-PF, PART II, LINE 10C	787,581.	787,581.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	13
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	1,205,739.	1,205,739.
BENEFICIAL INTEREST IN PERPETUAL TRUST	FMV	1,581,928.	1,581,928.
TOTAL TO FORM 990-PF, PART II, LINE 13		2,787,667.	2,787,667.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	14
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	492,250.	490,486.	1,764.
CAT ROOM	10,822.	10,100.	722.
BUILDING	11,969.	10,886.	1,083.
CONCRETE	1,025.	932.	93.
GRAVEL	557.	507.	50.
FLOORING	1,299.	1,181.	118.
BLDG - OPER ROOM	16,527.	14,835.	1,692.
PAVING	5,290.	4,609.	681.
BLDG	2,285.	2,040.	245.
BLDG	4,700.	4,196.	504.
BARN	595.	572.	23.
DOORS & FLOORS	975.	934.	41.
BLDG - SUPPLIES	978.	916.	62.
SAND & GRATING KENNEL	5,562.	5,180.	382.
LINOLEUM	2,800.	2,593.	207.
ADDITION	69,096.	63,613.	5,483.
HOSPITAL ADDITION	23,000.	20,383.	2,617.
IMPROVEMENTS	5,950.	5,950.	0.
IMPROVEMENTS	981.	467.	514.
WINDOWS	305.	305.	0.
ROOF	9,500.	4,284.	5,216.
IMPROVEMENTS	855.	855.	0.
ROAD	46,062.	46,062.	0.
IMPROVEMENTS	70,332.	30,206.	40,126.
MOBILE HOME	19,935.	12,022.	7,913.
PARKING LOT	4,700.	4,700.	0.
DOORS	1,555.	648.	907.
FLOORING	2,300.	939.	1,361.
KENNEL BUILDING	185,775.	70,826.	114,949.
BUILDINGS	8,491.	3,176.	5,315.
TRAILER DOORS	635.	228.	407.
BUILDINGS - MOLDINGS	4,680.	1,750.	2,930.
BUIDLING	3,648.	1,349.	2,299.

CEMENT RUNS	2,647.	979.	1,668.
CEMENT RUNS	1,000.	368.	632.
BUILDING - NEW	35,000.	13,685.	21,315.
BUILDING - NEW	25,000.	9,669.	15,331.
BUILDING - NEW	20,000.	7,693.	12,307.
BUILDING - NEW	28,880.	11,047.	17,833.
BUILDING ACCESSORIES	1,977.	761.	1,216.
HEATING SYSTEMS	20,160.	14,280.	5,880.
FURNACE	3,270.	2,304.	966.
ELECTRIC UPGRADE	2,740.	1,517.	1,223.
SIDING	24,618.	16,720.	7,898.
TRAILER	13,807.	4,514.	9,293.
BUILDING IMPROVEMENTS	48,953.	16,631.	32,322.
FENCE	600.	517.	83.
WELL PUMP	2,554.	758.	1,796.
WATER LINE	4,453.	1,379.	3,074.
KENNEL ROOF	15,609.	4,836.	10,773.
DRIVEWAY	57,550.	45,401.	12,149.
2005 ASTRO 14X72 TRAILER	28,870.	8,451.	20,419.
PORCH	1,747.	512.	1,235.
HEATER	5,724.	4,389.	1,335.
HEATERS	9,534.	7,204.	2,330.
ROOFING	39,750.	10,786.	28,964.
SHED	2,412.	696.	1,716.
WELL PUMP	3,974.	1,121.	2,853.
FENCE	630.	455.	175.
WATER TANK	7,145.	7,145.	0.
WATER TANK	2,991.	2,991.	0.
WASHER	828.	828.	0.
DRYER	420.	420.	0.
DRYER	365.	365.	0.
BUILDING IMPROVEMENTS	36,313.	9,544.	26,769.
FENCE	5,382.	5,202.	180.
TOOLS	2,500.	2,500.	0.
INCINERATOR	2,678.	2,678.	0.
TRAILER SKIRTING	953.	953.	0.
BUILDING - 30X12	4,602.	1,101.	3,501.
BUILDING - 8X10	1,179.	282.	897.
DRIVEWAY	11,340.	11,340.	0.
CHAIR	500.	500.	0.
TWO WASHERS	735.	735.	0.
BENCHES	1,417.	1,417.	0.
HUMIDIFIER	1,193.	1,193.	0.
WASHER	350.	350.	0.
DRYER	360.	360.	0.
FLOOR CLEANER	1,012.	1,012.	0.
CHAIR	440.	440.	0.
SECURITY SYSTEM	6,792.	6,792.	0.
INCINERATOR	37,900.	31,899.	6,001.
DISHWASHER	300.	300.	0.
CATHOUSE FLOOR	8,470.	1,972.	6,498.
SHOWER	400.	400.	0.
ROOF CAT BUILDING	2,780.	617.	2,163.
FLOOR WORK SPECIALS ROOM	4,200.	1,750.	2,450.

LAND	126,368.	0.	126,368.
PET DOORS	41,427.	36,241.	5,186.
BUILDING IMPROVEMENTS	34,210.	6,286.	27,924.
BUILDING IMPROVEMENTS	7,501.	1,282.	6,219.
CARPET FLOORING	4,639.	4,419.	220.
COMPUTER EQUIPMENT	2,707.	2,707.	0.
COMPUTER EQUIPMENT	1,354.	1,354.	0.
SIGN	1,752.	760.	992.
DRYERS - 2	1,161.	1,037.	124.
KENNEL EQUIPMENT	5,092.	4,667.	425.
2008 SILVER SUV	19,639.	17,536.	2,103.
CARPETING	1,300.	1,040.	260.
BUILDING IMPROVEMENTS	147,322.	54,017.	93,305.
EQUIPMENT	1,198.	941.	257.
ENGRAVER	6,237.	4,752.	1,485.
COMPUTER EQUIPMENT	2,283.	2,283.	0.
APPLIANCES	2,762.	2,171.	591.
CARPET	5,411.	5,320.	91.
FILE CABINETS	87.	60.	27.
FURNACE	19,372.	6,349.	13,023.
OFFICE EQUIPMENT	48.	32.	16.
CANON MF595 PRINTER	843.	788.	55.
DELL PC	349.	303.	46.
WALKIE TALKIES	74.	46.	28.
FURNITURE & EQUIPMENT	27,207.	17,491.	9,716.
CATTERY & WELL	17,300.	1,479.	15,821.
HUSQVARNA YTH26V54 LAWN			
TRACTOR	2,137.	1,816.	321.
LAPTOPS	1,487.	1,487.	0.
DONATED CARGO VAN AND GRAPHICS	11,500.	5,750.	5,750.
WELLSBORO LAND	71,030.	0.	71,030.
COMMERCIAL WASHER	3,600.	1,199.	2,401.
COMMERICAL DRYER	8,000.	2,667.	5,333.
SURGICAL LIGHT	3,371.	1,573.	1,798.
PARTITION WALLS & INTAKE			
DRAINAGE	4,550.	253.	4,297.
PORTABLE XRAY MACHINE	18,400.	10,733.	7,667.
CATTERY RENOVATION	4,800.	318.	4,482.
WELLSBORO BUILDING	166,498.	12,451.	154,047.
CATTERY PHONE SYSTEM	8,711.	3,774.	4,937.
CAT COMMUNAL	2,926.	906.	2,020.
WORK TABLE	2,776.	1,064.	1,712.
STORAGE CABINETS - ISOLATION			
ROOM	1,126.	431.	695.
1992 FORD VAN	1,250.	271.	979.
FREESTANDING MEDICAL CABINET -			
ISOLATION ROOM	6,973.	2,325.	4,648.
AIR CONDITIONER - CATTERY	16,315.	5,166.	11,149.
QUICKBOOKS PREMIER	919.	322.	597.
OKI DATA COLOR LASER PRINTER	1,299.	347.	952.
COMPU-GEN INTEL CORE SERIES			
WORKSTATION - WELLSBORO	769.	167.	602.
COMPU-GEN INTEL CORE SERIES			
WORKSTATION - EAST SMITHFIELD	769.	167.	602.

UNIMAX WASHER - CATTERY	1,105.	303.	802.
WATERLINES - EAST SMITHFIELD	35,491.	2,563.	32,928.
ROOF - EAST SMITHFIELD	3,800.	475.	3,325.
TWO DECKS - EAST SMITHFIELD	18,968.	689.	18,279.
ENTRY WAVE	8,000.	200.	7,800.
CATTERY	38,708.	331.	38,377.
FELINE FLATS	10,051.	21.	10,030.
FURNACE - WB	2,200.	134.	2,066.
BANKED CAGES	6,466.	539.	5,927.
SHARP COPIER	4,483.	448.	4,035.
RACHELLE LAPTOP	829.	83.	746.
KAREN COMPUTER	829.	55.	774.
CANON	934.	62.	872.
PHONE SYSTEM	9,419.	157.	9,262.
TOTAL TO FM 990-PF, PART II, LN 14	2,518,570.	1,332,097.	1,186,473.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 15
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARD (DICK) MACINTIRE C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	CHAIRPERSON 6.00	0.	0.	0.
CINDY OPEKA C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	SECRETARY 4.00	0.	0.	0.
ROBERT BARNES C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	DIRECTOR 2.00	0.	0.	0.
MARJORIE ULKINS C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	DIRECTOR 1.00	0.	0.	0.
DAVE BURCH C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	VICE CHAIRPERSON 4.00	0.	0.	0.
JOAN SMITH-REESE C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	EXECUTIVE DIRECTOR 40.00	69,179.	0.	0.

RUTH BARBER C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	DIRECTOR 0.25	0.	0.	0.
MARQUENE KANE C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	SECRETARY (FORMER) 2.00	0.	0.	0.
BERNEICE HASKELL C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	CHAIRPERSON (FORMER) 2.00	0.	0.	0.
SARAH DUNN C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	CHAIRPERSON 6.00	0.	0.	0.
JACK WHEELER C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	DIRECTOR 4.00	0.	0.	0.
MICHELE LICATA C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	DIRECTOR 4.00	0.	0.	0.
STAN NICHOLS C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	DIRECTOR 0.00	0.	0.	0.
THOMAS SAVERI C/O ORGANIZATION PO BOX A EAST SMITHFIELD, PA 18817	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>69,179.</u>	<u>0.</u>	<u>0.</u>

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 16

ACTIVITY ONE

CATTERY - RESIDENT ACS CATS ARE PROVIDED WITH MULTIPLE TYPES OF ENRICHMENT DESIGNED TO STIMULATE THE PERSONALITY AND DRIVE OF EACH CAT. COMMUNAL LIVING SPACES PROVIDE THE CATS WITH THE COMPANIONSHIP AND STIMULATION OF OTHER CATS, ENABLING THE OPPORTUNITY FOR PLAY, INTERACTION, MUTUAL GROOMING, AND OTHER NORMAL CAT BEHAVIORS. THESE ENVIRONMENTS ARE ALSO FURNISHED WITH SHELVES, TUNNELS, BOOKSHELVES, CHAIRS, AND OTHER ITEMS DESIGNED TO ALLOW CATS TO CLIMB, HIDE, AND SLEEP AS THEY WOULD IN A HOUSEHOLD ENVIRONMENT.

THEY ALSO HAVE ACCESS DURING MORNING HOURS TO A "CATIO" THAT IS OPEN SEASONALLY; A SCREENED-IN PORCH PROVIDES ACCESS TO FRESH AIR, BIRD- AND BUG-WATCHING, AND NEW AND INTERESTING SMELLS. ACS PROVIDES TOYS, SCRATCHING POSTS AND CAT TOWERS FOR ADDITIONAL ENRICHMENT, AND SEVERAL TIMES EACH MONTH, CATNIP IS DISTRIBUTED FOR THEIR ENJOYMENT. WE ALSO DISPENSE TREATS ONCE WEEKLY IN A SCATTERING METHOD INTENDED TO STIMULATE THE CATS' HUNTING INSTINCTS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

414,376.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 17

ACTIVITY TWO

KENNEL - DOGS IN OUR CARE RECEIVE DAILY ENRICHMENT ACTIVITIES TO IMPROVE THEIR QUALITY OF LIFE. ACS STAFF AND VOLUNTEERS PROVIDE TOYS, TREATS, EXERCISE AND LOVE TO MAKE THE TEMPORARY STAY AT THE SHELTER LESS STRESSFUL. ON A DAILY BASIS ACS PROVIDES DOGS WITH 20 MINUTES OF LEASH WALKING, OFF LEASH YARD PLAY OR PLAY GROUP INTERACTION, DAILY SCENTS, BLANKETS & TOYS, LIGHTS OUT AND MUSIC THERAPY EITHER LIVE OR VIA CLASSICAL MUSIC PLAYED OVER THE STEREO SYSTEM, TREAT DISPENSING TOYS, PUZZLES, OR KONGS, & DAILY POSITIVE REINFORCEMENT TRAINING.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

424,293.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 18

ACTIVITY THREE

VETERINARY CARE - ANIMAL CARE SANCTUARY IS ONE OF THE FEW SHELTERS IN THE NATION THAT HAS ITS OWN VETERINARY STAFF. IT HAS ADOPTED THE STANDARDS OF THE AMERICAN ASSOCIATION OF SHELTER VETERINARIANS AND PARTICIPATES IN MADDIE'S SHELTER MEDICINE PROGRAM AT CORNELL'S COLLEGE OF VETERINARY MEDICINE. ALL ANIMALS AT ACS ARE EVALUATED BY THE VETERINARY TEAM UPON INTAKE AND A TREATMENT PLAN IS ESTABLISHED. THE VETERINARIAN PERFORMS WEEKLY ROUNDS AND ADJUSTS TREATMENT PLANS AS NECESSARY. PRIOR TO ADOPTION, A

PRE-ADOPTION PHYSICAL IS COMPLETED AND, IF NECESSARY, THE VETERINARIAN MEETS WITH THE ADOPTER TO EXPLAIN ANY OUTSTANDING MEDICAL CONDITION, HOW TO CARE FOR IT, SIGNS AND SYMPTOMS OF AILMENTS, AND ANY REQUIRED FOLLOW UP. HAVING RESIDENT VETS ENSURES THAT ALL ACS ANIMALS ARE VACCINATED, CHECKED FOR PARASITES AND DISEASE, SPAYED OR NEUTERED, AND MICROCHIPPED FOR IDENTIFICATION SO THAT THEY ARE HEALTHY AND READY FOR ADOPTION.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

343,694.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 19

ACTIVITY FOUR

ADOPTIONS - ACS HAS A VIGOROUS ADOPTION PROGRAM WITH A CONSISTENT RECORD OF ADOPTING 90% OF THE ANIMALS IT TAKES IN ON AN ANNUAL BASIS. ACS CONSIDERS THE NEEDS AND LIFESTYLES OF BOTH THE ADOPTER AND THE PET, TAKING CARE TO MATCH THE ANIMAL WITH A COMPATIBLE FAMILY AND COUNSELLING THE ADOPTIVE FAMILY ON NEEDED CARE AND ANY MEDICATIONS. ADOPTERS SIGN AN AGREEMENT STATING THAT IF THEY DO NOT KEEP THE ANIMAL FOR ANY REASON, THEY WILL RETURN IT TO ACS.

ANIMALS THAT ARE NOT ADOPTED REMAIN AT THE SANCTUARY WHERE QUALITY OF LIFE TAKES PRECEDENCE. IN ADDITION TO THE ONSITE ADOPTION PROGRAM, ACS BEGAN A PARTNERSHIP WITH A PETSMAST STORE IN A NEIGHBORING COUNTY IN 2012. IN THE LAST QUARTER OF 2016 WE ADDED TWO ADDITIONAL PETSMAST SITES TO OUR PARTNERS LIST. THE PETSMAST PARTNERSHIP RESULTED IN 67 ADDITIONAL CAT ADOPTIONS IN 2016. ACS' ADOPTION PROGRAM EXTENDS TO OTHER REGIONS WITH 50% OF OUR ADOPTIONS BEING IN PA AND THE OTHER 50% BEING IN NEIGHBORING NY, NJ AND OTHER STATES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

87,010.

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
165	BUILDING	01/01/82	SL	35.00		16	492,250.				492,250.	476,422.		14,064.	490,486.
166	CAT ROOM	05/01/84	SL	35.00		16	10,822.				10,822.	9,791.		309.	10,100.
167	BUILDING	03/01/85	SL	35.00		16	11,969.				11,969.	10,544.		342.	10,886.
168	CONCRETE	03/01/85	SL	35.00		16	1,025.				1,025.	903.		29.	932.
169	GRAVEL	03/01/85	SL	35.00		16	557.				557.	491.		16.	507.
170	FLOORING	03/01/85	SL	35.00		16	1,299.				1,299.	1,144.		37.	1,181.
171	BLDG - OPER ROOM	08/01/85	SL	35.00		16	16,527.				16,527.	14,363.		472.	14,835.
172	PAVING	07/01/86	SL	35.00		16	5,290.				5,290.	4,458.		151.	4,609.
173	BLDG	10/01/85	SL	35.00		16	2,285.				2,285.	1,975.		65.	2,040.
174	BLDG	10/01/85	SL	35.00		16	4,700.				4,700.	4,062.		134.	4,196.
175	BARN	10/01/86	SL	31.50		16	595.				595.	553.		19.	572.
176	DOORS & FLOORS	11/01/86	SL	31.50		16	975.				975.	903.		31.	934.
177	BLDG - SUPPLIES	07/01/87	SL	31.50		16	978.				978.	885.		31.	916.
178	SAND & GRATING KENNEL	09/01/87	SL	31.50		16	5,562.				5,562.	5,003.		177.	5,180.
179	LINOLEUM	11/01/87	SL	31.50		16	2,800.				2,800.	2,504.		89.	2,593.
180	ADDITION	01/01/88	SL	31.50		16	69,096.				69,096.	61,419.		2,194.	63,613.
181	HOSPITAL ADDITION	02/01/89	SL	31.50		16	23,000.				23,000.	19,653.		730.	20,383.
182	IMPROVEMENTS	06/01/98	SL	15.00		16	5,950.				5,950.	5,950.		0.	5,950.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
183	IMPROVEMENTS	06/01/98	SL	39.00	MM	16	981.				981.	442.		25.	467.
184	WINDOWS	01/19/99	SL	15.00		16	305.				305.	305.		0.	305.
185	ROOF	06/15/99	SL	39.00	MM	16	9,500.				9,500.	4,040.		244.	4,284.
186	IMPROVEMENTS	08/23/99	SL	15.00		16	855.				855.	855.		0.	855.
187	ROAD	05/22/99	SL	15.00		16	46,062.				46,062.	46,062.		0.	46,062.
188	IMPROVEMENTS	04/01/00	SL	39.00	MM	16	70,332.				70,332.	28,403.		1,803.	30,206.
189	MOBILE HOME	05/19/00	SL	27.50	MM	16	19,935.				19,935.	11,297.		725.	12,022.
190	PARKING LOT	04/27/00	SL	15.00		16	4,700.				4,700.	4,700.		0.	4,700.
191	DOORS	10/16/00	SL	39.00	MM	16	1,555.				1,555.	608.		40.	648.
192	FLOORING	01/28/01	SL	39.00	MM	16	2,300.				2,300.	880.		59.	939.
193	KENNEL BUILDING	09/30/01	SL	40.00		16	185,775.				185,775.	66,182.		4,644.	70,826.
194	BUILDINGS	06/11/02	SL	39.00	MM	16	8,491.				8,491.	2,958.		218.	3,176.
195	TRAILER DOORS	12/10/01	SL	42.00		16	635.				635.	213.		15.	228.
196	BUILDINGS - MOLDINGS	06/15/02	SL	39.00	MM	16	4,680.				4,680.	1,630.		120.	1,750.
197	BUIDLING	07/24/02	SL	39.00	MM	16	3,648.				3,648.	1,255.		94.	1,349.
198	CEMENT RUNS	08/16/02	SL	39.00	MM	16	2,647.				2,647.	911.		68.	979.
199	CEMENT RUNS	09/10/02	SL	39.00	MM	16	1,000.				1,000.	342.		26.	368.
200	BUIDLING - NEW	10/09/01	SL	39.00	MM	16	35,000.				35,000.	12,788.		897.	13,685.

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
201	BULDING - NEW	11/21/01	SL	39.00	MM16	25,000.				25,000.	9,028.		641.	9,669.
202	BULDING - NEW	12/28/01	SL	39.00	MM16	20,000.				20,000.	7,180.		513.	7,693.
203	BULDING - NEW	01/18/02	SL	39.00	MM16	28,880.				28,880.	10,306.		741.	11,047.
204	BUILDING ACCESSORIES	12/17/01	SL	39.00	MM16	1,977.				1,977.	710.		51.	761.
205	HEATING SYSTEMS	11/04/02	SL	20.00	16	20,160.				20,160.	13,272.		1,008.	14,280.
206	FURNACE	11/20/02	SL	20.00	16	3,270.				3,270.	2,140.		164.	2,304.
207	ELECTRIC UPGRADE	02/18/03	SL	25.00	16	2,740.				2,740.	1,407.		110.	1,517.
208	SIDING	05/23/03	SL	20.00	16	24,618.				24,618.	15,489.		1,231.	16,720.
209	TRAILER	03/26/04	SL	39.00	MM16	13,807.				13,807.	4,160.		354.	4,514.
210	BUILDING IMPROVEMENTS	10/02/03	SL	39.00	MM16	48,953.				48,953.	15,376.		1,255.	16,631.
211	FENCE	01/26/04	SL	15.00	16	600.				600.	477.		40.	517.
212	WELL PUMP	06/13/05	SL	39.00	MM16	2,554.				2,554.	693.		65.	758.
213	WATER LINE	12/13/04	SL	39.00	MM16	4,453.				4,453.	1,265.		114.	1,379.
214	KENNEL ROOF	11/22/04	SL	39.00	MM16	15,609.				15,609.	4,436.		400.	4,836.
215	DRIVEWAY	03/14/05	SL	15.00	16	57,550.				57,550.	41,564.		3,837.	45,401.
216	2005 ASTRO 14X72 TRAILER	07/18/05	SL	39.00	MM16	28,870.				28,870.	7,711.		740.	8,451.
217	PORCH	08/08/05	SL	39.00	MM16	1,747.				1,747.	467.		45.	512.
218	HEATER	07/06/05	SL	15.00	16	5,724.				5,724.	4,007.		382.	4,389.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
219	HEATERS	09/07/05	SL	15.00		16	9,534.				9,534.	6,568.		636.	7,204.
220	ROOFING	06/01/06	SL	39.00	MM	16	39,750.				39,750.	9,767.		1,019.	10,786.
221	SHED	10/01/05	SL	39.00	MM	16	2,412.				2,412.	634.		62.	696.
222	WELL PUMP	01/01/06	SL	39.00	MM	16	3,974.				3,974.	1,019.		102.	1,121.
223	FENCE	03/01/06	SL	15.00		16	630.				630.	413.		42.	455.
224	WATER TANK	11/01/05	SL	10.00		16	7,145.				7,145.	7,145.		0.	7,145.
225	WATER TANK	04/01/06	SL	10.00		16	2,991.				2,991.	2,916.		75.	2,991.
226	WASHER	02/01/06	SL	7.00		16	828.				828.	828.		0.	828.
227	DRYER	06/01/06	SL	7.00		16	420.				420.	420.		0.	420.
228	DRYER	06/01/06	SL	7.00		16	365.				365.	365.		0.	365.
229	BULDING IMPROVEMENTS	09/30/06	SL	39.00	MM	16	36,313.				36,313.	8,613.		931.	9,544.
230	FENCE	05/07/07	SL	10.00		16	5,382.				5,382.	4,664.		538.	5,202.
231	TOOLS	09/04/07	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
232	INCINERATOR	07/30/07	SL	7.00		16	2,678.				2,678.	2,678.		0.	2,678.
233	TRAILER SKIRTING	12/21/06	SL	7.00		16	953.				953.	953.		0.	953.
234	BUILDING - 30X12	09/04/07	SL	39.00	MM	16	4,602.				4,602.	983.		118.	1,101.
235	BUILDING - 8X10	09/12/07	SL	39.00	MM	16	1,179.				1,179.	252.		30.	282.
236	DRIVEWAY	10/16/06	SL	10.00		16	11,340.				11,340.	10,490.		850.	11,340.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
237	CHAIR	01/10/07	SL	7.00		16	500.				500.	500.		0.	500.
238	TWO WASHERS	01/21/08	SL	7.00		16	735.				735.	735.		0.	735.
239	BENCHES	10/08/07	SL	7.00		16	1,417.				1,417.	1,417.		0.	1,417.
240	HUMIDIFIER	12/26/07	SL	7.00		16	1,193.				1,193.	1,193.		0.	1,193.
241	WASHER	02/21/08	SL	7.00		16	350.				350.	350.		0.	350.
242	DRYER	06/30/08	SL	7.00		16	360.				360.	360.		0.	360.
243	FLOOR CLEANER	09/29/08	SL	7.00		16	1,012.				1,012.	1,012.		0.	1,012.
244	CHAIR	09/10/08	SL	7.00		16	440.				440.	440.		0.	440.
245	SECURITY SYSTEM	03/31/08	SL	7.00		16	6,792.				6,792.	6,792.		0.	6,792.
246	INCINERATOR	08/01/08	SL	10.00		16	37,900.				37,900.	28,109.		3,790.	31,899.
247	DISHWASHER	09/19/08	SL	7.00		16	300.				300.	300.		0.	300.
248	CATHOUSE FLOOR	12/03/07	SL	39.00	MM	16	8,470.				8,470.	1,755.		217.	1,972.
249	SHOWER	02/14/08	SL	7.00		16	400.				400.	400.		0.	400.
250	ROOF CAT BUILDING	04/21/08	SL	39.00	MM	16	2,780.				2,780.	546.		71.	617.
251	FLOOR WORK SPECIALS ROOM	08/18/08	SL	20.00		16	4,200.				4,200.	1,540.		210.	1,750.
252	LAND	01/01/82	NC	.000	HY		126,368.				126,368.			0.	
253	PET DOORS	02/15/09	SL	7.00		16	41,427.				41,427.	36,032.		209.	36,241.
254	BUILDING IMPROVEMENTS	10/31/09	SL	39.00	MM	16	34,210.				34,210.	5,409.		877.	6,286.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
255	BUILDING IMPROVEMENTS	04/30/10	SL	39.00	MM	16	7,501.				7,501.	1,090.		192.	1,282.
256	CARPET FLOORING	04/30/10	SL	7.00		16	4,639.				4,639.	3,756.		663.	4,419.
257	COMPUTER EQUIPMENT	05/28/10	SL	5.00		16	2,707.				2,707.	2,707.		0.	2,707.
258	COMPUTER EQUIPMENT	07/01/10	SL	5.00		16	1,354.				1,354.	1,354.		0.	1,354.
259	SIGN	07/07/10	SL	15.00		16	1,752.				1,752.	643.		117.	760.
260	DRYERS - 2	09/30/10	SL	7.00		16	1,161.				1,161.	871.		166.	1,037.
261	KENNEL EQUIPMENT	08/13/10	SL	7.00		16	5,092.				5,092.	3,940.		727.	4,667.
262	2008 SILVER SUV	10/14/10	SL	7.00		16	19,639.				19,639.	14,730.		2,806.	17,536.
263	CARPETING	12/17/10	SL	5.00		16	1,300.				1,300.	1,040.		0.	1,040.
264	BUILDING IMPROVEMENTS	07/01/11	SL	15.00		16	147,322.				147,322.	44,196.		9,821.	54,017.
265	EQUIPMENT	07/01/11	SL	7.00		16	1,198.				1,198.	770.		171.	941.
266	ENGRAVER	08/31/11	SL	7.00		16	6,237.				6,237.	3,861.		891.	4,752.
267	COMPUTER EQUIPMENT	07/01/11	SL	5.00		16	2,283.				2,283.	2,055.		228.	2,283.
268	APPLIANCES	07/01/11	SL	7.00		16	2,762.				2,762.	1,776.		395.	2,171.
269	CARPET	02/15/12	SL	5.00		16	5,411.				5,411.	4,238.		1,082.	5,320.
270	FILE CABINETS	02/09/12	SL	7.00		16	87.				87.	48.		12.	60.
271	FURNACE	02/14/12	SL	15.00		16	19,372.				19,372.	5,058.		1,291.	6,349.
272	OFFICE EQUIPMENT	04/26/12	SL	7.00		16	48.				48.	25.		7.	32.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
273	CANON MF595 PRINTER	05/10/12	SL	5.00		16	843.				843.	619.		169.	788.
274	DELL PC	08/23/12	SL	5.00		16	349.				349.	233.		70.	303.
275	WALKIE TALKIES	09/27/12	SL	7.00		16	74.				74.	35.		11.	46.
276	FURNITURE & EQUIPMENT	07/01/12	SL	7.00		16	27,207.				27,207.	13,604.		3,887.	17,491.
277	CATTERY & WELL	09/01/13	SL	39.00	MM	16	17,300.				17,300.	1,035.		444.	1,479.
278	HUSQVARNA YTH26V54 LAWN TRACTOR	03/01/13	SL	5.00		16	2,137.				2,137.	1,389.		427.	1,816.
279	LAPTOPS	11/07/13	SL	3.00		16	1,487.				1,487.	1,074.		413.	1,487.
280	DONATED CARGO VAN AND GRAPHICS	07/01/14	SL	5.00		16	11,500.				11,500.	3,450.		2,300.	5,750.
281	WELLSBORO LAND	02/01/14	NC	.000	HY		71,030.				71,030.			0.	
282	COMMERCIAL WASHER	09/01/14	SL	7.00		16	3,600.				3,600.	685.		514.	1,199.
283	COMMERICAL DRYER	09/01/14	SL	7.00		16	8,000.				8,000.	1,524.		1,143.	2,667.
284	SURGICAL LIGHT	09/01/14	SL	5.00		16	3,371.				3,371.	899.		674.	1,573.
285	PARTITION WALLS & INTAKE DRAINAGE	11/01/14	SL	39.00	MM	16	4,550.				4,550.	136.		117.	253.
286	PORTABLE XRAY MACHINE	02/01/14	SL	5.00		16	18,400.				18,400.	7,053.		3,680.	10,733.
287	CATTERY RENOVATION	06/01/14	SL	39.00	MM	16	4,800.				4,800.	195.		123.	318.
288	WELLSBORO BUILDING	02/01/14	SL	39.00	MM	16	166,498.				166,498.	8,182.		4,269.	12,451.
289	CATTERY PHONE SYSTEM	11/10/14	SL	5.00		16	8,711.				8,711.	2,032.		1,742.	3,774.
290	CAT COMMUNAL	11/13/14	SL	5.00		16	2,926.				2,926.	488.		418.	906.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
291	WORK TABLE	01/20/15	SL	5.00		16	2,776.				2,776.	509.		555.	1,064.
292	STORAGE CABINETS - ISOLATION ROOM	01/20/15	SL	5.00		16	1,126.				1,126.	206.		225.	431.
293	1992 FORD VAN	11/25/15	SL	5.00		16	1,250.				1,250.	21.		250.	271.
294	FREESTANDING MEDICAL CABINET - ISOLATION ROOM	05/15/15	SL	5.00		16	6,973.				6,973.	930.		1,395.	2,325.
295	AIR CONDITIONER - CATTERY	06/08/15	SL	5.00		16	16,315.				16,315.	1,903.		3,263.	5,166.
296	QUICKBOOKS PREMIER	03/30/15	SL	5.00		16	919.				919.	138.		184.	322.
297	OKI DATA COLOR LASER PRINTER	09/15/15	SL	5.00		16	1,299.				1,299.	87.		260.	347.
298	COMPU-GEN INTEL CORE SERIES WORKSTATION - WELLSBORO	11/23/15	SL	5.00		16	769.				769.	13.		154.	167.
299	COMPU-GEN INTEL CORE SERIES WORKSTATION - EAST SMITHFIELD	11/23/15	SL	5.00		16	769.				769.	13.		154.	167.
300	UNIMAX WASHER - CATTERY	01/19/15	SL	7.00		16	1,105.				1,105.	145.		158.	303.
301	WATERLINES - EAST SMITHFIELD	12/09/15	SL	15.00		16	35,491.				35,491.	197.		2,366.	2,563.
302	ROOF - EAST SMITHFIELD	09/28/15	SL	10.00		16	3,800.				3,800.	95.		380.	475.
303	TWO DECKS - EAST SMITHFIELD	07/20/15	SL	39.00	MM	16	18,968.				18,968.	203.		486.	689.
314	ENTRY WAVE	09/27/16	SL	10.00		16	8,000.				8,000.			200.	200.
315	CATTERY	09/12/16	SL	39.00		16	38,708.				38,708.			331.	331.
316	FELINE FLATS	12/12/16	SL	39.00		16	10,051.				10,051.			21.	21.
317	FURNACE - WB	01/25/16	SL	15.00		16	2,200.				2,200.			134.	134.
318	BANKED CAGES	05/31/16	SL	7.00		16	6,466.				6,466.			539.	539.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
319	SHARP COPIER	07/06/16	SL	5.00		16	4,483.				4,483.			448.	448.
320	RACHELLE LAPTOP	07/15/16	SL	5.00		16	829.				829.			83.	83.
321	KAREN COMPUTER	08/24/16	SL	5.00		16	829.				829.			55.	55.
322	CANON	09/02/16	SL	5.00		16	934.				934.			62.	62.
323	PHONE SYSTEM	11/30/16	SL	5.00		16	9,419.				9,419.			157.	157.
	* TOTAL 990-PF PG 1 DEPR						2,518,570.				2,518,570.	1,231,931.		100,166.	1,332,097.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,436,651.			0.	2,436,651.	1,231,931.			1,330,067.
	ACQUISITIONS						81,919.			0.	81,919.	0.			2,030.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						2,518,570.			0.	2,518,570.	1,231,931.			1,332,097.
	ENDING ACCUM DEPR											1,332,097.			
	ENDING BOOK VALUE											1,186,473.			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ANIMAL CARE SANCTUARY	Employer identification number (EIN) or 22-1837635
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX A	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EAST SMITHFIELD, PA 18817	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOAN SMITH-REESE

• The books are in the care of ▶ **P.O. BOX A - EAST SMITHFIELD, PA 18817**
Telephone No. ▶ **570-596-2200** Fax No. ▶ **570-596-2210**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	760.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2016
month day year

2. Federal ID Number (EIN) 22-1837635 2a. N.J. Charities Registration Number: CH- 0219800-5

3. Full legal name of the registering organization: ANIMAL CARE SANCTUARY
In care of: (if necessary, otherwise leave this line blank) JOAN SMITH-REESE

4. Mailing Address: P.O. BOX A, EAST SMITHFIELD, PA 18817 Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
JOAN SMITH-REESE , _____
Contact person Street address City State ZIP Code
570-596-2200 570-596-2210
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:
570-596-2200 570-596-2210
Telephone number (include area code) Fax number (include area code)
JSMITHREESE@ANIMALCARESANCTUARY.ORG WWW.ANIMALCARESANCTUARY.ORG
E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

9. Where and when was the organization legally established? Date: 02/01/1968 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: ANIMAL CARE FUND, INC.

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.
PENNSYLVANIA
NEW YORK

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
CARE FOR STRAY AND ABANDONED ANIMALS

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.

ALREADY EXISTS- FEEDING, MEDICATION OF ANIMALS, VET CARE, ADOPTION OF

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No
b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.
Please report all figures as GROSS, not NET.

<i>Full legal name and street address of the organization</i>				
Full legal name: ANIMAL CARE SANCTUARY				
Fiscal year-end being reported: 12/31/2016 <small>month day year</small>		Federal ID Number (EIN) 22-1837635		
Mailing address: P.O. BOX A, EAST SMITHFIELD, PA 18817				
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Street address of the registering organization: _____				
<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>	
New Jersey Charities Registration number: CH 0219800-5		<small>-00</small>	Telephone number: 570-596-2200 <small>(include area code)</small>	

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

- | | | |
|------|---|--|
| (1) | Direct mail | |
| (2) | Telephone solicitation | |
| (3) | Commercial co-venture | |
| (4) | Gross receipts from fund-raising events | |
| (5) | Canisters, counter cards, door to door etc | |
| (6) | Corporations and other businesses | |
| (7) | Foundations and trusts | |
| (8) | Donated land, buildings, property, equipment
and materials | |
| (9) | Legacies and bequests | |
| (10) | Membership dues solely resulting from
solicitations | |
| (11) | Other support (specify) | |

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11))

Line A1c. Indirect Public Support received from the following sources:

- | | | |
|-----|--|--|
| (1) | Federated fund-raising organization | |
| (2) | From an affiliated organization | |
| (3) | From another fund-raising organization | |

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3))

Line A1e. Total Gross Contributions (add lines A1b and A1d)

Line A2. Government grants including purchase of service contracts (specify agency)

a. _____

b. _____

c. _____

d. _____

Line A2e. Total Government Grants (add lines 2a thru 2d) _____

Line A3. Other Support

a. Bona fide membership _____

b. Program service revenue _____

c. Professional services rendered by volunteers _____

d. Miscellaneous income (specify) _____

Line A3e. Total Other Support (add the total of lines A3a thru A3d) _____

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) _____

B. Expenses

Line B1. Program expenses _____

Line B2. Management and general expenses _____

Line B3. Fund-raising expenses _____

Line B4. Payments to state/national affiliates (if applicable) _____

Line B5. Total Expenses (add the totals of line B1 thru B4) _____

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) _____

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year _____

Line D2. Other changes in net assets or fund balances (attach explanation) _____

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) _____

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information**

Organization's Name: ANIMAL CARE SANCTUARY

N.J. Charities Registration Number: CH- 0219800-5 -00

Federal ID Number (EIN) 22-1837635

Fiscal Year-End being reported: 12/31/2016
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? Yes No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name JOAN SMITH-REESE Title EXECUTIVE DIRECTOR Date _____

Signature _____ Name SARA DUNN Title TREASURER Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CINDY OPEKA

SECRETARY

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ROBERT BARNES

DIRECTOR

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARJORIE ULKINS

DIRECTOR

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DAVE BURCH

VICE CHAIRPERSON

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOAN SMITH-REESE

EXECUTIVE DIRECTOR

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

69,179.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RUTH BARBER

DIRECTOR

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARQUENE KANE

SECRETARY (FORMER)

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BERNEICE HASKELL

CHAIRPERSON (FORMER)

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SARAH DUNN

CHAIRPERSON

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JACK WHEELER

DIRECTOR

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHELE LICATA

DIRECTOR

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STAN NICHOLS

DIRECTOR

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

ANIMAL CARE SANCTUARY

22-1837635

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

THOMAS SAVERI

DIRECTOR

ADDRESS

C/O ORGANIZATION PO BOX A

SALARY

0.

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.

Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. *Please Note: Extensions of time to file cannot be granted for Initial Registrations.*

Date fiscal year ends: 12/31/16 Date of this application: _____ N.J. Charities Registration Number: CH- 0219800-5

Charity's Full Legal Name: ANIMAL CARE SANCTUARY

Other Names Used (d.b.a.) _____

Mailing Address:

P.O. BOX A, EAST SMITHFIELD, PA 18817

In care of:

Address

City

State

ZIP Code

Street Address:

Street Address

City

State

ZIP Code

Check this box to flag a change of address or other vital information.

Contact Person: JOAN SMITH-REESE

Phone Number: 570-596-2200

(include area code)

E-mail: JSMITHREESE@ANIMALCARESANCTUARY.ORG

Federal Tax ID (EIN): 22-1837635

Web site: WWW.ANIMALCARESANCTUARY.ORG

Fax Number: 570-596-2210

(include area code)

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

THE INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE RETURN IS NO
YET AVAILABLE.

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application? Yes No
If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.
3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs? Yes No
4. Has the organization previously filed an initial registration with the Charities Registration Section? Yes No
If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.
5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.
- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
 - All of the questions on this application have been answered.
 - The charity has filed all previous renewal registrations and required documents.
 - The charity has paid all previous years' fees and penalties owed to the Division.
 - Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Title EXECUTIVE DIREC Date _____
 Signature _____ Title TREASURER Date _____

This form must be signed by at least one (1) officer of the charity.

Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2016
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2016 and Ending (mm/dd/yyyy) 12/31/2016		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: ANIMAL CARE SANCTUARY	Employer Identification Number (EIN): 22-1837635
	Mailing Address: P.O. BOX A	NY Registration Number: 15-42-61
	City / State / ZIP: EAST SMITHFIELD, PA 18817	Telephone: 570 596-2200
	Website: WWW.ANIMALCARESANCTUARY.ORG	Email: JSMITHREESE@ANIMALC
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	JOAN SMITH-REESE		
	EXECUTIVE DIRECTOR	Signature	Print Name and Title
			Date
Chief Financial Officer or Treasurer:	SARA DUNN		
	TREASURER	Signature	Print Name and Title
			Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: "Department of Law"
---	---------------------------------	------------------------------------	------------------------------	--

ANIMAL CARE SANCTUARY

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- Checkboxes for submitting Schedule 4a (Professional Fund Raisers) and Schedule 4b (Government Grants).

Check the financial attachments you must submit with your CHAR500:

- Checkboxes for submitting IRS Form 990, 990-EZ, 990-PF, 990-T, additional 990 Schedules, and an IRS 990-N e-postcard.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Checkboxes for Review Report, Audit Report, No Review Report, and DUAL filer exemption.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- Checkboxes for 7A fee: \$0 (if exemption checked) or \$25 (if not).

For EPTL and DUAL filers, calculate the EPTL fee:

- Checkboxes for EPTL fee based on NET WORTH: \$0, \$25, \$50, \$100, \$250, \$750, or \$1500.

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120

Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014

Website: www.dos.state.pa.us/charities

For Official Use Only

Approved: _____

RF: _____

AF: _____

LF: _____

Fee Received: _____

Commonwealth of
Pennsylvania
Department of State

Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily
(See note under "important information")

Certificate Number: 03986
(Renewals Only)

Fiscal Year Ended: 12/31/2016

Employer Identification Number (EIN): 22-1837635

1. Legal name of organization: ANIMAL CARE SANCTUARY

Check if name change Previous name: _____

2. All other names used to solicit contributions: _____

3. Contact person: JOAN SMITH-REESE

Contact's E-mail: JSMITHREESE@ANIMALCARESANCTUARY.ORG

Physical address of organization: (Required)

Mailing address: (If different than physical)

MILAN/EAST SMITHFIELD RD

P.O. BOX A

City: EAST SMITHFIELD

City: EAST SMITHFIELD

State: PA ZIP code: 18817

State: PA ZIP code: 18817

County: BRADFORD

800 number: _____

Phone number: 570-596-2200

Fax number: 570-596-2210

E-mail (If different than Contact's E-mail): _____

Website: WWW.ANIMALCARESANCTUARY.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

SEE STATEMENT 1

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization:

(See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1) 162.7(a)(2)
- 162.7(a)(3) 162.7(a)(4) Not Applicable

6. List type of organization (e.g. corporation, association, etc.) : CORPORATION

Where established: NEW JERSEY Date established:** 02/01/1968

** (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No

(Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. _____

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents:

9. If organization solicited Pennsylvania residents and received gross * contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. _____

*Includes contributions received both within and outside Pennsylvania

10. Has organization been granted IRS tax-exempt status? Yes No

(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(C)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No

(If "Yes", attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes No

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

CARE FOR NEGLECTED AND SURRENDERED ANIMALS.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :

DIRECT MAIL

14. Is organization registered to solicit contributions in any other state or municipality? Yes No
(If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

NEW YORK

NEW JERSEY

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited:(Attach separate sheet if necessary)

SEE STATEMENT 2

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents:(Attach separate sheet if necessary)

SEE STATEMENT 3

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

N/A

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization)

(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE STATEMENT 4

25. Names and addresses for: (Attach separate sheet if necessary)

A. Individual(s) in charge of solicitation activities:

JOAN SMITH-REESE

PO BOX A EAST SMITHFIELD, PA 18817

B. Individual(s) with final responsibility for the custody of contributions:

JOAN SMITH-REESE

PO BOX A EAST SMITHFIELD, PA 18817

C. Individual(s) with final responsibility for final distribution of contributions:

JOAN SMITH-REESE

PO BOX A EAST SMITHFIELD, PA 18817

D. Individual(s) responsible for custody of financial records:

JOAN SMITH-REESE

PO BOX A EAST SMITHFIELD, PA 18817

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

C. Any supplier or vendor providing goods or services? Yes No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

Signature of Chief Fiscal Officer Date _____

JOAN SMITH-REESE, EXECUTIVE DIRECTOR

Type or Print Name and Title of Chief Fiscal Officer

Signature of Another Authorized Officer Date _____

SARAH DUNN, TREASURER

Type or Print Name and Title of Another Authorized Officer

<u>Checklist</u>	
<input checked="" type="checkbox"/>	Original Registration Statement Properly Signed and Dated
<input checked="" type="checkbox"/>	A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
<input checked="" type="checkbox"/>	Form BCO-23, if Required
<input checked="" type="checkbox"/>	Applicable Financial Statements
<input checked="" type="checkbox"/>	Registration Fee and any Late Filing Fees
<input type="checkbox"/>	Additional Filings, if an Initial Registrant

FORM BCO-10 ALL OFFICES, CHAPTERS, BRANCHES LOCATED IN PA STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

EAST SMITHFIELD-NOTED ABOVE-MAIN OFFICE
P.O. BOX A, EAST SMITHFIELD, PA 18817

570-596-2200

NAME AND ADDRESS

PHONE NUMBER

WELLSBORO LOCATION
11765 ROUTE 6, WELLSBORO, PA 16901

570-724-3687

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

N/A

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10 PROFESSIONAL FUNDRAISING COUNSELS STATEMENT 3

NAME AND ADDRESS PHONE NUMBER

N/A

CONTRACT BEGIN DATE CONTRACT END DATE SERVICE DATE

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 4

NAME AND ADDRESS TITLE
RICHARD (DICK) MACINTIRE CHAIRPERSON
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

NAME AND ADDRESS TITLE
CINDY OPEKA SECRETARY
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

NAME AND ADDRESS TITLE
ROBERT BARNES DIRECTOR
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

NAME AND ADDRESS TITLE
MARJORIE ULKINS DIRECTOR
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

NAME AND ADDRESS TITLE
DAVE BURCH VICE CHAIRPERSON
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

NAME AND ADDRESS TITLE
JOAN SMITH-REESE EXECUTIVE DIRECTOR
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

NAME AND ADDRESS

RUTH BARBER
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

TITLE

DIRECTOR

NAME AND ADDRESS

MARQUENE KANE
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

TITLE

SECRETARY (FORMER)

NAME AND ADDRESS

BERNEICE HASKELL
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

TITLE

CHAIRPERSON (FORMER)

NAME AND ADDRESS

SARAH DUNN
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

TITLE

CHAIRPERSON

NAME AND ADDRESS

JACK WHEELER
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

TITLE

DIRECTOR

NAME AND ADDRESS

MICHELE LICATA
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

TITLE

DIRECTOR

NAME AND ADDRESS

STAN NICHOLS
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

TITLE

DIRECTOR

NAME AND ADDRESS

THOMAS SAVERI
C/O ORGANIZATION PO BOX A
EAST SMITHFIELD, PA 18817

TITLE

DIRECTOR

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

ORGANIZATION NAME: <u>ANIMAL CARE SANCTUARY</u>
CERTIFICATE NUMBER: <u>03986</u> FOR FISCAL YEAR ENDED: <u>12/31/2016</u>

Part I: Gross Contributions

1) General Contributions	1	2,353,286.
2) Gross Receipts from Special Events	2	44,117.
3) Contributions from Affiliates	3	0.
4) Contributions Received from Federated Fundraising Organizations	4	0.
5) Receipts from Membership Dues in Excess of Bona Fide Dues	5	0.
6) Gross Contributions (add lines 1 through 5)	→ 6	2,397,403.

Part II: Other Income

7) Program Service Revenues	7	372,659.
8) Bona Fide Membership Dues and Assessments	8	0.
9) Government Grants and Contracts	9	0.
10) Miscellaneous Income	10	35,924.
11) Total Income (add lines 6 through 10)	→ 11	2,805,986.

Part III: Expenses

12) Program Services	12	1,399,713.
13) Administrative Expenses	13	429,834.
14) Fundraising Expenses	14	295,921.
15) Payments to Affiliated Organizations	15	0.
16) Other Expenses from Special Events (other than fundraising expenses)	16	32,717.
17) Miscellaneous Expenses	17	0.
18) Total Expenses (add lines 12 through 17)	→ 18	2,158,185.

Part IV: Net Assets

19) Excess or (Deficit) for the Year (subtract line 18 from line 11)	19	647,801.
20) Net Assets or Fund Balances at Beginning of Year	20	3,986,474.
21) Other Changes in Net Assets or Fund Balances (attach explanation)	21	189,067.
22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)	→ 22	4,823,342.

(See Next Page for "Salaries and Expense Allowance Statement")

