Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

-		The state of the s	ear, or tax year beginning	JANUARY 1 ,	2017, and ending	DEC	CEMBER 3	1 ,20 17
R			Name of organization ?:					fication number 2
H	Address	change CEI	NTRAL VALLEY COALITION FOR AN	IIMALS, DBA "THE BIG F	IX"		30-0	001935
П	Name of Initial ret		mber and street (or P.O. box, if mail is not d	elivered to street address)	Room/suite	E Tele	phone numb	er
П	1000 m 1/2	um/terminatori	7 SHERMAN VALLEY RD SW			DE LA COMPANI	(360) 2	259-9149
	Amende		or town, state or province, country, and Zl	P or foreign postal code		F Gro	up Exempt	
The same of the sa	Applicati	on pending OLY	/MPIA, WA 98512			#	mber ▶	
G	Accoun		Cash Accrual Other (specify) ▶	Н			e organization is not
	Websit		EBIGFIXUGANDA.ORG					Schedule B
1	Tax-exe	mpt status (check o	nly one) — 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or 527			Z, or 990-PF).
K	Form o	f organization:	Corporation Trust	Association To	ther		***	40.000.17
L.	Add line	es 5b, 6c, and 7b to	o line 9 to determine gross receipts. If	gross receipts are \$200.00	00 or more or if total	l assets		
(Pa	art II, co	lumn (B) below) are	e \$500,000 or more, file Form 990 inst	ead of Form 990-EZ			P &	
	Part I	Revenue, E	xpenses, and Changes in Ne	t Assets or Fund Ba	lances (see the	instru	ctions for	r Part I)
		Check if the	organization used Schedule O t	o respond to any ques	stion in this Part I		00.10 10	
?	1	Contributions,	gifts, grants, and similar amounts	received			1	54365.54
?	2	Program service	ce revenue including government f	ees and contracts .			2	04000.04
?	3	Membership di	ues and assessments				3	
?	4	Investment inci	ome			_	4	
	5a	Gross amount	from sale of assets other than inve	entory	5a			
	b	Less: cost or of	ther basis and sales expenses .		5b			
	С	Gain or (loss) fr	rom sale of assets other than inver	ntory (Subtract line 5b f			5c	
	6	Gaming and fur	ndraising events	, (A	50	
ē	a	Gross income \$15,000)	from gaming (attach Schedule	G if greater than				
Revenue	h	W 5	from fundraising events (not include		6a			
9		from fundraisin	g events reported on line 1) (atta	ing \$ 2272	.99 of contribution	IS		
O.	Section 2	sum of such on	oss income and contributions exc	ch schedule G if the	1			
	C				6b	0		
	d	Net income or	penses from gaming and fundraisi	ng events [6c	0		
	-	line 6c)	(loss) from gaming and fundraisi	ng events (add lines 6	a and 6b and sub	otract		
	7a	,	nventory, less returns and allowar				6d	2272.99
	b	Less: cost of go		The second secon	7a			
	C		oods sold		7b			
	8	Other revenue					7c	
	9			do			8	100.00
	10	Grants and simi	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and	00	x - x	- >	9	56738.53
	11	Benefits naid to	ilar amounts paid (list in Schedule or for members	0)	* * = = * *		10	78071.00
60	12	Salaries other	compensation, and employee ben	ofito o			11	
Expenses	13	Professional for	e and other navments to indepen	dent control			12	
Der	14	Occupancy ran	s and other payments to independ	dent contractors Mar.			13	
X	15	Printing publics	t, utilities, and maintenance .				14	
	16	Other expenses	ations, postage, and shipping				15	
	17	Total expenses	(describe in Schedule 0) 2				16	1407.48
	18	Evenes or Ides	Add lines 10 through 16			. ▶	17	79478.48
Net Assets	19	Net assets or fi	it) for the year (Subtract line 17 fro	om line 9)			18	22739.95
80		end-of-year finn	und balances at beginning of yea are reported on prior year's return)	r (rom line 2/, column	(A)) (must agree	with		
of A	20	Other change :	n not constant of the last				19	29541.40
Z	21	Not seems or f	n net assets or fund balances (exp	piain in Schedule ().			20	22739.95
	41	INCL GOOCIO UT ILI	nd balances at end of year. Comb	ine lines 18 through 20		. >	21	6801.45

?"	Fa	Balance Sheets (see the i	nstructions	for Part II)			-	
		Check if the organization us	ed Schedule	O to respond to	any guestion in this	Dort II		
				o to topolia to	ary question in this	(A) Beginning of year	-	(B) End of year
	22	Cash, savings, and investments				29541.40	22	
	23	Land and buildings				27341.40	23	6801.45
	24	Other assets (describe in Schedule	O)				24	
	25	Total assets				29541.40	-	6801.45
	26	Total liabilities (describe in Sched	ule O)			27041.40	26	0001.45
	27	Net assets or fund balances (line	27 of column	(B) must agree w	ith line 21)	29541.40		6801.45
?'	Par	Statement of Program Ser	vice Accom	plishments (see	the instructions for	Part III)	Stean 2	0001.43
,		Check if the organization us	ed Schedule	O to respond to	any question in this	Part III		Expenses
	Wha	t is the organization's primary exempt	purpose?	ALLEVIATE THE S	UFFERING OF ANIMA	LS		quired for section
	Desc	cribe the organization's program servi	ice accompli	shments for each	of its throa largest r			(c)(3) and 501(c)(4) anizations; optional for
		rousered by experises. Ill a clear an	o concise m	anner describe ti	ne services provide	d. the number of	3 3 3 3 3 3	ers.)
1	pora	oris benefited, and other relevant infor	mation for ea	ch program title.				
?'	28	THE BIG FIX UGANDA: PROGRAMS IN	VETERINAR	SERVICE (OPERA	TION OF THE ONLY O	HARITY		T
		VETERINARY HOSPITAL IN UGANDA;	RABIES VACO	INATION, SPAY/NE	UTER OF DOGS/CAT	S, ANIMAL		ELECTRICAL PROPERTY OF THE PRO
	?'	WELFARE EDUCATION, ANIMAL ASSIS	STED INTERV	ENTIONS) - SEE SC	HEDULE O FOR MOR	E INFORMATION		TO SECULATION OF THE PROPERTY
	BROWN BACK	(Grants \$ 78071.00) If	this amount	includes foreign g	ants, check here .	▶ 🗸	28a	78071.00
	23	PURCHASE OF SUPPLIES USED IN PR	OGRAM IN UC	SANDA: VETERINA	RY SUPPLIES \$379.69); ID TAGS FOR		
		COMFORT (SERVICE) DOGS \$53.71; ST	ATIONERY \$	14.72; DOG TREATS	FOR SERVICE DOG	TRAINING \$59.36		
		(Grants \$) If	WE					200
	30	(Citality) II	this amount	includes foreign gr	ants, check here .	▶ 🛮	29a	507.48
		(Grants \$) If	this amount	includes foreign ar	anta abastata			NAME OF TAXABLE PARTY O
	31	Other program services (describe in S	chedule (1)	includes loreign gr	ants, check here .	🔊 📋	30a	
				includes foreign ar	ants, check here .		04-	No.
	32	Total program service expenses (ac	ld lines 28a t	hrough 31a)	and, check here .		31a 32	
The same	Part	List of Officers, Directors, Trust	ees. and Kev	Employees (list eac	h one even if not come	concated see the in	SZ	78578.48
		Check if the organization use	d Schedule	O to respond to a	ny question in this	Part IV	ou uu	uois ioi rait iv)
		_		(b) Average	(c) Reportable ?	(d) Health benefits,	T	· · · · · · ·
		(a) Name and title		hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		Estimated amount of ther compensation
-				devoted to position	(if not paid, enter -0-)	deferred compensation	3	iner compensation
		RENDA FORSYTHE, DVM		AS NEEDED				
-		IDENT		AS NEEDED	0	()	0
-		HINTON		AS NEEDED				
-		PRESIDENT REA KENNEDY		7.0 112222	0	0		0
-		ETARY		AS NEEDED				
-		H SCHMIDT			0	0		0
		SURER AND PROJECT COORDINATOR		40+				
0.11		LA VERA			0	0		0
-								
-	SUAR	D MEMBER		AS NEEDED				
		RYN MOHAN MCDONALD		AS NEEDED	0	0	TO THE PERSON NAMED IN	0
	ATH	RYN MOHAN MCDONALD		AS NEEDED AS NEEDED				0
_	ATH				0	0		0
	ATH	RYN MOHAN MCDONALD						
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	ATH	RYN MOHAN MCDONALD						

	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	10	age •	>
	-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Parl	٧ .		Description
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes." provide a		Yes	No	
78	24	detailed description of each activity in Schedule O	33		2	- 01
	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	24	and the second s		
	35a		34		-	177 2
	b		35a 35b		V	_
	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c			E .
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	?'
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
9	ь 38а	Did the organization file Form 1120-POL for this year?	37b		V	
0	JOA	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	00-			1701
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		V	?:
,	39	Section 501(c)(7) organizations. Enter:				
	a	Initiation fees and capital contributions included on line 9				
	b 40c	Gross receipts, included on line 9, for public use of club facilities				
•	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	n/sament()	V	
	C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400			?:
		on organization managers or disqualified persons during the year under sections 4912,				
		4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
		transaction? If "Yes," complete Form 8886-T	40e		V	
	11	List the states with which a copy of this return is filed ▶ CALIFORNIA	100			i .
4	12a	The organization's books are in care of ▶ SARAH SCHMIDT, TREASURER Telephone no. ▶ (3	360) 25	9-9149)	
	h	Located at ▶ 8927 SHERMAN VALLEY RD SW, OLYMPIA, WA ZIP + 4 ▶	985			ě
	1.0	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	H 8	Yes	No	
		If "Yes," enter the name of the foreign country: ▶	42b		<u> </u>	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c		V	
4	13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. >	- []	
		and enter the amount of tax-exempt interest received or accrued during the tax year				
Δ	4 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No	
		completed instead of Form 990-EZ	44-			
		Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		V	
		completed instead of Form 990-EZ	44b		V	
	C	Did the organization receive any payments for indoor tanning services during the year?	44c	- ACTUAL DESIGNATION OF THE PERSON OF THE PE	V	
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
		explanation in Schedule O	44d	a secretario		
4		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V	
		Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
		Form 990-EZ (see instructions)	45h	1	1	

46	Did the organization engage, directly or	indirectly in political	campaign activities or	hahalf of i-		res No
	to candidates for public office? If "Yes,"	complete Schedule (2. Part I	i benan of or in of	No. of Contract of	
Part	VI Section 501(c)(3) organization	s only	-,		- 46	1
BURNESS STATES	All section 501(c)(3) organization	ne muet anewer au	actions 17, 10h and	EO and assessed		
	50 and 51.	no must answer qui	estions 41-490 and	52, and comple	te the tables to	r lines
-	Check if the organization used So	chedule U to respon	d to any question in t	his Part VI	1 to 10 10 to 10	
47	Did the examination are in L.L.					Yes No
-8/8	Did the organization engage in lobbying	g activities or have a	section 501(h) election	n in effect during	the tax	
7000	year? If "Yes," complete Schedule C, Pa				- 47	1
48	Is the organization a school as described	in section 170(b)(1)(A)	(ii)? If "Yes," complete	Schedule F	48	V
49a	Did the organization make any transfers	to an exempt non-ch	aritable related organiz	zation?	49a	V
b	If "Yes," was the related organization as	ection 527 organizati	on?		49b	
50	Complete this table for the organization's	s five highest comper	sated employees (oth	er than officers d	iroctoro tructos	
	employees) who each received more that	n \$100,000 of compe	nsation from the organ	nization of there is	nectors, trustees	s, and key
				(d) Health benefit		nie.
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to empl		amount of
	H. Secretarion and the secretarion of the secretari	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and def		
NONE				compensation	_	
NOIVE						
			MCCACCIONAL MACCACCION AND AND AND AND AND AND AND AND AND AN	And the second s		
				and the state of t		
				vanocente		
				AUTHORISE) AND AUTHORISE AND A		
	Tall I Col	<u> </u>				
	Total number of other employees paid ov					
51	Complete this table for the organization	's five highest comp	ensated independent	contractors who	each received m	nore than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."			
	(a) Name and business address of each independ	dent contractor	(b) Type of servi	00	(-) C	
			(b) Type of servi	ce	(c) Compensation	i
NONE						
				The state of the s		
	5-76					
			ACT 1000000000000000000000000000000000000			
d	Total number of other independent contra	ctors each receiving	over \$100,000	>	NONE	
	Did the organization complete Schedu			izatione must at		
	completed Schedule A				2 2222	
Jnder per	nailies of perium I declare that I have examined this	otum inaludina assesse			▶ ✓ Yes	No
rue, come	nalties of perjury, I declare that I have examined this r oct, and complete. Declaration of preparer (other than	officer) is based on all info	nng schedules and statemer mation of which preparer ha	its, and to the best of r	ny knowledge and be	elief, it is
				and informedge.		
Sign	Signature of officer					
Here .				Date		
icie	SARAH SCHMIDT, TREASURER					
	Type or print name and title	HINTON AND THE STREET	AD 10 (10 (15 (15 (15 (15 (15 (15 (15 (15 (15 (15			
Paid	Print/Type preparer's name	Preparer's signature	Date	1	PTIN	
Prepa	rer	Photos and the second s			mployed	
Jse O		1			1	
JOE U	Firm's address >			Firm's EIN ▶		
May the	IRS discuss this return with the preparer	shown above? See in	netra etione	Phone no.	N. Files	
	and correct and the highlight	PIONII GROVE: OGG !!	ISUUCUUIS		· Yes	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number CENTRAL VALLEY COALITION FOR ANIMALS, DBA "THE BIG FIX" 30-0019352 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) di that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 fisted in your governing support (see other support isee above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Part II

Par	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70/b\/1\/A\/wi	Page Z
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to que	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	any under
	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					The state of the s	
	include any "unusual grants.")	74032	82292	134039	135190	56739	482292
2	Tax revenues levied for the						
	organization's benefit and either paid					Yesimone	
	to or expended on its behalf					and the second	
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	Table 1				See a se	
4							
2000	Total. Add lines 1 through 3	74032	82292	134039	135190	56739	482292
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						151445
Sect	ion B. Total Support				1		330847
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	74032	82292	134039	135190	56739	482292
8	Gross income from interest, dividends,	and the same of th		NAME OF THE PARTY			1022/2
	payments received on securities loans,	CHINESTAN	ACCESSION		No.	COORMAN	
	rents, royalties, and income from	Section 2		Bestrand		- Carlotte	
	similar sources	CARCINETINE		Out-Children		99	
9	Net income from unrelated business			-			
	activities, whether or not the business	CCCCC, and			ad, distanta		
	is regularly carried on				Mark State S	S. Carriero	
10	Other income. Do not include gain or				-	and the same of th	
	loss from the sale of capital assets					No.	
44	(Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10	/					482292
13	Gross receipts from related activities, etc.	(see instruction	ns)	AL		12	
	First five years. If the Form 990 is for the organization, check this box and stop here	organization	s iirst, second	, tnird, tourtn,	or fifth tax yea	ar as a section	501(c)(3)
Secti	on C. Computation of Public Support						
14	Public support percentage for 2017 (line 6,	column (f) div	ided by line 11	column (f)		14	(0 / 0/
15	Public support percentage from 2016 Scho	edule A. Part II	line 14	, column (1))	· · · · -	15	68.6 %
16a	331/3% support test—2017. If the organiz	ation did not o	check the box	on line 13, and	line 14 is 331	13% or more o	heck this
	box and stop here. The organization quali	fies as a public	ly supported o	rganization			▶ 🔽
b	331/3% support test—2016. If the organization	ation did not c	heck a box on	line 13 or 16a	and line 15 is	331/3% or mo	re check
	this box and stop here. The organization of	qualifies as a p	ublicly support	ed organizatio	n		▶ □
17a	10%-facts-and-circumstances test-20	17. If the organ	nization did no	t check a box	on line 13 16:	a or 16h and	lina 1/1 ie
	10% or more, and if the organization med	ets the "facts-a	and-circumstar	ices" test, che	ck this box an	d stan hara F	-volain in
	Part VI now the organization meets the "fa	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a publicly s	unnorted
	organization						▶ □
b	10%-facts-and-circumstances test-201	16. If the organ	nization did no	t check a box	on line 13 16	a 16b or 17a	and line
	15 is 10% or more, and if the organizati	on meets the	"facts-and-cir	cumstances"	test check th	is how and et	on here
	Explain in Part VI how the organization me	eets the "facts	and-circumsta	ances" test. Ti	he organization	qualifies as a	nublicly
10	supported organization						▶ □
18	Private foundation. If the organization did instructions	not check a be	ox on line 13, 1	6a, 16b, 17a,	or 17b, check	this box and se	ee

	(Complete only if you checked the lift the organization fails to qualify on A. Public Support dar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	under the te	sts listed bel	ow, please co	omplete Part	II.)	Taor I ast III,
Calen 1 2	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities	(a) 2013	(b) 2014	r			
2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed or facilities	(4) 2010	I WI ZUIT	(a) 201E	(d) 2016	(-) 0047	10 T
	sold or services performed or facilities		in the second se	(c) 2015	(a) 2010	(e) 2017	(f) Total
3	organization's tax-exempt purpose		and consequent to the consequence of the consequenc		THE PROPERTY OF THE PROPERTY O		
	Gross receipts from activities that are not an unrelated trade or business under section 513				The state of the s		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	on B. Total Support		*				
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		400	NACA CANADA			
	payments received on securities loans, rents, royalties, and income from similar sources .	Autobiomy formerly formerly former and the first fo			delicate from the property condenses of the condenses of		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	од Англай Сорона и подавателения пода	on Anni Control Contro	TO THE PARTY OF TH	en desiliariana de la comprenenza		
	Add lines 10a and 10b					- I	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	And the second s					
12	Other income. Do not include gain or loss from the sale of capital assets	The state of the s					
13	(Explain in Part VI.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	organization	's first, second	l, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
sectio	n C. Computation of Public Support	Percentage	•				· · · _ L
15	Public support percentage for 2017 (line 8,	column (f) div	ided by line 13	B, column (f))		15	%
16	Public support percentage from 2016 Sche	dule A, Part II	II, line 15			16	%
sectio	n D. Computation of Investment Inco	me Percen	tage			T .	
17	Investment income percentage for 2017 (lin	e 10c, colum	n (f) divided by	line 13, colum	nn (f))	17	%
18 19a	Investment income percentage from 2016 S 331/3% support tests—2017. If the organiza	cneaule A, P	art III, line 17	on line 14		18	%
.ou	17 is not more than 331/3%, check this box an	d stop here.	The organization	n qualifies as a	nublick sunna	rted organizatio	o, and line on . ▶ □

line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A	AH	Supporting	Organizations
OCCUPI	100	P-USE	ouppoining	Organizations

Sect	ion A. All Supporting Organizations			
-		,	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	- The Company of the		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4b		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.			i i
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	10a		

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
NO. OF THE LOCAL PROPERTY AND ADDRESS OF			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
		g	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			A PROPERTY.
Conti	on C. Type II Supporting Organizations	2		L
Jecu	bir G. Type if Supporting Organizations		Yes	No
1	Mars a majority of the argenization's directors or tructors during the tay year along a majority of the directors		162	140
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			L
90041	on bride type in dapperang digameatone		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	structi	ions).
0	Activities Test Anguay (a) and (b) heless		V	NI-
2	Activities Test. Answer (a) and (b) below.		Yes	MO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.0		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	a tru	st on Nov 20 1970 (exp	lain in Part VI). See tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).			
 Check here if the current year is the organization's first as a non-functional instructions). 	6 y inte	egrated Type III supporting	ng organization (see

Par	Type III Non-Functionally Integrated 509(a)	3) Supporting Organ	izations (continued)	Page
Sec	tion D - Distributions	to a market mind of dens	indicato (conditaca)	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		Ourent real
2	Amounts paid to perform activity that directly furthers ex-	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	Inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required))		
6	Other distributions (describe in Part VI). See instructions	-		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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R	

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name of the organization

Organization type (check one):

CENTRAL VALLEY COALITION FOR ANIMALS, DBA "THE BIG FIX"

Employer identification number 30-0019352

Filers o	of:	Section:
Form 9	90 or 990-EZ	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		☐ 527 political organization
Form 99	90-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
<u>Oh.</u> 1.		
		covered by the General Rule or a Special Rule.
instructi	ons.	, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
Genera	eneral 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 331/3% 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.	
	contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
	contributor, during th contributions totaled during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions re during the year

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SARAH SCHMIDT 8927 SHERMAN VALLEY RD SW OLYMPIA, WA 98512	\$ 20,650.00	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KATHRYN MOHAN MCDONALD 6475 Valley View Road Oakland, California 94611	\$ 6450.00	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

(a) No.

from

CENTRAL VALLEY COALITION FOR ANIMALS, DBA "THE BIG FIX"

Employer identification number

30-0019352 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.)

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

(b)

(c)

FMV (or estimate)

Name of organization
CENTRAL VALLEY COALITION FOR ANIMALS, DBA "THE BIG FIX"

Employer identification number 30-0019352

OFIGIES	III. ALIPPITI	COALI	HONFOR	AMIMALS
Part II	Exclu	ısivelv	religious	. charita

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 information once. See instructions.) > \$

rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
art I		(5) 555 515	for personal on now dut is net			
_						
Cestarion	(e) Transfer of gift					
TO THE PERSON NAMED IN COLUMN	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
No. om art I	(b) Purpose of gift	(c) Use of gift	of gift (d) Description of how gift is he			
CACACAGAMANANA						
	THE STATE OF THE S	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
No.	(b) Purpose of gift (c) Use		o of wife (A.D			
ert I	(1)	(c) Use of gift	(d) Description of how gift is held			
And the second s	(e) Transfer of gift					
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee			
No. om rt I	(b) Purpose of gift	(c) Use of gift	of gift (d) Description of how gift is he			
_						
	(e) Transfer of gift					
1		d ZIP + 4	Relationship of transferor to transferee			

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

Note: Terms in **bold** are defined in the Glossary of the Instructions for Form 990.

Purpose of Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990, Return of Organization Exempt From Income Tax, Part VIII, Statement of Revenue, line 1;
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, Part I, line 1; or
- Form 990-PF, Return of Private Foundation, Part I, line 1.

Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it doesn't meet the filing requirements of this schedule by:

- Answering "No" on Form 990, Part IV, Checklist of Required Schedules, line 2; or
- · Checking the box on:
 - Form 990-EZ, line H; or
 - Form 990-PF, Part I, Analysis of Revenue and Expenses, line 2.

See the separate instructions for these lines on those forms.

If an organization isn't required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Accounting Method

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, Financial Statements and Reporting, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

Public Inspection

Note: Don't include social security numbers of contributors as this information may be made public.

- Schedule B is open to public inspection for an organization that files Form 990-PF.
- Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors aren't required to be made available for public inspection. All other information, including the amount of contributions, the description of noncash contributions, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it shouldn't include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that don't require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

Contributors To Be Listed on Part I

A contributor (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report governmental units as contributors.

Contributions

Contributions reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions don't include fees for the performance of services. See the instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

General Rule

Unless the organization is covered by one of the *Special Rules*, later, it must list in Part I every contributor who, during the year, gave the organization, directly or indirectly, money, **securities**, or any other type of property that total \$5,000 or more for the organization's **tax year**. In determining the total amount,

separate and independent gifts of less than \$1,000 can be disregarded.

Include each contribution included on Form 990, Part VIII, line 1, in calculating a contributor's total contributions and determining whether that contributor must be reported on Schedule B under this General Rule (or one of the following Special Rules, if applicable). For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the contributor meets the General Rule (or one of the Special Rules, if applicable). even if the organization didn't receive the property during the tax year.

Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A); or Form 990-EZ, line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II, that it met the 331/3% support test for the current year or prior year; or (2) check the box on Schedule A (Form 990 or 990-EZ), Part I, line 7 or 8, and the box on Schedule A. Part II, line 13, as a section 170(b)(1)(A) (vi) organization in its first 5 years.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during the tax year. Thus, a contributor who gave a total of \$11,000 wouldn't be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it didn't exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that weren't for an exclusively religious, charitable, etc., purpose, list in Part I each contributor who contributed \$5,000 or more during the tax year, as described under *General Rule*, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (section 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

However, if a section 501(c)(7), (8), or (10) organization didn't receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently wasn't required to complete Parts I through III with respect to these contributions, it need only check the third Special Rules box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

Specific Instructions



Don"t attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II,

and III of Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number consecutively. In column (b), enter the contributor's name, address, and ZIP code. Identify a donor as "anonymous" only if the organization doesn't know the donor's identity. In column (c), enter the amount of total contributions for the tax year for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a cash contribution came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution

includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an employee's cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization didn't receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that aren't reported on Form 8872, Political Organization Report of Contributions and Expenditures, don't need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the noncash contribution received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, marked quotations for securities) by listing its fair market value (FMV). If the organization immediately sells securities contributed to the organization (including through a broker or agent), the contribution still must be reported as a gift of property (rather than cash) in the amount of the net proceeds plus the broker's fees and expenses. See the instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property isn't immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and

asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV can't be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any qualified conservation contributions and contributions of conservation easements listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII, Statement of Revenue.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Form 990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization CENTRAL VALLEY COALITION FOR ANIMALS, DBA "THE BIG FIX" 30-0019352 PART 1, LINE 8, "OTHER REVENUE". REBATE ON LIABILITY INSURANCE PREMIUM: \$100.00 PART 1, LINE 16, "OTHER EXPENSES". PURCHASE OF SUPPLIES USED IN PROGRAM: VETERINARY SUPPKLIES: \$379.69; ID TAGS FOR COMFORT (SERVICE) DOGS: \$53.71; STATIONERY: \$14.72; DOG TREATS FOR TRAINING SERVICE DOGS: \$59.36. ADMINISTRATIVE COSTS: LIABILITY INSURANCE POLICY: \$550.00; GOVERNMENT REPORT FILING FEES: \$60.00; WIRE TRANSFER AND RECEIVE FEES: \$290.00 SUB-TOTAL OF ABOVE FOR LINE 16 = \$1,407.48 PART iii, LINE 28: DURING 2017, OUR VETERINARY SERVICES PROGRAM TREATED 9,058 ANIMALS IN NORTHERN UGANDA, PERFORMED 1,362 SURGERIES, OPERATED NORTHERN UGANDA'S ONLY VETERINARY HOSPITAL, HELD 56 VILLAGE FIELD CLINICS IN REMOTE LOCATIONS, MANAGED 19 SCHOOL-BASED ANIMAL KINDNESS CLUBS, AND HAD 30 WAR TRAUMA SURVIVORS WORKING WITH COMFORT DOGS (SERVICE DOGS) TO HELP THEM RECOVER FROM POST-TRAUMATIC STRESS DISORDER SYMPTOMS.