

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations). Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Part I Summary

A For the 2017 calendar year, or tax year beginning and ending

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

C Name of organization: THE HERMITAGE CAT SHELTER

D Employer identification number: 86-0213263

E Telephone number: 520-571-7839

F Name and address of principal officer: DAVID BISHOP
City or town, state or province, country, and ZIP or foreign postal code: TUCSON, AZ 85711

G Gross receipts: 1,154,146

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions)

H(c) Group exemption number: 527

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

J Website: WWW.HERMITAGECATSHELTER.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1965 M State of legal domicile: AZ

1 Briefly describe the organization's mission or most significant activities: ADVOCATE FOR ANIMAL RIGHTS AND ENDING NEEDLESS EUTHANASIA OF AT-RISK FELINES THROUGH PROTECTION

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a): 6

4 Number of independent voting members of the governing body (Part VI, line 1b): 6

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a): 25

6 Total number of volunteers (estimate if necessary): 200

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

7b Net unrelated business taxable income from Form 990-T, line 34: 0

Activities & Governance		Revenue		Expenses		Part II Signature Block	
8	Contributions and grants (Part VIII, line 1h)	1,179,339	1,000,818	392,209	443,980	205,456	20 Total assets (Part X, line 16)
9	Program service revenue (Part VIII, line 2g)	20,829	75,376	827,176	926,970		21 Total liabilities (Part X, line 26)
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,015	1,408	405,563	443,980		22 Net assets or fund balances. Subtract line 21 from line 20
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,586	13,252	29,830	443,980		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,232,739	1,090,854	392,569	443,980		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,568	5,273	0	443,980		
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	0	443,980		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	392,569	469,461	29,830	443,980		
16a	Professional fundraising fees (Part IX, column (A), line 11e)	29,830	8,256	0	443,980		
17	Other fundraising expenses (Part IX, column (D), line 25)	205,456	8,256	0	443,980		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	827,176	926,970	405,563	443,980		
19	Revenue less expenses. Subtract line 18 from line 12	405,563	163,884	0	443,980		
20	Total assets (Part X, line 16)	1,754,577	1,936,927	0	443,980		
21	Total liabilities (Part X, line 26)	40,046	58,512	0	443,980		
22	Net assets or fund balances. Subtract line 21 from line 20	1,714,531	1,878,415	0	443,980		

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

Signature of officer: *David M. Bishop* Date: 10/21/18

Signature of principal officer: DAVID BISHOP, PRESIDENT

Print/type preparer's name: SUSAN M. VOS, CPA

Preparer's signature: *Susan Vos* Date: 09/25/18

Firm's name: REGIER CARR & MONROE, L.T.P.

Firm's address: 4801 E. BROADWAY BLVD., SUITE 501 TUCSON, AZ 85711

Firm's EIN: 48-0573184

Phone no.: 520-624-8229

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

4e Total program service expenses (Expenses \$ 598,533. including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4a (Code:) (Expenses \$ 598,533. including grants of \$ 5,273.) (Revenue \$ 75,376.)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

DURING 2017 THE HERMITAGE RESCUED 819 CATS AND KITTENS AND HAD A RECORD BREAKING 667 ADOPTIONS! THE HERMITAGE PROVIDED AND CONTINUES TO PROVIDE MEDICAL TREATMENTS FOR ALL THE RESIDENT CATS TO INCLUDE, DIABETICS, FIV, FELV, AND GERIATRICS, AND ALL SPECIAL NEED CATS. THE SHELTER HELPED THE COMMUNITY THROUGH THE TNR PROGRAM BY PROVIDING HUMANE TRAPS TO ENCOURAGE PEOPLE TO ALTER STRAYS, ALSO WE PROVIDE TNR CLASSES TO THE COMMUNITY. THIS REDUCED THE AMOUNT OF UNWANTED, HOMELESS CATS WITHIN PIMA COUNTY. THE HERMITAGE ALSO PARTICIPATED IN THE FOOD FOR PEOPLE'S PET. WE DISTRIBUTED \$26,229 IN PET FOOD IN 2017, WHICH PROVIDED PET FOOD TO FAMILIES IN FINANCIAL HARDSHIPS.

1 Briefly describe the organization's mission: ADVOCATE FOR ANIMAL RIGHTS AND ENDING NEEDLESS EUTHANASIA OF AT-RISK FELINES THROUGH PROTECTION, ADOPTION, AND SANCTUARY.

Check if Schedule O contains a response or note to any line in this Part III

20a	Yes	No	20a	X	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b			20b		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21	X		21	X	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
22	X		22	X	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
23			23	X	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
24a			23	X	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a
b			24a	X	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c			24b		Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d			24c		Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
25a			24d		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
b			25a	X	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
26			25b	X	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II
27			26	X	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
28			27	X	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
29			28c	X	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30			29	X	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
31			30	X	Did the organization liquidate, terminate, or dissolve and cease operations?
32			31	X	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I
32			32	X	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
33			33	X	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
34			34	X	Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b			35a	X	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2
36			35b		Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
37			36	X	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
38			37	X	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1b and 19?
Note. All Form 990 filers are required to complete Schedule O					

		1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		9	1a	
		b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	1b	
		c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X
		2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		25	2a	
		b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X
		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2c	
		3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X
		b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			3b	
		4a 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)?			4a	X
		b If "Yes," enter the name of the foreign country: ▶			4b	
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			4c	
		5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	X
		b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	X
		c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
		6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	X
		b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
		7 Organizations that may receive deductible contributions under section 170(c):			7a	X
		a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X
		b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
		c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?			7c	X
		d If "Yes," indicate the number of Forms 8822 filed during the year			7d	
		e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
		f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
		g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
		h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
		8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			8	
		sponsoring organization have excess business holdings at any time during the year?			8	
		9 Sponsoring organizations maintaining donor advised funds.			9a	
		a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
		b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
		10 Section 501(c)(7) organizations. Enter:			10a	
		a Initiation fees and capital contributions included on Part VIII, line 12			10a	
		b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
		Section 501(c)(12) organizations. Enter:			11a	
		a Gross income from members or shareholders			11a	
		b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			11b	
		12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
		b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	
		13 Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	
		a Is the organization licensed to issue qualified health plans in more than one state?			13a	
		b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13b	
		c Enter the amount of reserves on hand			13c	
		14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	X
		b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	

5278 E 21ST STREET, TUCSON, AZ 85711

TINA WOLF - 520-401-2773

- 17 List the states with which a copy of this Form 990 is required to be filed **AZ**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website Upon request
 - Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

Section C. Disclosure

10a	Did the organization have local chapters, branches, or affiliates?	Yes	No
10b	Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

1a	Enter the number of voting members of the governing body at the end of the tax year	6
1b	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	6
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	X
6	Did the organization have members or stockholders?	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
8a	The governing body?	X
8b	Each committee with authority to act on behalf of the governing body?	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X

Section A. Governing Body and Management

Check if Schedule O contains a response or note to any line in this Part VI

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

(A) Name and Title	(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)	(C) Position					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) DAVID BISHOP PRESIDENT	3.00	X		X			0.	0.	0.
(2) INGRID NOVODVORSKY VICE PRESIDENT	2.00	X		X			0.	0.	0.
(3) TINA WOLF TREASURER	10.00	X		X			0.	0.	0.
(4) MAGGIE GILMER SECRETARY	2.00	X		X			0.	0.	0.
(5) SUSAN PARKER-HOTCHKISS DIRECTOR	4.00	X					0.	0.	0.
(6) ROBERT MURRAY DIRECTOR	1.00		X				0.	0.	0.
(7) KAREN BADEN EXECUTIVE DIRECTOR (PRESENT)	40.00			X			29,538.	0.	0.
(8) LEE BUCYK EXECUTIVE DIRECTOR (PAST)	40.00			X			45,939.	0.	0.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 • List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check if Schedule O contains a response or note to any line in this Part VII

		Total revenue		Total revenue	
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>		1,000,818.	75,376.	75,376.	
Contributions, Gifts, Grants and Other Similar Amounts		1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total, Add lines 1a-1f	1,000,818.	75,376.	
Program Service Revenue		2 a FEES FOR SERVICES Business Code 900099 b Less: cost of other basis assets other than inventory c Gain or (loss) d Net gain or (loss)	75,376.	75,376.	
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other b Less: cost of other basis assets other than inventory c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$14,936. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions.	1,090,854. -775. 14,027. 400. 1,008. 75,376. 1,000,818.	75,376. -775. 14,027. 400. 1,008. 75,376. 1,000,818.	0. -775. 14,027. 400. 1,008. 75,376. 1,000,818.

THE HERMITAGE CAT SHELTER

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,273.	5,273.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	75,478.	49,060.	7,548.	18,870.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	346,781.	233,268.	51,300.	62,213.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10,786.	9,037.	483.	1,266.
10 Payroll taxes	36,416.	26,641.	5,265.	4,510.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,217.		14,217.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	8,256.			8,256.
f Investment management fees				
g Other. (If line 1g amount exceeds 10% of line 25, column (A) amount, list line 1g expenses on Sch O.)				
12 Advertising and promotion	12,177.		11,197.	12,177.
13 Office expenses				
14 Information technology	7,998.		7,998.	
15 Royalties				
16 Occupancy	20,581.	15,885.	2,674.	2,022.
17 Travel	7,092.	4,610.	709.	1,773.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	68.	68.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,617.	16,651.	2,562.	6,404.
23 Insurance	19,263.	8,980.	6,829.	3,454.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT CAT-CARE EXPENSE	121,271.	121,271.		
b VET SERVICES	101,871.	101,871.		
c SURGICAL SUITE EXPENSE	78,463.			78,463.
d OTHER MISCELLANEOUS EXP	21,499.	3,252.	12,199.	6,048.
e All other expenses	2,666.	2,666.		
25 Total functional expenses. Add lines 1 through 24e	926,970.	598,533.	122,981.	205,456.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

		(A) Beginning of year	(B) End of year
1	Cash - non-interest bearing	756.	2,618.
2	Savings and temporary cash investments	1,352,240.	214,858.
3	Pledges and grants receivable, net		
4	Accounts receivable, net	87,782.	560.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L		
7	Notes and loans receivable, net		
8	Inventories for sale or use	25,537.	25,531.
9	Prepaid expenses and deferred charges	2,055.	30.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,852,094.	
b	Less: accumulated depreciation	159,029.	
10b			
11	Investments - publicly traded securities	281,192.	1,693,065.
11	Investments - other securities. See Part IV, line 11		
12	Investments - program-related. See Part IV, line 11		
13	Intangible assets		
14	Other assets. See Part IV, line 11	5,015.	265.
15	Total assets. Add lines 1 through 15 (must equal line 34)	1,754,577.	1,936,927.
16	Accounts payable and accrued expenses	37,988.	50,558.
17	Grants payable		
18	Deferred revenue		
19	Tax-exempt bond liabilities		
20	Escrow or custodial account liability. Complete Part IV of Schedule D		
21	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
22	Secured mortgages and notes payable to unrelated third parties	2,058.	7,954.
23	Unsecured notes and loans payable to unrelated third parties		
24	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
25	Total liabilities. Add lines 17 through 25	40,046.	58,512.
26	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	853,739.	1,836,006.
28	Temporarily restricted net assets	860,792.	42,409.
29	Permanently restricted net assets		
30	Capital stock or trust principal, or current funds and complete lines 30 through 34.		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	1,714,531.	1,878,415.
34	Total liabilities and net assets/fund balances	1,754,577.	1,936,927.

Check if Schedule O contains a response or note to any line in this Part X

Check if Schedule O contains a response or note to any line in this Part XII

Part XII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

2b Were the organization's financial statements audited by an independent accountant? Yes No

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Yes No

3d If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis

Check if Schedule O contains a response or note to any line in this Part XI

Part XI Reconciliation of Net Assets

1	Total revenue (must equal Part VIII, column (A), line 12)	1,090,854.
2	Total expenses (must equal Part IX, column (A), line 25)	926,970.
3	Revenue less expenses. Subtract line 2 from line 1	163,884.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,714,531.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1,878,415.

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

17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

16a 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

15 Public support percentage from 2016 Schedule A, Part II, line 14 **14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))**

15	73.94	%
14	72.05	%

Section C. Computation of Public Support Percentage

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

12 Gross receipts from related activities, etc. (see instructions) **11 Total support.** Add lines 7 through 10

12	139,842.
11	522,927.6

10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)

9 Net income from unrelated business activities, whether or not the business is regularly carried on

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources

(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1,005.	489.	6,118.	4,735.	1,008.	13,355.
1224690.	554,661.	1256413.	1179339.	1000818.	5215921.

7 Amounts from line 4

Section B. Total Support

6 Public support. Subtract line 5 from line 4, column (f)

5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, column (f)

(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1224690.	554,661.	1256413.	1179339.	1000818.	5215921.
1448141.					3767780.

4 Total. Add lines 1 through 3

3 The value of services or facilities furnished by a governmental unit to the organization without charge

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

Section A. Public Support

falls to qualify under the tests listed below, please complete Part III.)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990 or 990-EZ) 2017 THE HERMITAGE CAT SHELTER 86-0213263 Page 2

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
 line 18 is not more than 33 1/3%. The organization qualifies as a publicly supported organization.
 b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and more than 33 1/3% support tests - 2017, check this box and stop here. The organization qualifies as a publicly supported organization.
 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

Section D. Computation of Investment Income Percentage
 16 Public support percentage from 2016 Schedule A, Part III, line 15
 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

Section C. Computation of Public Support Percentage
 check this box and stop here
 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization.

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					
c	Add lines 10a and 10b					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
13	Total support. (Add lines 9, 10c, 11, and 12.)					

Section B. Total Support
 8 Public support. (Subtract line 7c from line 6.)

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					
3	Gross receipts from activities that are not an unrelated trade or business under section 513					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					
c	Add lines 7a and 7b					

Section A. Public Support
 qualify under the tests listed below, please complete Part II.)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

3b		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
3a		b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each trustee of each of the supported organizations? Provide details in Part VI.
2b		a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or Parent of Supported Organizations. Answer (a) and (b) below.
2a		activities but for the organization's involvement. reasons for the organization's position that its supported organization(s) would have engaged in these of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more that these activities constituted substantially all of its activities.
2	Yes	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined a
1	No	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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).
		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.

Section E. Type III Functionally Integrated Supporting Organizations

3		1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a 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 governmental entity (see instructions).
2		2 Activities Test. Answer (a) and (b) below.
1		a Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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).
		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.

Section D. All Type III Supporting Organizations

1		1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section C. Type II Supporting Organizations

2		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.

Section B. Type I Supporting Organizations

11		11 Has the organization accepted a gift or contribution from any of the following persons? a 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? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.
11a		
11b		
11c		

Part IV Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income			
1	Net short-term capital gain	1	(A) Prior Year
2	Recoveries of prior-year distributions	2	(B) Current Year (optional)
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			
1	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			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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) (2017)

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).

- 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. \$
- 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)(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.

Special Rules

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.

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

- Filers of: Section:
- 527 political organization
 - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) exempt private foundation
 - 501(c)(3) taxable private foundation
- Form 990-PF
- Form 990 or 990-EZ 501(c) 3 (enter number) organization

Organization type (check one):

THE HERMITAGE CAT SHELTER

86-0213263

Name of the organization

Employer identification number

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.

2017

OMB No. 1545-0047

Name of organization

THE HERMITAGE CAT SHELTER

Employer identification number

86-0213263

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	KAREN CARLBERG 61739 E SANDLEWOOD RD TUCSON, AZ 85739	\$ 20,211.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROSEMARIE MARTIN 330 N GRANADA AVE TUCSON, AZ 85701	\$ 21,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DOLLY MORAN 3675 N CAMINO DE LA FAMILIA TUCSON, AZ 85750	\$ 20,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BOB & SHERYL GREENBERG 6971 CALLE HERMOSA TUCSON, AZ 85715	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MARY GRAF 4335 W TULE CREEK COURT TUCSON, AZ 85745	\$ 25,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JERALD PEDERSON 2930 WEST SAINT TROPAZ AVE TUCSON, AZ 85715	\$ 27,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE HERMITAGE CAT SHELTER

86-0213263

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	LINDA HULSE TRUST 2840 E SKYLINE DRIVE TUCSON, AZ 85718	\$ 92,698.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution (d)
8	MARY LOVE 70 MANZANITA AVE SAN RAFAEL, CA 94901	\$ 100,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution (d)
9	BONNIE KAY 3861 E PLACITA DE PERI TUCSON, AZ 85718	\$ 150,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution (d)
10	ESTATE OF CATHERINE GARVEY 1111 E MAIN STREET RICHMOND, VA 23219	\$ 90,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution (d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Name of organization

THE HERMITAGE CAT SHELTER

86-0213263

Employer identification number

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
6	SECURITIES	\$ 23,535.	02/17/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
▶ 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

THE HERMITAGE CAT SHELTER

Employer identification number

86-0213263

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
 Preservation of land for public use (e.g., recreation or education)
 Protection of natural habitat
 Preservation of open space
 Preservation of a historically important land area
 Preservation of a certified historic structure

- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | 2a | 2b | 2c | 2d |
|--|----|----|----|----|
| a Total number of conservation easements | | | | |
| b Total acreage restricted by conservation easements | | | | |
| c Number of conservation easements on a certified historic structure included in (a) | | | | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | | | | |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
- 4 Number of states where property subject to conservation easement is located
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(n)(4)(B)(i)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

1. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Part X Other Liabilities.

1. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part IX Other Assets.

1. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

Part VIII Investments - Program Related.

1. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value
(1) Financial derivatives	
(2) Closely-held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	

Part VII Investments - Other Securities.

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Director/officer Employee Independent contractor

16 Gaming manager information:

Name _____

Address _____

Description of services provided _____

Gaming manager compensation \$ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party: _____

Name _____

Address _____

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: _____

13a	%
13b	%

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility _____ %

b An outside facility _____ %

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

11 Does the organization conduct gaming activities with nonmembers? Yes No

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE HERMITAGE CAT SHELTER

Part I Types of Property

Employer identification number
86-0213263

OMB No. 1545-0047
2017
Open To Public Inspection

1-9	10-20	21-24	25-27	28	29
1 Art - Works of art					
2 Art - Historical treasures					
3 Art - Fractional interests					
4 Books and publications					
5 Clothing and household goods					
6 Cars and other vehicles					
7 Boats and planes					
8 Intellectual property					
9 Securities - Publicly traded					
10 Securities - Closely held stock					
11 Securities - Partnership, LLC, or trust interests					
12 Securities - Miscellaneous					
13 Qualified conservation contribution -					
Historic structures					
14 Qualified conservation contribution - Other					
15 Real estate - Residential					
16 Real estate - Commercial					
17 Real estate - Other					
18 Collectibles					
19 Food inventory					
20 Drugs and medical supplies					
21 Taxidermy					
22 Historical artifacts					
23 Scientific specimens					
24 Archeological artifacts					
25 Other (BUILDING MATERIAL)					
26 Other (GALA IN KIND)					
27 Other					
28 Other					
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement					

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

COPIES OF ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

BE SUPPORTED FINANCIALLY BY THE SHELTER AND VOTE ON THE AGREED SALARY.

THE BOARD OF DIRECTORS DISCUSS AND DETERMINE WHAT IS A FAIR SALARY THAT CAN

FORM 990, PART VI, SECTION B, LINE 15A:

REQUIRED TO SIGN THE STATEMENT WHEN THEY JOIN THE BOARD.

85711. NEW BOARD MEMBERS JOINING THE BOARD THROUGHOUT THE YEAR ARE

KEPT AT THE SHELTER'S BUSINESS OFFICE LOCATED AT 5278 E. 21ST ST. TUCSON AZ

PRESIDENT. A FILE CONTAINING THE SIGNED CONFLICT OF INTEREST STATEMENTS IS

CONFLICT OF INTEREST STATEMENT THAT IS ALSO COUNTER-SIGNED BY THE BOARD

ON JUNE 1ST OF EACH YEAR, BOARD MEMBERS ARE REQUIRED TO FILL OUT AND SIGN A

FORM 990, PART VI, SECTION B, LINE 12C:

THE MEMBERS OF THE FINANCE COMMITTEE REVIEW THE RETURN PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 11B:

ADOPTION, AND SANCTUARY.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization

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. Go to www.irs.gov/Form990 for the latest information. THE HERMITAGE CAT SHELTER

OMB No. 1545-0047 2017 Open to Public Inspection Employer identification number 86-0213263