50m 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-1150

Open to Public Inspection

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

			r year, or tax year beginning 01/01 , 2018, and ending	12/3	1 , 20 18		
В	Check if ap	plicable:		THE RESERVE OF THE PERSON NAMED IN	identification number		
	Address ch	hange	FOCUS ON FERALS INC	45-1713063			
	Name char		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephone			
	Initial retur	m n/terminated	PO BOX 274		18-483-8189		
	Amended i		City or town, state or province, country, and ZIP or foreign postal code	Group Ex			
	Application	2 22 2	BRAINARDSVILLE, NY, 12915	Number	•		
G /	Account	ing Method:			if the organization is not		
	Vebsite :	******	focusonferalstoday.com red		ttach Schedule B		
J T	ax-exem	npt status (che	ek esk and		90-EZ, or 990-PF).		
K	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other				
LA	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total as	sets			
(Pa	rt II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	\$ 64,041		
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struction	s for Part I)		
		Check if	the organization used Schedule O to respond to any question in this Part I.		🗸		
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1	63,769		
	2	Program s	ervice revenue including government fees and contracts	. 2	0		
	3		ip dues and assessments	. 3	272		
	4	Investment		. 4	0		
	5a	Gross amo	or other basis and sales expenses	0			
	b	Less: cost	0				
	6	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events:	. 5c	0		
	a		ome from gaming (attach Schedule G if greater than				
Revenue		\$15,000) .	6a	0			
Š	b	Gross inco	me from fundraising events (not including \$ 8,244 of contributions aising events reported on line 1) (attach Schedule G if the				
æ		from fundr					
		sum of such gross income and contributions exceeds \$15,000) 6b					
	C	Less: direc	t expenses from gaming and fundraising events 6c e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	0			
	d	Net incom	ict				
	7-	line 6c) .		· 6d	0		
	7a		s of inventory, less returns and allowances	0			
	b		of goods sold	0			
	8	Other reve	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	0		
	9	Total reve	nue (describe in Schedule O)		0		
_	10	Grants and	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	64,041		
	11		aid to or for members	. 10	0		
S	10	Salaries, of	ther compensation, and employee benefits	. 11	0		
Expense	13	Profession	al fees and other payments to independent contractors .	. 12	0		
ē	14	Occupancy	rent, utilities, and maintenance	. 14	0		
ŭ	15		. 15	0			
	16	Other expe	ublications, postage, and shipping	. 16	942		
	17	Total expe	nses. Add lines 10 through 16	<u>.</u> 10 17	67,919		
Ø	18	Excess or	deficit) for the year (Subtract line 17 from line 9)	18	68,861		
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree wi	ith	-4,820		
As		end-of-yea	r figure reported on prior year's return)	. 10	2,718		
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	. 20	4,350		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	2,248		

Pa	rt II Balance Sheets (see the instructions	for Part II)				, age 1
	Check if the organization used Schedule	e O to respond to a	nv question in this	Part II		🗸
			y quocuci, ii, tillo	(A) Beginning of year	Ė	(B) End of year
22	Cash, savings, and investments			12,571	22	3,393
23	Land and buildings				23	3,393
24	Other assets (describe in Schedule O)				24	0
25	Total assets			12,571	-	3,393
26	otal liabilities (describe in Schedule O) See Se	chedule O. Statement	.2	9,853	-	1,145
27	Net assets of fund balances (line 27 of column	n (B) must agree witi	h line 21)	2 719		2,248
Par	Statement of Program Service Accom	nplishments (see th	ne instructions for F	Part III)		2,240
	Check if the organization used Schedule	O to respond to a	nv question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O, Sta	atement 3			quired for section
Desc	ribe the organization's program service accompli	ishments for each o	of its three largest a	rogram conject		(c)(3) and 501(c)(4) anizations; optional for
as II	neasured by expenses. In a clear and concise nons benefited, and other relevant information for each	nanner describe the	e services provided	I, the number of	othe	
28	Intakes 302, Spay and Neuter 312, Adopted 264, TNI	R 1				
						1 3 2
	(Grants \$ 13.900) If this amount					
29					28 a	68,862
20				23.0		
	(Grants \$) If this amount	includes faustan				
30) It the diffedit	includes foreign gra			29 a	
						;
	(Grants \$) If this amount	includes foreign gra	onto obsolebana			
31	Other program services (describe in Schedule O)	includes loreign gra	ints, check here .	· · · • 📙	30a	1
	(Grants \$ 0) If this amount	includes foreign gra	onto obsolv hore	· · · · · ·	•	
32	Total program service expenses (add lines 28a	through 31a)	ints, check here .	· · · • U	31a	-
Part	List of Officers, Directors, Trustees, and Ke	v Employees (list each	one even if not some	· · · ·	32	68,862
	Check if the organization used Schedule	O to respond to a	nv question in this	Densated—see the ir	istru	ctions for Part IV)
			(c) Reportable	(d) Health benefits.		📙
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe	e (e)	Estimated amount of
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
Rebe	cca Vaincourt	40.00	0		+	
	dent/BOD	1	1		0	0
	Chapman	10.00	0		_	
	President/BOD	1	•		0	0
	cca Vaincourt	40.00	0		0	
	etary/BOD	1			١	0
Wand	la Vaincourt	10.00	0		0	
Treas	surer	1			٩	0
Linda	Yelich	20.00	0		0	
Call F	Rep	1			١	0
Donn	a Bailey	10.00	0		0	
Volur	teer	1			٦	0
					+	
				1,000		
					+	
			9			
	1				+	
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7					+	
					+	
		1				

Part	- The state of the confedule A and personal penelli contract statement requirements	s in th	ne	-9-
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	٧ .	
33			Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes" attach a conformed	-		-
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O. See Instructions	34		1
JJa	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a		✓
С	was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(a) potice	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	36	C 1000	1
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or ware	070		Y
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
ŭ	40c reimbursed by the organization	N 42.74		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	Bata		
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► NY	100		V
42a	The organization's books are in care of ▶ Rebecca Vaincourt Telephone no. ▶	518-48	3-818	9
	Located at ► PO BOX 274, BRAINARDSVILLE, NY 12915		915	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country	42b		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		A Property	
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	0.000000	1
40	If "Yes," enter the name of the foreign country ▶			-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	, ,		▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		T	-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	(C) (C) (C)	Yes	No
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes." Form 990 must be	4-44	100	1
	completed instead of Form 990-EZ	44b	200	1
c	Did the organization receive any payments for indoor tanning services during the year?	44c	-	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions			1
		145h	1	1 ./

	Pag	e 4
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							Yes	No
46	Did the organization engage, directly or i	ndirectly, in political of	campaign activities	on behalf o	of or in opposi	tion		
	to candidates for public office? If "Yes,"							1
Part	VI Section 501(c)(3) Organization	s Only						
	All section 501(c)(3) organization	ns must answer que	estions 47-49b ar	nd 52, and	complete th	e tables	for lin	es
	50 and 51.							
	Check if the organization used So	chedule O to respond	d to any question is	n this Part	VI			. 🗆
							Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) elec	tion in effe	ct during the	tax	,	;
	year? If "Yes," complete Schedule C, Pa					. 47		✓
48	Is the organization a school as described	in section 170(b)(1)(A)(ii)? If "Yes," complet	te Schedule	Ε	. 48		√
49a	Did the organization make any transfers					. 49a		✓
b	If "Yes," was the related organization a s	•				. 49b		
50	Complete this table for the organization's			other than c	officers, direct	ors, truste	es, an	d key
	employees) who each received more tha	n \$100,000 of compe	nsation from the or	ganization.	If there is non	e, enter "N	Vone."	,
	1	(b) Average	(c) Reportable		alth benefits,			
	(a) Name and title of each employee	hours per week	compensation	hanafit nla	ons to employee	(e) Estimate other con		
		devoted to position	(Forms W-2/1099-MIS		npensation	other der	пропоц	
None	75 - 35 - 36 - 37 - 38 - 37 - 38 - 37 - 38 - 37 - 38 - 37 - 38 - 37 - 38 - 37 - 38 - 37 - 38 - 37 - 38 - 37 - 38 - 37 - 38 - 38	7						
					* 1, 1 1 1 1 1 1 1			
		1						
					7			- N
			and the state of t					
f	Total number of other employees paid ov	ver \$100.000	—					
					_			
51	Complete this table for the organization	's five highest comp	ansatad indananda	nt contract	ore who each	rocoived	more	than
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independe one, enter "None."	nt contract	ors who each	received	more	than
51 	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					than
51 ———	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	anization. If there is no	ensated independe one, enter "None." (b) Type of s			Compensati		than
None	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					e than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					than
None	\$100,000 of compensation from the orga (a) Name and business address of each indepen	anization. If there is not	one, enter "None." (b) Type of s	ervice				than
None	\$100,000 of compensation from the orga (a) Name and business address of each independant control Total number of other independent control	anization. If there is not dent contractor	one, enter "None." (b) Type of s	ervice	(c)	Compensati		than
None d 52	\$100,000 of compensation from the organization from the organizati	anization. If there is not dent contractor	over \$100,000 . ection 501(c)(3) or	. ▶ganizations	(c)	Compensati	ion	
None d 52	\$100,000 of compensation from the organization from the organization complete Scheducompleted Schedule A	anization. If there is not dent contractor actors each receiving ule A? Note: All se	one, enter "None." (b) Type of s over \$100,000 . ection 501(c)(3) ore	. ▶_ ganizations	must attach	Compensation a.	ion	No
d 52	\$100,000 of compensation from the organization from the organization complete Scheducompleted Schedule A	anization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000 . ection 501(c)(3) or	. ►ganizations	must attack	Compensation a.	ion	No
d 52	\$100,000 of compensation from the organization from the organization complete Scheducompleted Schedule A	anization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000 . ection 501(c)(3) organization substitution substitutio	. ►ganizations	must attack	Compensation a.	ion	No
d 52 Under perrue, corr	\$100,000 of compensation from the organization from the organization complete Scheducompleted Schedule A	anization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000 . ection 501(c)(3) organization substitution substitutio	. ▶_ganizations	must attach	Compensation a.	ion	No
d 52	\$100,000 of compensation from the orgalization from the orgalization complete Schedule A	anization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000 . ection 501(c)(3) organization substitution substitutio	. ▶_ganizations	must attack	Compensation a.	ion	No
d 52 Under perrue, corr	\$100,000 of compensation from the orgalization from the organization complete Schedule A	anization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000 . ection 501(c)(3) organization substitution substitutio	. ▶_ganizations	must attach	Compensation a.	ion	No
d 52 Under perrue, corr	\$100,000 of compensation from the orgalization (a) Name and business address of each independent control of the organization complete Schedule A	anization. If there is not dent contractor actors each receiving ule A? Note: All security including accompan officer) is based on all info	over \$100,000 . ection 501(c)(3) organization substitution substitutio	. ▶ ganizations · · · ·	must attach	Compensation a .▶☑ Yes	ion	No
d 52 Junder perrue, corr	\$100,000 of compensation from the orgalization and business address of each indepensation. Total number of other independent control of the organization complete Scheduc completed Schedule A	anization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000 . ection 501(c)(3) organization substitution substitutio	. ▶_ganizations	must attack the best of my krowledge. Check	Compensation a Yes nowledge and	ion	No
d 52 Jnder perrue, corr	\$100,000 of compensation from the orgalization and business address of each indepensation. Total number of other independent control to the organization complete Scheducompleted Schedule A	anization. If there is not dent contractor actors each receiving ule A? Note: All security including accompan officer) is based on all info	over \$100,000 . ection 501(c)(3) organization substitution substitutio	. ▶ ganizations · · · ·	must attach	Compensation a Yes nowledge and	ion	No
d 52 Junder perrue, corr	\$100,000 of compensation from the orgalization and business address of each indepensation. Total number of other independent contraction of the organization complete Scheducompleted Schedule A	anization. If there is not dent contractor actors each receiving ule A? Note: All security including accompan officer) is based on all info	over \$100,000 . ection 501(c)(3) organization substitution substitutio	ganizations coments, and to	must attack the best of my krowledge. Check	Compensation a Yes nowledge and	ion	No
d 52 Under perrue, corr Sign Here Paid Prepa Jse C	\$100,000 of compensation from the orgalization and business address of each indepensation. Total number of other independent control to the organization complete Scheducompleted Schedule A	anization. If there is not dent contractor actors each receiving alle A? Note: All services and information officer) is based on all information.	over \$100,000 . ection 501(c)(3) organization of which prepare	ganizations ements, and to er has any kno	must attach the best of my krowledge. Check self-emplo Firm's EIN P	Compensation a Yes nowledge and	s 🔲 I	No it is

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

FOC	OCUS ON FERALS INC 45-1713063							
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
he	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	_	A school described in section						
3		A hospital or a cooperative hos						
4		A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_		hospital's name, city, and state						
5		An organization operated for the state of th		college or university	owned o	r operate	ed by a government	al unit described in
	_	section 170(b)(1)(A)(iv). (Comp	•			.====		
6		A federal, state, or local govern						a tha manaral mublic
7	L	An organization that normally described in section 170(b)(1)			port from	a govern	nmental unit or from	the general public
	_	_			D4 II \			
8	F	A community trust described in			-			
9	_	An agricultural research organi or university or a non-land-gra university:						
10	✓	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur income and uni	nctions—subject to ce related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33 ¹ /3% of its
11	Г	An organization organized and						
12		An organization organized and	•		-			ry out the purposes
-	_	of one or more publicly support	•	2	•			
		Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting c	rganizatio	on and complete line	es 12e, 12f, and 12g.
	a	☐ Type I. A supporting organ		•	-			
		the supported organization supporting organization. You					he directors or trust	ees of the
- 1	0	☐ Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	upported organizati	on(s), by having
		control or management of organization(s). You must		_		persons	that control or mana	age the supported
	С	☐ Type III functionally integ its supported organization						ally integrated with,
	d	☐ Type III non-functionally	integrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
		that is not functionally integ						d an attentiveness
		requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A a	and D, an	nd Part V.	
-	Э	☐ Check this box if the organ						e II, Type III
		functionally integrated, or 1	• •	tionally integrated sur	oporting o	organizati	on.	
1		Enter the number of supported of		· · · · · · · · ·				
		Provide the following information			T			
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			20		Yes	No		
(A)			1)					
(D)								
(B)			ο71 ° 1					10000
(C)			N/ 1				3.444	
(D)			a share side to the				**	
(E)								
Tet			The second section of the second section in					

Part II

	(Complete only if you checked the	ne box on lin	ne 5, 7, or 8 of	Part I or if th	e organizatio	on failed to qu	alify under
<u> </u>	Part III. If the organization fails to	o quality und	er the tests iis	stea below, p	lease comple	ele Part III.)	
	ion A. Public Support	(-) 0014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Caler 1	ndar year (or fiscal year beginning in) Figure Gifts, grants, contributions, and	(a) 2014	(b) 2015	(6) 2016	(u) 2017	(6) 2010	(i) rotar
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	\$ 1. San		200			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		A STATE OF THE STA	western south the water of the	and of Mills brown and all and an O All Sources		
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)					M	4
6	Public support. Subtract line 5 from line 4		al and a second				
	ion B. Total Support		,				
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		-				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·	· · · · ·		▶ 🗌
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line					14	%
15	Public support percentage from 2017 Sci 33 ¹ / ₃ % support test—2018. If the organi	nedule A, Part	III, line 14 .			15 21 mg/ or more	%
:6a	box and stop here. The organization qua						
	331/3% support test—2017. If the organi						*******
b	this box and stop here. The organization	qualifies as a	publicly suppor	rted organizat	ion		▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts facts-and-circ	s-and-circumsta	ances" test, ch st. The organi	neck this box a zation qualifie	and stop here s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	tion meets the neets the "fac	ne "facts-and-c cts-and-circums	ircumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly
18	Private foundation. If the organization di						The state of the s

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, , ,			
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	44,058	58,677	52,469	54,475	64,041	273,720
2	Gross receipts from admissions, merchandise	71,000	00,077	02,100	0.1,1.70		
	sold or services performed, or facilities					1	
	furnished in any activity that is related to the					0	0
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0	0	0	0	
3	unrelated trade or business under section 513				1		_
	_	0	0	0	0	0	0
4	Tax revenues levied for the				7 1		
	organization's benefit and either paid to	İ					
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities		10,000				
	furnished by a governmental unit to the	1	1		1	1	
	organization without charge	0	0	0			0
6	Total. Add lines 1 through 5	44,058	58,677	52,469	54,475	64,041	273,720
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3		, , , , , , ,				
	received from other than disqualified		- 3			1	
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year	o	0	0	0	0	
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from		0	U	1 11 11 11 11 11 11	U	0
_	line 6.)		4.000 988 928				
Secti	on B. Total Support						273,720
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/O Total
9	Amounts from line 6	44,058	58,677	52,469			(f) Total
10a	Gross income from interest, dividends,	44,036	36,677	52,469	54,475	64,041	273,720
	payments received on securities loans, rents,		1	Į			
	royalties, and income from similar sources .		- 1)	
h	Unrelated business taxable income (less	0	0	0	0	0	0
ь	section 511 taxes) from businesses		1				
	acquired after June 30, 1975		1				
	1	0	0	0	0	0	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						0
	loss from the sale of capital assets		1	Į.	Į.		
	(Explain in Part VI.)	0	0	0			
13	Total support. (Add lines 9, 10c, 11,						0
	and 12.)	44,058	58,677	52,469	54,475	64,041	272 722
14	First five years. If the Form 990 is for the	e organization'	s first, second	d, third, fourth.	or fifth tax ve	ar as a section	273,720
	organization, officer this box and stop her	e					1 301(0)(3)
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2018 (line 8	3, column (f), di	vided by line 1	3. column (f))		15	100 06
16	Public support percentage from 2017 Sch	edule A. Part II	L line 15	0, 00101111 (1))		16	100 %
Secti	on D. Computation of Investment Inc	come Percen	tage		• • • • • •	10	100 %
17	Investment income percentage for 2018 (I	ine 10c. colum	n (f) divided b	v line 13 colur	mn (fl)	147	
18	investment income percentage from 2017	Schedule A. P	art III line 17			17	0 %
19a	33 78 76 Support tests—2018. If the organi	zation did not a	check the hov	on line 14 an	d line 46 in	18	0 %
	17 is not more than 331/3%, check this box a	and stop here	The organization	on mie 14, an n gualifiae ae -	u line to is me	ore than 331/3%	
b	331/2% support tests—2017. If the organization 18 is not more than 331/2%, check this had	ation did not ch	ack a hav an E	ing 14 ce lies as a	Publicly suppo	rted organizatio	on . ► 🗸
	line 18 is not more than 331/3%, check this b	oox and stop he	ere. The organi	ration qualities	ea, and line 16	is more than 33	31/3%, and
()	Private foundation. If the organization dis	d not check a b	nov on the state	to-	as a publicly su	ipported organi:	zation 🕨 🔲
	Private foundation. If the organization die	a not check a b	OX ON TIME 14,	19a, or 19b, c	neck this box	and see instruc	tions 🕨 📋

Supporting Organizations

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

Section A. All Supporting Organizations	

-	on raval capporting organizations		Yes	No
1.	Are all of the organization's supported organizations listed by name in the organization's governing		res	NO
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		b)
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	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.	10a	114	
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.)	10a		

10b

Scheal	Jie A (Form 990 or 990-EZ) 2018			, ago c
Part	IV Supporting Organizations (continued)		V	Na
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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	Yes	No
b	,	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		
Sect	ion B. Type I Supporting Organizations		-	
		SEC. 20. 20. 2	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		
Sect	ion C. Type II Supporting Organizations			
5000	on of Type if 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		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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	10	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.			ions).
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	a tru	st on Nov. 20, 1970 (exp	lain in Part VI). See tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		1
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			A Banda A Jan Saa Cool
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		1
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	***	
5 Income tax imposed in prior year	5	13	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	die de la company	
7 Check here if the current year is the organization's first as a non-functionall	y inte	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continuea)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			1
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			Will all the state of the state
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount		MOVE TO SERVICE TO THE PROPERTY OF THE PROPERT	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			entral
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
-	Excess from 2018			

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

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## 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.

OMB No. 1545-0047

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
FOCUS ON FERALS INC	45-1713063
	45-1/13063
Form 990-EZ, Part I, Line 20 - Monies loaned by Rebecca Vaincourt for operating expenses	
4-44-5	
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## Schedule O, Statement 1

Form: Form 990-EZ (2018)

Page: 1

**FOCUS ON FERALS INC** 

EIN: 45-1713063 Part I, Line 16

## Other Expenses Structured Explanation

Description	Amount
Microchips and Scanner	1,847
Capitol Improvements	2,051
Refunds	194
Liability Insurance	986
Veterinary Bills	32,757
Spay and Neuter Fees	15,539
Cat Food	7,110
Advertising	285
Medicine Vaccinations Medical Supplies	6,822
Donation	1
Litter	53
Reimbursement	274
Total:	67,919

#### Schedule O, Statement 2

Form: Form 990-EZ (2018)

FOCUS ON FERALS INC

EIN: 45-1713063 Part II, Line 26

Page: 2

#### Other Liabilities Structured Explanation

Other Liabilities Structured Explanation						
Description					EOY A	Amount
High Peaks Animal Hospital		veg saaksa egetek	- Charley professor and			437
Plattsburgh Animal Hospital						482
Palmer Vet Clinic						226
Total:						1,145

Schedule O, Statement 3

Form: Form 990-EZ (2018)

Form: Form 990-EZ. (2018

Page: 2

FOCUS ON FERALS INC EIN: 45-1713063

Part III

### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

Focus on Ferals is a 501c3 non-profit animal welfare, all volunteer organization aimed at reducing the homeless feline over-population through TNR, adoption, public awareness and education

## Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

**FOCUS ON FERALS INC** 

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

45-1713063

Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

FOCUS ON FERALS INC

Employer identification number

45-1713063

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(-)		Tart III additional opaco is	
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Doris Day Foundation  8033 Sunset Blvd 845  Los Angeles, CA, 90046	\$5,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

of Part II

Name of organization

Employer identification number

FOCUS ON FERALS INC

45-1713063

art II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		s				
No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$	and the second of			
No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
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No. com art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

	Form 990, 990-EZ, or 990-PF) (2018)				Page	of	of Part III
Name of or	Til.				Employer ide		
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the following line entry.	or the year from any ations completing Pa	one contributor. Cart III, enter the total	Complete of exclusi	n section 50° columns (a) tively religious	hroua	, (8), or h (e) and
(=\ N =	Use duplicate copies of Part III if ad	lditional space is nee	eded.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					<b></b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use	c) Use of gift (d) Descripti		scription of h	ow gif	t is held
-	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			t is held
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of h	ow gif	it is held
-	Transferee's name, address, a		sfer of gift Relation	ship of tra	nsferor to trai	nsfere	9
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