Frank C. Weiss, CPA, PA 3233 East Bay Drive, Suite 102 Largo, FL 33771 (727) 523-8762 frank@frankweisscpa.com

November 15, 2016

Friends of Strays, Inc. 2911 47th Ave. N Saint Petersburg, FL 33714

Dear Board Member,

Enclosed is the 2015 U.S. Form 990, Return of Organization Exempt from Income Tax, for Friends of Strays, Inc. for the tax year ending December 31, 2015.

Your 2015 U.S. Form 990, Return of Organization Exempt from Income Tax, return was electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Frank C. Weiss, CPA

2015 Exempt Organization Business Tax Return prepared for:

Friends of Strays, Inc. 2911 47th Ave. N Saint Petersburg, FL 33714

Frank C. Weiss, CPA, PA 3233 East Bay Drive, Suite 102 Largo, FL 33771

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

| Α | For the | 2015 calend | dar year, or ta | x year begin | ning | Mikimine JAK KAR | , 2015, a | nd ending | | | , | | | |
|--------------------------------|--|--|--|--|------------------------|--|--|-----------------|-----------------------|-------------------------------------|--|-----------------|----------|--|
| В | Check if a | pplicable: | C Name of organ | nization Fri | ends of | Strays, I | nc. | | | D Employ | er identifi | cation number | | |
| | Addr | ess change | Doing busines | The state of the s | | | | | | 59-2 | 21565 | 40 | | |
| | Nam | e change | Number and s | treet (or P.O. box | x if mail is not deliv | vered to street addres | s) | Room/su | ite | E Telepho | | | | |
| | Initia | l return | 2911 47th | n Ave. N | | | | | | (72 | 7) 52 | 2-6566 | | |
| | Final r | return/terminated | City or town, s | tate or province, | country, and ZIP | or foreign postal code | | | | | | | | |
| | Amei | nded return | Saint Pet | ersburg | | | FL | 33714 | | G Gross re | ceipts \$ | 446,621. | | |
| | Appli | ication pending | F Name and add | - K | | | | | I(a) Is this a | group return | | | No | |
| | | | Mo Eppley | 2911 | 17th Ave | N St. Peters | bura FI. | 33714 | (b) Are all | subordinates i attach a list. (s | ncluded? | | No | |
| ī | Tax-ex | empt status | X 501(c)(3) | 501(c) (| | | 47(a)(1) or | 527 | If 'No,' | attach a list. (s | ee instruc | tions) | 500 | |
| J | Webs | site: ► ww | w.friends | | | | (-/(/ - | | i(c) Group | exemption nur | mber > | | | |
| K | Form of | f organization: | X Corporation | Trust | Association | Other ► | L Ye | ar of formation | All the second second | | | al domicile: FL | | |
| Pa | ırt I | Summar | | | | | | | | | | T L | | |
| | | | | tion's mission | n or most sign | ificant activities: | Pro | omote a | nd pro | ovide s | pavir | ng, neuterin | <u> </u> | |
| Ф | | | | | | | | ding to | ador | tion w | here | possible, | 21 | |
| Activities & Governance | N | temporary care, and shelter to stray animals leading to adoption where possible, with emphasis on educating the general public and school children in the care | | | | | | | | | | | | |
| Ë | a | and welfare of animals. | | | | | | | | | | | | |
| 0 | | heck this bo | x ► if the | organization | discontinued | l its operations o | r disposed | of more tha | an 25% c | of its net as | sets. | | | |
| ص ص | 3 N | lumber of vot | ting members of | of the govern | ing body (Par | t VI, line 1a) | | ***** | | | 3 | -11/2 | 9 | |
| es | 4 N | otal number | ependent votin | ig members | of the governi | ng body (Part V | I, line 1b) . | | 1000 | | 4 | | 9 | |
| Ϋ́ | 6 T | otal number | of volunteers (| mpioyed in C setimate if no | calendar year | 2015 (Part V, lin | ie za) | • • • • • | | | 5 | | 23 | |
| Acti | | | | | | n (C), line 12 . | | | | | 6 7a | | 00 | |
| | b N | let unrelated | business taxab | ole income fr | om Form 990 | -T, line 34 | | | | | 7b | | 0. | |
| | | | | | | | W E TVI | | 1 | rior Year | | Current Year | <u>·</u> | |
| | 8 C | Contributions | and grants (Pa | rt VIII, line 1 | h) | | | | | 116,7 | 96 | 302,51 | 3 | |
| Revenue | | | | | | | | | 100110 | 18,2 | | 37,30 | | |
| eve. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | | | 79,18 | | | |
| ď | | | | | | c, 10c, and 11e) | | | | 16,0 | | 27,61 | | |
| | 12 T | otal revenue | - add lines 8 | through 11 (i | must equal Pa | art VIII, column (| A), line 12) | | | 186,4 | 31. | 446,62 | 1. | |
| | | | | | | lines 1-3) | | | | | | | | |
| | | | | | | ne 4) | | | | | | | | |
| S | 2 | | | | | IX, column (A), | | | | 240,2 | 85. | 275,01 | 5. | |
| nse | 16a P | rofessional f | fessional fundraising fees (Part IX, column (A), line 11e) | | | | | | | | | | | |
| Expenses | b T | otal fundrais | ing expenses (I | Part IX, colui | mn (D), line 2 | 5) ► | 10 | ,584. | | | | | | |
| Ш | 17 C | ther expens | es (Part IX, coli | umn (A), line | s 11a-11d, 11 | f-24e) | | | | 206,2 | 06. | 224,78 | 3. | |
| | 18 T | otal expense | s. Add lines 13 | 3-17 (must ed | qual Part IX, c | olumn (A), line 2 | 25) | N 3 (90 W 698 | | 446,4 | | 499,79 | | |
| | 19 R | Revenue less | expenses. Sub | tract line 18 | from line 12 | | | | | -260,0 | | -53,17 | | |
| 200 | | | | | | | | | Beginnii | ng of Currer | | End of Year | | |
| Net Assets or Fund Balances | 20 T | otal assets (| Part X, line 16) | | | | , | | | ,540,7 | Maria de la companya del companya de la companya del companya de la companya de l | 1,433,27 | 7. | |
| A B | 21 T | otal liabilities | (Part X, line 2 | 6) | | | | | | | | | | |
| S Z | 22 N | let assets or | fund balances. | Subtract line | e 21 from line | 20 | | | 1 | ,540,7 | 26. | 1,433,27 | 7. | |
| Pa | nrt II | Signatur | | | | | | | | | | | | |
| Und | er penalties | s of perjury, I dec | lare that I have exar | nined this return | , including accomp | panying schedules and ch preparer has any k | d statements, a | and to the best | of my know | ledge and bel | ef, it is tru | e, correct, and | | |
| com | piete. Decia | aration of prepare | er (other than officer |) is based on all | information of whi | ch preparer has any k | nowledge. | | | | | | | |
| | | Clauset | re of officer | | | | | | | 1/15/1 | 6 | | | |
| Si | | Signatu | re of officer | | | | | | Da | ate | | | | |
| He | re | | reen Eppl | | | | | | Pres | ident | | | | |
| _ | | 70.8.8.000.07 | print name and title | | 10 | | | | | | 1 1 | | | |
| | | | reparer's name | | Preparer's sign | | | Date | | Check | J" [" | TIN | | |
| Pa | | | C. Weiss, | - 470 ANDAL 177 | | . Weiss, (| CPA | 11/15/ | 16 | self-employe | d E | 01069433 | | |
| Pr | eparer | Control of the same | ==01111 | | ss, CPA, | | | | | 200 00 00 0000000 | | | | |
| US | e Only | Firm's addre | order rate of rate of rate rate | | | | | | | Firm's EIN ► 30-0197364 | | | | |
| | | | Largo | | | FL | The state of the s | | | Phone no. | (727 |) 523-8762 | | |
| Ma | y the IRS | S discuss this | s return with the | e preparer sh | nown above? | (see instructions | s) | | | | | X Yes N | lo | |

| | 990 (2015) F | riends of Stra | ys, Inc. | 59-2156540 F | Page 2 |
|-----------------|---------------------|----------------------------|---|---|---------|
| Par | | | ervice Accomplishments | | |
| And the And the | Check if S | Schedule O contains a | response or note to any line in this Part III . | | 🔲 |
| 1 | Briefly describe t | he organization's missi | on: | | |
| | Promote ar | nd provide spa | ying, neutering, | | |
| | temporary | care, and she | lter to stray animals leadi | ng to adoption where possible, | |
| | See Form 990, F | Page 2, Part III, Line 1 (| continued) | | |
| | | | | | |
| 2 | Did the organiza | tion undertake any sign | ificant program services during the year whic | were not listed on the prior | |
| | | | | | No |
| | | these new services on | | | 1000000 |
| 3 | Did the organiza | tion cease conducting, | or make significant changes in how it conduct | s, any program services? Yes X | No |
| | | these changes on Sch | | | |
| 4 | Describe the org | anization's program ser | vice accomplishments for each of its three la | gest program services, as measured by expenses. | |
| | Section 501(c)(3 |) and 501(c)(4) organiz | ations are required to report the amount of gr | ants and allocations to others, the total expenses, | |
| | and revenue, if a | iny, for each program s | ervice reported. | | |
| | | | | | |
| 4 a | (Code: | | 459,352. including grants of \$ | | 07.) |
| | | | imals-Adoptions in current | year; 190 cats, 319 kittens, | |
| | 20 dogs ar | nd 37 puppies. | | | |
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| 4 b | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4.0 | (Code: |) (Evnonce & | | | |
| 4 c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| 4 c | (Code: |) (Expenses \$ | | | |
| 4 c | (Code: |) (Expenses \$ | | | |
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| 4 c | (Code: |) (Expenses \$ | | |) |
| 4 c | (Code: |) (Expenses \$ | | | |
| | | | including grants of \$ | | |
| | Other program s | ervices. (Describe in S | including grants of \$ |) (Revenue \$ |) |
| 4 d | | ervices. (Describe in S | including grants of \$ | |) |

Form 990 (2015) Friends of Strays, Inc. Part IV | Checklist of Required Schedules

| | | - | Yes | No |
|----|---|------|------|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | Mar. | |
| | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. | 11 a | X | |
| | b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 k | | Х |
| | c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 0 | | X |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 110 | | Х |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 € | | X |
| | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | X |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | | X |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 121 |) | X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 146 | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | Х |
| | | | | |

Form 990 (2015) Friends of Strays, Inc. Page 4 59-2156540 Part IV Checklist of Required Schedules (continued) Yes No X 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 X 22 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 X 23 24 a 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . 24d 25a 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........ X 25a b 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 X Schedule L. Part I 25b 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 X 26 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 X 27 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): X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b 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 X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 X 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 35b X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is X 37

38 BAA

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2015) Friends of Strays, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

| | | | Yes | No |
|-----|--|--|--------|--------|
| | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 7 | | |
| 1 | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b | 0 | | |
| (| c Did the organization comply with backup withholding rules for reportable payments to vendors and report (gambling) winnings to prize winners? | | c X | |
| 2 a | a 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 2 a | 23 | | |
| ı | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | b X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 8 | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | а | X |
| ı | b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | | b | |
| 4 8 | a At any time during the calendar year, did the organization have an interest in, or a signature or other auth financial account in a foreign country (such as a bank account, securities account, or other financial account | ority over, a unt)? 4 | a | X |
| ı | b If 'Yes,' enter the name of the foreign country: ► | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According | ounts. (FBAR) | | |
| 5 8 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots | 5 | a | X |
| 1 | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | 9 5 | b | X |
| (| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 | С | |
| 6 8 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o solicit any contributions that were not tax deductible as charitable contributions? | rganization | а | Х |
| 1 | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions of not tax deductible? | | b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo services provided to the payor? | ds and | a | X |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | b | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was referred 8282? | equired to file | С | Х |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri | act? | е | Х |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract | The second secon | f | X |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form as required? | 8899 | g | |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C? | | h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by organization have excess business holdings at any time during the year? | | | |
| 9 | | | 100.65 | |
| | a Did the sponsoring organization make any taxable distributions under section 4966? | | a | |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | b | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | a Gross income from members or shareholders | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12 | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 | 41? 12 | la l | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? | | a a | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| | 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 | | | |
| | c Enter the amount of reserves on hand | | | |
| 14 | a Did the organization receive any payments for indoor tanning services during the tax year? | 14 | la | Х |
| | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . | | lb | |
| BAA | A TEFA0105 10/12/15 | Ec | rm 990 | (2015) |

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | ection A. Governing Body and Management | | | Yes | No |
|-----|---|------------|-------------------|-------|------|
| • | 1 a Enter the number of voting members of the governing body at the end of the tax year | 9 | | | |
| | 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. | | | | |
| | | | | | |
| | b Enter the number of voting members included in line 1a, above, who are independent 1b | 9 | | | |
| 2 | 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? | | 2 | | 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? | | 3 | | Х |
| 4 | 4 Did the organization make any significant changes to its governing documents | | 11.20 | | |
| | since the prior Form 990 was filed? | | 4 | | X |
| | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | X |
| | 6 Did the organization have members or stockholders? | | 6 | | X |
| 1 | 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more | 14.5 | | | 1117 |
| | members of the governing body? | | 7 a | X | |
| | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | 7 b | | x |
| 1 | 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by | | | | |
| 117 | the following: | | | | |
| | a The governing body? | | 8 a | Χ | |
| | b Each committee with authority to act on behalf of the governing body? | | 8 b | X | |
| • | 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 11.94 | | | |
| | organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | | 9 | | X |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal I | Reven | ue C | ode.) | |
| | | | | Yes | No |
| 1 | 10 a Did the organization have local chapters, branches, or affiliates? | | 10 a | | Х |
| | b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their | | Test. 17520 | | |
| | operations are consistent with the organization's exempt purposes? | | 10 b | | |
| 1 | 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | 11 a | | Х |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 1 | 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | | 12 a | X | |
| | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | 12 b | Х | |
| | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done | | 12 c | Х | |
| 1 | 13 Did the organization have a written whistleblower policy? | | 13 | X | |
| 1 | 14 Did the organization have a written document retention and destruction policy? | | 14 | X | |
| 1 | 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? | | | | |
| | a The organization's CEO, Executive Director, or top management official | | 15 a | X | |
| | b Other officers or key employees of the organization | | 15 b | X | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 1 | 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | 16a | | X |
| | b 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? | • • • | 16 b | | |
| - | Section C. Disclosure | 7 | | | |
| 100 | 17 List the states with which a copy of this Form 990 is required to be filed • | | 40 <u>—10</u> —0 | | |
| 1 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply. | | availab | ole | |
| | Own website Another's website X Upon request Other (explain in Schedule | | | | |
| 1 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statement the public during the tax year. | s availabl | e to | | |
| 2 | 20 State the name, address, and telephone number of the person who possesses the organization's books and records: | • | | | |
| | Maureen Eppley 2911 47th Ave N St Petersburg FL 33714 | (7: | CC COMPANY | | 6566 |
| - i | ΔΔ TEE 0.0106 10/13/15 | | - Contract (1997) | ann / | COAF |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) Name and Title | (B) Average hours per | Pos than | s both dire | an o | ot che unless fficer truste | | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other compensation |
|--|---|-------------|----------------|-----------|--------------------------------------|-------------------------------------|--|--|--|
| | week (list any hours for related organiza- tions below dotted line) | 12 2 5 | | Officer | Key employee | Former Highest compensated employee | (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Constance Paras | 30.00 | Victoria | | in second | | | | | |
| Executive Director | | Х | | | | | 50,000. | 0. | 0. |
| (2) Barbara Danals Vice President | | | | Х | | | 0. | 0. | 0. |
| (3) Peggy Grom Treasurer | | | | Х | | | 0. | 0. | 0, |
| (4) Mo Eppley President | 2.00 | | | Х | | | 0. | 0. | 0. |
| (5) Susan Gooch Secretary | 2.00 | | | Х | | | 0. | 0. | 0. |
| (6) Constance Paras Executive Director | 40.00 | X | | | | | 0. | 0. | 0. |
| | 2.00 | Х | | | | | 0. | 0. | 0 . |
| (8) William Grom Director | 2.00 | X | | | | | 0. | 0. | 0 |
| (9) Claire Mazzella Director | 2.00 | Х | | | | | 0. | 0. | 0 |
| (10) Linda Sagese Director | 2.00 | X | | | | | 0. | 0. | 0 |
| (11) Annina Donaldson Director | 2.00 | X | | | | | 0. | 0. | 0 |
| (12) | | | | | | | | - | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |

| Part VII Section A. Officers, Directors, Tru | (B) | | | (0 | 2) | 00, | | a riigiicat con | ipensuteu Emp | loyees (commueu) |
|--|---|-----------------------------------|-----------------------|-------------|---------------|---------------------------------|----------------------------|--|--|--|
| (A) Name and title | Average hours per week | hours box, per offi | | | rson i | than o | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other |
| | (list any hours for related organiza - tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | SI S |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | Ī | | | | | | | |
| 1 b Sub-total | on A | | 2 9 26 | w w | | | > > > > | 50,000. | 0. | 0 |
| d Total (add lines 1b and 1c) | | | | | | | eive | 50,000. d more than \$100, | 0.000 of reportable co | |
| Did the organization list any former officer, director on line 1a? If 'Yes.' complete Schedule J for such in | | | | | | | | | | Yes No |
| 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual | portable o | ompe | ensa | tion | and | othe | r co | mpensation from | | . 4 X |
| 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization? | compensa | tion fi | rom : | any J fo | unre r sue | elated | d org | ganization or indivi | dual | . 5 X |
| Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization. Report compensation from the organization. | ted indep | ender | nt co | ntra | ctor | s that | rec | eived more than \$ | 100.000 of | nar |
| (A) Name and business addr | | or the | Cale | BIIU | ii ye | ar en | idiriç | Description |) | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | _ | | | | |
| Total number of independent contractors (including | a but not li | mited | to th | hose | e list | ed al | oove | e) who received mo | ore than | |
| \$100,000 of compensation from the organization | > | TEEA | | | | | | , | | Form 990 (2015 |

Part VIII Statement of Revenue

| | | Check if Schedule O contains | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|------|--|-----------|---------------|----------------------|--|--|--|
| nts nts | 1 a | Federated campaigns | 1 a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues | 1 b | 900. | | | | |
| s, (Am | | Fundraising events | 1 c | | | | | |
| 3ift Iar | | Related organizations | 1 d | | | | | |
| s, (| е | Government grants (contributions) | 1 e | | | | | |
| ion r S | f | All other contributions, gifts, grants, and | | | | | | |
| but | 188 | similar amounts not included above | 1f | 301,613. | | | | |
| otri) | g | Noncash contributions included in lines | la-1f: \$ | | | | | |
| Col | h | Total. Add lines 1a-1f | | | 302,513. | And Close of the section is | | de Assarias |
| | 1 | | | Business Code | | | NEW HORIZE | |
| /en | 2 a | Pet_Adoptions | | 900099 | 37,307. | 37,307. | 0. | 0. |
| Re | b | | | | 3.733.1 | 0.700 | • | , |
| ice | С | | | | | | | |
| erv | d | | | | | | | |
| E | е | | | | | | | |
| Program Service Revenue | f | All other program service revenu | e | | | | u ul un municipi de la composition della composi | |
| Pro | q | Total. Add lines 2a-2f | | | 37,307. | | | |
| | | Investment income (including div | | | 31,301. | | | |
| | , | other similar amounts) | ···· | | 79,184. | 0. | 0. | 79,184. |
| | 4 | Income from investment of tax-ex | cempt b | ond proceeds | 13/2011 | | - | 13/1011 |
| | 5 | Royalties | | | | | | |
| | | The state of the s | Real | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | 计多字符号接触 |
| | | Rental income or (loss) | | | | | | 拉 拉斯斯 |
| | | Net rental income or (loss) | | | | | | |
| | | Gross amount from sales of (i) Se | curities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | | | | | |
| Re | 8 a | Gross income from fundraising e (not including \$ | vents | | | | | |
| /en | | of contributions reported on line | 1c) | | | | | |
| Be | | See Part IV, line 18 | 362700111 | a | | | | |
| Other Rever | h | Less: direct expenses | | b | | | | |
| Ě | | Net income or (loss) from fundra | | | | 建设在市场包括 | | |
| O | | Gross income from gaming activ | ities. | | | | | |
| | 1- | See Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | b | | | | |
| | | Net income or (loss) from gamine | | ies | | | | |
| | 10 a | Gross sales of inventory, less reand allowances | turns | a | | | | |
| | b | Less: cost of goods sold | | b | | | | |
| | С | Net income or (loss) from sales | of inven | tory ⊳ | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11 a | Other revenue | | 900099 | 27,617. | 27,617. | 0. | 0. |
| | b | | | | | | | |
| | С | | | | | 18 | | |
| | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | 27,617. | | | | |
| | 12 | Total revenue. See instructions | * ** * 1 | | | 64,924. | 0. | 79,184. |

Form 990 (2015) Friends of Strays, Inc. Part IX Statement of Functional Expenses

| Do i 6b, | not include amounts reported on lines 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 | | | | |
| 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 | 50,000. | 41 500 | F F00 | 2 000 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 30,000. | 41,500. | 5,500. | 3,000. |
| 7 | Other salaries and wages | 200,808. | 183,539. | 10,040. | 7,229. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 24,207. | 23,386. | 531. | 290. |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 5,416. | 5,232. | 119. | 65. |
| b | Legal | | | | |
| C | : Accounting | 900. | 846. | 54. | 0. |
| c | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 . | | | | |
| | Investment management fees | 7,251. | 0. | 7,251. | 0. |
| | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 960. | 960. | 0. | 0. |
| 13 | Office expenses | 5,137. | 4,829. | 308. | 0. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 19,126. | 17,978. | 1,148. | 0. |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 11,112. | 10,445. | 667. | 0. |
| 23 | Insurance | 29,903. | 28,109. | 1,794. | 0. |
| 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.) | | | | |
| ā | Veterinary supplies | 27,485. | 27,485. | 0. | 0. |
| | Veterinary fees | 55,198. | 55,198. | 0. | 0. |
| | Shelter, food, supplies, other | 18,516. | 18,516. | 0. | 0. |
| (| Printing | 2,942. | 2,942. | 0. | 0. |
| • | All other expenses | 40,837. | 38,387. | 2,450. | 0. |
| 25 | Total functional expenses. Add lines 1 through 24e | 499,798. | 459,352. | 29,862. | 10,584. |
| 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 □ if following SOP 98-2 (ASC 958-720) | | | | |

| | | | (A) Beginning of year | | (B) End of year |
|-----------------------------|------|---|--------------------------|------|-----------------------|
| | 1 | Cash – non-interest-bearing | 44,558. | 1 | 10,415. |
| | 2 | Savings and temporary cash investments | 24,603. | 2 | 180,283. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 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 instructions). Complete Part II of Schedule L | | 6 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation 10 b 722,699. | 728,345. | 10 c | 717,233. |
| | 11 | Investments – publicly traded securities | 742,824. | 11 | 525,346. |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| E | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 396. | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,540,726. | 16 | 1,433,277. |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | 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 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | Market and the second |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | 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 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 0. |
| ces | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | | | |
| an | 27 | Unrestricted net assets | 1,540,726. | 27 | 1,433,277. |
| Ba | 28 | Temporarily restricted net assets | | 28 | |
| pL | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. | | | |
| ts | 30 | Capital stock or trust principal, or current funds | | 30 | |
| 8 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| let | 33 | Total net assets or fund balances | 1,540,726. | 33 | 1,433,277. |
| | 34 | Total liabilities and net assets/fund balances | 1,540,726. | 34 | 1,433,277. |

| • | * | 0156540 | | Д- | 40 | | |
|-----|---|-------------|----------------------|------|--------------|--|--|
| | | 2156540 | - | Pag | ge 12 | | |
| Pai | Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | • | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 16,6 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4 9 | 99,7 | 98. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -53,177 1,540,726 | | | | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | |
| 5 | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,4 | 32,7 | 77. | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | * * * * * * | • • • | Yes | . No | | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain | | | | | | |
| | in Schedule O. | | | | | | |
| 2 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | Х | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| | b Were the organization's financial statements audited by an independent accountant? | | 2 b | | X | | |
| | 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 | | | | | | |
| | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant? | it, | 2 c | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | | | |
| 3 | a 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? | | 3 a | | Х | | |

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

BAA

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3 b

Form 990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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-FZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

Friends of Strays, Inc. 59-2156540 Part I 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 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 7 X in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 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). 10 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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 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, 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) 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of other (ii) EIN (iv) Is the organization listed (i) Name of supported (iii) Type of organization (described on lines 1-9 above (see instructions)) support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|--------------|---|--|---|---|---|------------------------------------|--------------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 388,388. | 354,198. | 513,628. | 116,796. | 301,613. | 1,674,623. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 388,388. | 354,198. | 513,628. | 116,796. | 301,613. | 1,674,623. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1,674,623. |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | 388,388. | 354,198. | 513,628. | 116,796. | 301,613. | 1,674,623. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 23,895. | 21,598. | 18,353. | 22,145. | 37,307. | 123,298. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | E E | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,797,921. |
| 12 | Gross receipts from related activit | ies, etc. (see instru | ctions) | | | 12 | |
| 13 | First five years. If the Form 990 i organization, check this box and s | s for the organization top here | on's first, second, th | hird, fourth, or fifth | tax year as a sect | ion 501(c)(3) | ▶ □ |
| - | tion C. Computation of Pu | blic Support P | ercentage | | | | |
| | Public support percentage for 201 | | | | | | 93.14% |
| 15 | Public support percentage from 20 | 014 Schedule A, Pa | art II, line 14 | | | 15 | 93.35 % |
| 16 a | a 33-1/3% support test — 2015. If and stop here. The organization of | the organization di qualifies as a public | d not check the book cly supported organ | c on line 13, and li nization | ne 14 is 33-1/3% c | or more, check this | box ► [X] |
| 1 | 33-1/3% support test — 2014. If and stop here. The organization | he organization did qualifies as a public | d not check a box o cly supported organ | n line 13 or 16a, a nization | and line 15 is 33-1/ | 3% or more, check | this box |
| 17 8 | a 10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a | eets the 'facts-and- | -circumstances' tes | t, check this box a | and stop here. Exp | plain in Part VI how | · — |
| | o 10%-facts-and-circumstances to or more, and if the organization meets the 'facts-and- | eets the 'facts-and- circumstances' tes | -circumstances' tes t. The organization | t, check this box a qualifies as a pub | and stop here. Exp plicly supported org | olain in Part VI how panization | ⁷ the ▶ |
| 18 | Private foundation. If the organiz | zation did not check | k a box on line 13, | 16a, 16b, 17a, or 1 | | | |
| DAA | | | | | Cal | andula A /Farm OO | 0 or 900 EZ) 2015 |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sect | ion A. Public Support | | | | | | | |
|-------|--|------------------------------------|--|---|---|------------------------------|---------------------|-----------------|
| 1 | dar year (or fiscal year beginning in) Gifts, grants, contributions and membership fees received. (Do not include | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (| f) Total |
| 2 | any 'unusual grants.') | | | | | | | |
| | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | - | | 4 | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| c | The control of the co | | | | | | | |
| | 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 | | | | | | | |
| С | Add lines 7a and 7b | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| Sec | tion B. Total Support | | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | i | (f) Total |
| 9 | Amounts from line 6 | | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | |
| 11 | Add lines 10a and 10b 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.) | | 2 1 | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First five years. If the Form 990 is organization, check this box and s | | | | | | | ▶ 🗍 |
| Sec | tion C. Computation of Pu | | | | | | | Harris - Hoxely |
| 15 | Public support percentage for 201 | 5 (line 8, column | (f) divided by line 13 | 3, column (f)) | | | 15 | 용 |
| 16 | Public support percentage from 20 |)14 Schedule A, F | Part III, line 15 | ****** | | | 16 | ફ |
| Sec | tion D. Computation of Inv | | | | | | | |
| 17 | Investment income percentage for | 2015 (line 10c, c | olumn (f) divided by | line 13, column (| f)) | | 17 | % |
| 18 | Investment income percentage fro | | | | | | 18 | 용 |
| 19 a | 33-1/3% support tests — 2015. If is not more than 33-1/3%, check the | the organization | did not check the be | ox on line 14, and tion qualifies as a | line 15 is more that publicly supported | n 33-1/3%, a organization | nd line 17 | , . ▶ □ |
| | 33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%, Private foundation. If the organiz | the organization check this box an | did not check a box d stop here. The o | on line 14 or line rganization qualifi | 19a, and line 16 is es as a publicly sup | more than 33 ported organ | 3-1/3%, and ization | |

Part IV Supporting Organizations
(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Section | A. A | All Su | oporting | Organ | izations |
|---------|------|--------|----------|-------|----------|
|---------|------|--------|----------|-------|----------|

| | | , | 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 | | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | 2 | | |
| 3 a | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below | 3a | | |
| ŀ | 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 | 3 b | | |
| (| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use | 3 c | | |
| 4 8 | a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below | 4a | | |
| ı | b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | | |
| (| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | 4c | | |
| 5 ; | a 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? | 5с | | |
| 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 | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | 7 | | |
| 8 | | 8 | | |
| 9 | a 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 | 9 c | | |
| 10 | a 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 | 0a | | |
| | b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 0b | | |

| Pai | rt IV Supporting Organizations (continued) | | Yes | No |
|-----|--|--------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | -115 | res | NO |
| ä | 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? | 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 | | |
| - | tion B. Type I Supporting Organizations | 1110 | | |
| 566 | tion B. Type roupporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | F | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| Sec | ction 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 instructions) | | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | | | | |
| | The state of the s | tions) | | |
| | c I he organization supported a governmental entity. Describe in Part VI now you supported a government entity (see instruc | uons). | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard</i> | 3 b | | |

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Sec | lovemb tions A | oer 20, 1970. See instru through E. | ictions. All |
|-----|--|-------------------|---|-------------------------------|
| Sec | tion A – Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | 2.5 | |
| 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 | | |
| ec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1 a | | |
| k | Average monthly cash balances | 1 b | | |
| c | Fair market value of other non-exempt-use assets | 1 c | | |
| • | Total (add lines 1a, 1b, and 1c) | 1 d | | |
| € | 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 | | |
| ec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-integrate (see instructions). | ed Type | e III supporting organiza | tion |
| 3A | | | Schedule A (F | orm 990 or 990-EZ) |

| Sect | ion D — Distributions | | | Current Year |
|-------|---|--|--|--|
| 1 | Amounts paid to supported organizations to accomplish exempt purpose | es | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | of supported organizatio | ons, | |
| 3 | Administrative expenses paid to accomplish exempt purposes of support | rted organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| | Qualified set-aside amounts (prior IRS approval required) | | | |
| | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| | Distributions to attentive supported organizations to which the organizat in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | NO ARROW TO A STATE OF THE STAT |
| Sect | ion E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| a | | | | |
| b | | | | |
| С | | | | |
| d | From 2013 | | | |
| е | From 2014 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2015 distributable amount | | | |
| - | Carryover from 2010 not applied (see instructions) | | | |
| _ | Remainder. Subtract lines 3g, 3h, and 3i from 3f | | | |
| | Distributions for 2015 from Section D, | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2015 distributable amount | 13 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |
| | Remainder. Subtract lines 4a and 4b from 4 | | | 基金得提的多数的 |
| 5 | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 | Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | Maria de acciona <u>nte de co</u> |
| b | | | | |
| С | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| 0.467 | Excess from 2015 | | | |
| | | | Cabadula A (For | m 990 or 990 EZ) 2015 |

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

| Name of the organization | | Employer identification number |
|---|--|---|
| Friends of Strays, Inc. | | 59-2156540 |
| Organization type (check one): | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organi | ization |
| | 4947(a)(1) nonexempt charitable trust | not treated as a private foundation |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust | treated as a private foundation |
| | 501(c)(3) taxable private foundation | |
| Check if your organization is covered by | the General Rule or a Special Rule. | |
| Note. Only a section 501(c)(7), (8), or (1 | 0) organization can check boxes for both the Genera | al Rule and a Special Rule. See instructions. |
| property) from any one contributor. (Special Rules For an organization described in secunder sections 509(a)(1) and 170(b) received from any one contributor, or Form 990, Part VIII, line 1h, or (ii) For an organization described in secundaring the year, total contributions or | 990-EZ, or 990-PF that received, during the year, co Complete Parts I and II. See instructions for determine the second of the parts I and II. See instructions for determine the second of the greater of (1) or 990-EZ, line 1. Complete Parts I and II. Second of the sec | ing a contributor's total contributions. 33-1/3% support test of the regulations 0-EZ), Part II, line 13, 16a, or 16b, and that) \$5,000 or (2) 2% of the amount on (i) that received from any one contributor, le, scientific, literary, or educational |
| during the year, contributions exclus \$1,000. If this box is checked, enter charitable, etc., purpose. Do not con | ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ sively for religious, charitable, etc., purposes, but no shere the total contributions that were received during mplete any of the parts unless the General Rule applicharitable, etc., contributions totaling \$5,000 or more | such contributions totaled more than g the year for an exclusively religious, lies to this organization because |
| 990-PF) but it must answer 'No' on Par | rered by the General Rule and/or the Special Rules d t IV, line 2, of its Form 990; or check the box on line leet the filing requirements of Schedule B (Form 990, | H of its Form 990-EZ or on its Form 990-PF, |
| BAA For Paperwork Reduction Act Notice s | ee the Instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990, 990-EZ, or 990-PF) (2015) |

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

Page

of

1 of Part I

Name of organization
Friends of Strays, Inc.

Employer identification number

59-2156540

| Part I Contributors (see | instructions). | Use duplicate copies of P | art I if additional space is neede | ed. |
|--------------------------|----------------|---------------------------|------------------------------------|-----|
|--------------------------|----------------|---------------------------|------------------------------------|-----|

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|--|
| 1 | Estate of Virgina Killey 3637 47th St N #220 Saint Petersburg FL 33701 | \$ <u>184,030.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Estate of Herbert Heyward Hart 3607 N. Armenia Ave Tampa FL 33607 | \$ <u>5,695.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Jeannie Yudis Trust 139 Bluffview Dr #208 Largo FL 33770 | \$6 <u>.</u> 81 <u>4</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Vera R Schreiber Trust 119 Madison Ave. Warminster PA 18974 | \$ <u>5,</u> 000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | Clarke & Kim Bomonti 12155 70th Ave Seminole FL 33772 | \$ <u>5,000</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| | <u> </u> | | |

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

Name of the organization

0 Open to Public Inspection
Employer identification number

| | Friends of Strays, Inc. | | | 59-2156540 |
|-----|--|---|--|---|
| art | Organizations Maintaining Donor A Complete if the organization answere | dvised Funds or Ot | her Similar Funds | or Accounts. |
| - | Complete if the organization answere | (a) Donor advised | | (b) Funds and other accounts |
| 1 T | Fotal number at end of year | (a) Donor advised | Turius | (b) I unus and other accounts |
| | Aggregate value of contributions to (during year) | | | |
| | Aggregate value of grants from (during year) | | The state of the s | |
| | Aggregate value at end of year | | | |
| | Did the organization inform all donors and donor advare the organization's property, subject to the organization's | isors in writing that the ass zation's exclusive legal cor | sets held in donor advise | d funds |
| f | Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the mpermissible private benefit? | donor or donor advisor, or | for any other purpose co | onferring |
| ırt | Conservation Easements. Complete if the organization answere | d 'Yes' on Form 990, | Part IV, line 7. | |
| F | Purpose(s) of conservation easements held by the o | | | |
| | Preservation of land for public use (e.g., recreati | on or education) | Preservation of a hi | storically important land area |
| | Protection of natural habitat | | Preservation of a ce | ertified historic structure |
| | Preservation of open space | | | |
| (| Complete lines 2a through 2d if the organization held ast day of the tax year. | d a qualified conservation | contribution in the form o | f a conservation easement on the |
| | ast day of the tax year. | | | Held at the End of the Tax Ye |
| al | Total number of conservation easements | | | 2 a |
| | Total acreage restricted by conservation easements | | | 2 b |
| | Number of conservation easements on a certified his | | _ | 2 c |
| | | | | -29 |
| | Number of conservation easements included in (c) a structure listed in the National Register | | | 2 d |
| | Number of conservation easements modified, transferators year ► | erred, released, extinguish | ed, or terminated by the | organization during the |
| . 1 | Number of states where property subject to conserva | ation easement is located | - | |
| 6 | Does the organization have a written policy regardin and enforcement of the conservation easements it h | olds? | | Yes No |
| 1 | Staff and volunteer hours devoted to monitoring, ins∣ ► | pecting, handling of violation | ons, and enforcing conse | ervation easements during the year |
| | Amount of expenses incurred in monitoring, inspecti | ng, handling of violations, | and enforcing conservati | on easements during the year |
| B [| Does each conservation easement reported on line and section 170(h)(4)(B)(ii)? | 2(d) above satisfy the requ | irements of section 170 | (h)(4)(B)(i) Yes No |
| i | In Part XIII, describe how the organization reports or include, if applicable, the text of the footnote to the conservation easements. | | | |
| art | Organizations Maintaining Collecti Complete if the organization answere | ons of Art, Historica ed 'Yes' on Form 990, | al Treasures, or Ot Part IV, line 8. | her Similar Assets. |
| 6 | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial sta | for public exhibition, educa | ation, or research in furth | nent and balance sheet works of erance of public service, provide, |
| | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p following amounts relating to these items: | S 116 (ASC 958), to report public exhibition, education | in its revenue statement , or research in furtheran | and balance sheet works of art, nce of public service, provide the |
| | (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, hist amounts required to be reported under SFAS 116 (A | orical treasures, or other s | imilar assets for financia | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | ▶\$ |
| b | Assets included in Form 990, Part X | | | ▶ \$ |

| Part III Organizations Maintain 3 Using the organization's acquisition | | | | | WHITE STATE | | <i>∃u)</i> |
|---|---------------------|---------------------------------|---------------------------------|--|---|---------------|-------------|
| items (check all that apply): | | . 🗀 . | | | | | |
| a Public exhibition | | | or exchange programs | | | | |
| b Scholarly research | | e Other | | | | | |
| c Preservation for future generation | | | | | | | |
| 4 Provide a description of the organiz Part XIII. | ation's collections | and explain how the | ey further the organization | i's exempt purpose in | | | |
| 5 During the year, did the organization to be sold to raise funds rather than | to be maintained a | as part of the organi | zation's collection? | | Yes | | No |
| Part IV Escrow and Custodial line 9, or reported an an | nount on Form | 990, Part X, line | ne organization ansv e 21. | vered Yes on Form | 1 990, F | art IV | , |
| 1 a Is the organization an agent, trustee on Form 990, Part X? | | | | | Yes | Г | No |
| b If 'Yes,' explain the arrangement in | Part XIII and comp | lete the following ta | ble: | | | 11000 | |
| | | | | | Amount | | |
| c Beginning balance | | | | . 1c | | HI AV | |
| d Additions during the year | | | | | | | |
| e Distributions during the year | | | | | | | |
| f Ending balance | | | | | | | |
| 2 a Did the organization include an amo | | | | Cabinition Court Court | Yes | | No |
| b If 'Yes,' explain the arrangement in | Part XIII. Check he | ere if the explanation | n has been provided on P | art XIII | | • • _ | |
| | | | | 000 D 4 D 4 D 4 D | | A | |
| Part V Endowment Funds. Co | | | | | | - | |
| 4 - Bankarian standarda | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) F | our years | back |
| 1 a Beginning of year balance | | | | | | | - 1 |
| b Contributions | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | |
| d Grants or scholarships | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | |
| f Administrative expenses | | | | | | T. It | |
| g End of year balance | | | | | | | |
| 2 Provide the estimated percentage of | of the current year | end balance (line 1g | g, column (a)) held as: | | | | |
| a Board designated or quasi-endown | ient ► | o o o | | | | | |
| b Permanent endowment ► | 9 | | | | | | |
| c Temporarily restricted endowment | | 90 | | | | | |
| The percentages on lines 2a, 2b, a | nd 2c should equal | 100%. | | | | | |
| 3 a Are there endowment funds not in to organization by: | he possession of t | he organization that | are held and administered | ed for the | | Yes | No |
| (i) unrelated organizations | | | | | . 3a(i) | | |
| (ii) related organizations | | | | | . 3a(ii) | | |
| b If 'Yes' on line 3a(ii), are the related | organizations liste | ed as required on So | chedule R? | | . 3b | | |
| 4 Describe in Part XIII the intended u | | | | | | | |
| Part VI Land, Buildings, and I | | | | ###################################### | | | |
| Complete if the organiz | ation answered | Yes' on Form | 990, Part IV, line 11 | a. See Form 990, P | art X, I | ine 10 | |
| Description of property | (a) C | ost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) E | Book va | lue |
| 1 a Land | * * * * * * * | 197,500. | | | | 197 | ,500 |
| b Buildings | | 985,502. | | 474,524. | | Colonia Const | , 978 |
| c Leasehold improvements | | | | | | 5- | Es al |
| d Equipment | | 256,930. | | 248,175. | | 8 | ,755 |
| e Other | | | | | | | |
| Total. Add lines 1a through 1e. (Column | (d) must equal For | m 990, Part X, colu | mn (B), line 10c.) | · · · · · · · · · · · · · · · · · · · | | 717 | ,233 |
| ВАА | | | | | dule D (F | | |

| | | Part IV, line 11b. See Form 990, Part X, line 12. |
|---|----------------------------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| <u>)</u> | | |
| <u>)</u> | | |
|) | | |
| <u>)</u> | | |
|) | | |
| <u>)</u> | | 6 |
| <u>)</u> | | |
|) | | |
| | | |
| tal. (Column (b) must equal Form 990, Part X, column (B) line 12.) | | |
| art VIII Investments - Program Related. | Voc' on Form 000 I | Part IV, line 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market valuation |
| 1) | (b) Book value | (b) Motified of Validation. Good of one of your market valid |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| 10) | | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ | | and South and the state of which the property of the state of the stat |
| Part IX Other Assets. | | |
| Complete if the organization answered | | Part IV, line 11d. See Form 990, Part X, line 15. |
| | escription | (b) Book valu |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| 10) | | |
| otal. (Column (b) must equal Form 990, Part X, column (B) | line 15.) | |
| art X Other Liabilities. | | |
| Complete if the organization answered 'Yes' on I | | |
| (a) Description of liability (1) Federal income taxes | (b) Book value | |
| (1) Federal Income taxes | | |
| | | |
| (2) | | |
| (3) | | |
| (2) (3) (4) | | |
| (2) (3) (4) (5) | | |
| (2) (3) (4) (5) (6) | | |
| (2) (3) (4) (5) (6) (7) | | |
| (2) (3) (4) (5) (6) (7) (8) (9) | | |
| (2) (3) (4) (5) (6) (7) (8) (9) | | |
| (2) (3) (4) (5) (6) (7) (8) (9) | | |
| (2) (3) (4) (5) (6) (7) (8) (9) 10) 11) otal. (Column (b) must equal Form 990, Part X, column (B) line 25.) | | |
| (2) (3) (4) (5) | tnote to the organization's fina | |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn. |
|--|--|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| a Net unrealized gains (losses) on investments | |
| b Donated services and use of facilities | |
| c Recoveries of prior year grants | |
| d Other (Describe in Part XIII.) | |
| e Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | 2 e |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b Other (Describe in Part XIII.) | |
| c Add lines 4a and 4b | 4 c |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | TOTAL THE STATE OF |
| 1 Total expenses and losses per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| a Donated services and use of facilities | |
| b Prior year adjustments | |
| c Other losses | |
| d Other (Describe in Part XIII.) | |
| e Add lines 2a through 2d | 2 e |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b Other (Describe in Part XIII.) | |
| c Add lines 4a and 4b | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 |
| Part XIII Supplemental Information. | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule **D** (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

| Name of the organization | | Employer identification number |
|--------------------------|---|--|
| Friends of Strays, | Inc. | 59-2156540 |
| Pt VI, Line 11b | The Form 990 is reviewed by the Board of Dir | |
| Pt VI, Line 19 | The financial statement and the Form 990 are annual meeting and are available on request The Organizations by-laws indicate a conflict permitted. The organization is based on volume | at the business office. t of interest is not |
| | officers and directors. This further elimina | |
| Pt VI, Line 12c | interest. The process of hiring the Executive Director | involves a review and |
| Pt VI, Line 15a | approval by independent persons. | |
| | The process of electing directors and other k data of the amounts that other employees in | - m - 1000 m |
| Pt VI, Line 15b | compensated. | |
| | The organization has members with the power | to elect the board of |
| Pt VI, Line 7a | directors. | |

Friends of Strays, Inc. 59-2156540

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

with emphasis on educating the general public and school children in the care and welfare of animals.