

Form **990**

Return of Organization Exempt From Income Tax

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



Department	of	the	Treasu	ŋ
Internal Pay	ani	110 5	anuca	-

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

Open to Public

	Inter	nal Revenu	e Service Go to www.irs.gov/romm990 for instructions and the i	latest infor	mation.		inspection
	A	For the 2	2017 calendar year, or tax year beginning January 1 , 2017, and	ending	Decemb	er 31	, 20 17
	В	Check if a	pplicable C Name of organization House Rabbit Society				r identification number
		Address c					94-3061685
	$\overline{\Box}$	Name cha		oom/suite	E	Telephon	
	Ħ					-	
	H	Initial retu					510-970-7575
	Η					_	•
1		Amended				Gross red	
,	Ц	Applicatio	n pending F Name and address of principal officer Margo DeMello	H	(a) Is this a grou	p roturn for s	ubordinates? 🔲 Yes 🗹 No
<i>(</i>			1680 18th St. NE, Salem, OR 97301				included? Yes No
	<u></u>	Tax-exem	pt status	527 03	If "No,	" attach a	list (see instructions)
W .	J	Website:			(c) Group e	kemption r	number ►
•	K	Form of or	ganization ☐ Corporation ☐ Trust ☐ Association ☐ Other ►	f formation	1988	M State of	of legal domicile CA
	P	art I	Summary				
		1 E	Briefly describe the organization's mission or most significant activities: T	The House	Rabbit So	ciety res	cues abandoned
9	ë	Į	abbits and finds permanent adoptive homes. The House Rabbit Society education				
2019	aŭ	1 -	abbits' need for a space indoors and how to care for, feed and groom compan				
5	Ę	-	Check this box ▶☐ if the organization discontinued its operations or dispo			5% of it	ts net assets
	Governance		Number of voting members of the governing body (Part VI, line 1a)			3	
	9		Number of independent voting members of the governing body (Part VI, lin			4	13
AF	Se		of independent voting members of the governing body (r art vi, in otal number of individuals employed in calendar year 2017 (Part V, line 2a	•		5	13
$\mathbf{\Sigma}$	Ě	l		a)		<u> </u>	
\circ	Activities	ł	otal number of volunteers (estimate if necessary)	- ' ' '		6	150
Ш	⋖	7a]	otal unrelated business revenue from Part VIII. column (6) LINE DECELIVED	1		7a	0
Z		<u>b</u> 1	Net unrelated business taxable income from Form POE GE WED	اد	<u> </u>	7b	0
SCANNED MAR		l	0 0000	IRS-OSI	Prior Year		Current Year
$\ddot{\circ}$	ē		Contributions and grants (Part VIII, line 1h).	اهٰ	4	146,573	469,005
ഗ്	Revenue	9 F	Program service revenue (Part VIII, line 2g)	띄 📖		85,361	117,160
	ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	~} <u></u>		0	0
	<u>.</u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 🔞 😘 📼 🚻			27,609	22,141
_			otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1	12)	5	59,544	608,306
O			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1	04,868	19,754
\approx			Benefits paid to or for members (Part IX, column (A), line 4)			0	0
\mathcal{C}	S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	10)	-	148,829	180,066
20	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	"		n .c,c_c	1,530
2	be)	otal fundraising expenses (Part IX, column (D), line 25) ▶	0		اقد	1,000
\cap	E		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	⊻		00 170	252.400
				` ├─		99,179	253,406
			otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	·		352,876	454,756
	. 10	*****	Revenue less expenses. Subtract line 18 from line 12	Bosum		206,668	153,550 End of Year
	ets or ances		The Leading (D. 124 P. 140)	Degiiii	ning of Curre	ill rear	Elid of 1 ear
	Bala		fotal assets (Part X, line 16)	·	6	73,359	825,093
	Net Asser		otal liabilities (Part X, line 26)	٠		44,862	43,046
'			let assets or fund balances. Subtract line 21 from line 20	•	6	28,497	782,047
		rt II	Signature Block				
i	Und	der penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and and complete Deslaration of preparer (other th an offi cer) is based on all information of which p	d statements	s, and to the	best of my	y knowledge and belief, it is
)		s, correct, a	and complete Declaration of preparer (other trian succer) is based on air information of princip	reparer nas a	any knowled	ge	
-	٠.					11/10	5/18
. 1	Sig		Signature of officer		Date	ŧ	•
`	Hei	re		ine c	701		
^			Type or print name and title				
	Pai	id	Print/Type preparer's name Preparer's signature	Date		Check	1 if PTIN
la s		parer				self-emple	
2 4		e Only	Firm's name >		Firm's	EIN ►	
0			Firm's address ▶	Phone	no		
	May	the IRS	discuss this return with the preparer shown above? (see instructions) .				· · Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2017)

(Code:) (Expenses \$	9,776 including grants of \$) (Revenue \$	4,430)					
(Code:) (Expenses \$ 9,776 including grants of \$) (Revenue \$ 4,430) Spay/Neuter program: HRS performed 96 spay/neuter surgeries for the public at our low-cost rabbit spay/neuter surgery									
clinic.									

19,720) (Revenue \$

ABCDLD

Part	V 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4	✓	
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		√
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		1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	_/	
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	11b	•	1
С	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	11c		√
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	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
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.	11f		1
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	1	
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	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		\
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	14b		√
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		√
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		✓
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		√
	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		√
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		√
		لت	~~~	

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Part	Checklist of Required Schedules (continued)	·		
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		✓
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ √
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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	25a		1
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 Schedule L, Part I	25b		1
26	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	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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	28c	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1	34 35a		√
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		*
JI	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	.Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		√
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١.
	account)?	4a		✓
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 Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		١,
4-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	. :		١,
_	gifts were not tax deductible?	6b		√
7	Organizations that may receive deductible contributions under section 170(c).		:	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_		┝┯┦
L		7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	required to file Form 8282?	7c		/
ď	If "Yes," indicate the number of Forms 8282 filed during the year			\ <u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		▼
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter			
а	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 0			1 1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			1 1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0			i I
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
_	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>√</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		✓

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	iee ins	struct	
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸
Secti	on A. Governing Body and Management		1 1/	1
4	Fater the purchase of victing members of the reviewing hadrest the and of the tourises.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	4		j
	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 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		7
3	Did the organization delegate control over management duties customarily performed by or under the direct			Ì
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	<u> </u>	✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		١,
	one or more members of the governing body?	7a	<u> </u>	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76	•	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		1
Ū	the year by the following			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b	/	-
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			<u> </u>
	describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		V
15	Did the process for determining compensation of the following persons include a review and approval by			İ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	V
b	Other officers or key employees of the organization	15b	-	<u> </u>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
-	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?	16b		V
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20		00-4-		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	uuras		
	Anne Martin - Executive Director, HRS, 148 Broadway, Richmond, CA 94804. Phone#510-970-7575			

Form 990 (2017)

Part V	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensate	ed Employees, and
	Independent Contractors				

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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.

r any relate	d orga	anız	atio	n c	ompe	nsa	ted any currer	it officer, director	r, or trustee.
(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe d a d	ition more rson irecte	is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
related organizations	ividual trustee director	stitutional trustee	licer	y employee	phest compensated ployee	rmer	organization	(W-2/1099-MISC)	from the organization and related organizations
	1		>				0	0	0
	1		✓				o	0	0
	√		1				0	0	0
	1		√				0	0	0
	1						0	0	0
	1						0		0
	√								0
	1								0
	✓								0
									0
	/								0
	· ·						-		0
	\								0
50				1					0
	(B) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (B) (C) (C) (Individual individual i	(B) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line) Average hours for related organizations below dotted with the line) Average hours for related organizations below dotted with the line w	(B) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations hours for related organizations hours for line trustee line) Average hours per week (list any hours for related organizations hours for line trustee) Average hours for line trustee line hours for line trustee line hours for line hours for line trustee line hours for line hour	(B) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations box, unless person is both forcer and a director/trust week employee employee employee	(B) Average hours per week (list any hours for related organizations below dotted line) Average week (list any hours for related organizations below dotted line) Average week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any 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any hours for related organizations below dotted line) Average hours per Week (list any hours for related organizations below dotted line) Average hours per Week (list any hours for related organizations below dotted line) Average hours per Week (list any hours for related organizations below dotted line) Average hours per Week (list any hours for related organizations below dotted line) Average hours per Week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations (line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours and a director/trustee) Average hours and a director/trus	Compensation Comp

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (ontinue	ed)	
	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than one that the the that the the that the that the that the that the that the the the that the the the that the the the the the the the the the th	n an	(D) Reportable compensation	(E) Reportabli compensation		(F) Estimated amount of		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		other compensation from the organization and related organizations	
(15)													
(16)					_							• . •	
(17)					<u> </u>	 							
(18)			<u>.</u>										
(19)			1										
(20)										 			
(21)												- -	
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total	VII, Sectio	n A		•		•	> > >	48,561 0 48,561		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited						·	****** ******************************			of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc						emp		est comper	nsated		No √
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portat	ole (50,	con	nper)? <i>Ii</i>	nsatio						<u>v</u> √
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind			√
	on B. Independent Contractors												
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
	(A) Name and business address								(B) Description of s	ervices	C	(C) compensation	
N/A													
								\vdash					
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Part	VIII	Statement of Reve					5		_
		Check if Schedule O	contains	a resi	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns		1a	12,080				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b					
ts, (Am	С	Fundraising events .		1c					
Giffi	d	Related organizations		1d					
ns, Simi	В	Government grants (con		1e			ľ		
utio er S	f	All other contributions, gr							
rib. Oth		and similar amounts not incl		1f	456,925	ļ			
ont	g	Noncash contributions includ		•					
	h	Total. Add lines 1a-11		• •	Business Code	469,005			
Program Service Revenue	2a	Program Fee - Adoption	n		813312	6,120	6,120		0
Rev	b	Program Fee - Boarding			812910	56,666	56,666	0	
ice.	c	Program Fee - Groomir			812910	9,516	9,516	0	
šerv	d	Program Fee - Medical			541940	4,646	4,646	0	
E .	е	Program Fee - Spay&N	euter		541940	4,430	4,430	0	0
ogra	f	All other program serv	revenu	ie.	813312	35,782	35,782	. 0	. 0
<u>4</u>	g	Total. Add lines 2a-21				117,160			
	3	Investment income (i	
		and other similar amo	•		L	0	0	0	0
	4	Income from investment				0	0	0	· · · · · · · · · · · · · · · · · · ·
	5	Royalties	(ı) Real		(ii) Personal		0	0	0
	6a	Gross rents		0	```	1			
	b	Less rental expenses							
	C	Rental income or (loss)		0					
	d	Net rental income or (loss) .		>	0	0	0	0
	7a	Gross amount from sales of	(ı) Securit	es	(ii) Other	-			
		assets other than inventory		0	0				
	b	Less cost or other basis							
		and sales expenses .		0	··				
	0 1	Gain or (loss) [0	0			· · · · · · · · · · · · · · · · · · ·	
	d	Net gain or (loss) .		٠ .	· · · · -	0	0	0	<u> </u>
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18							
ᅗ		Less direct expenses			L				
		Net income or (loss) fr		•	events . >			0	0
	эа	Gross income from ga See Part IV, line 19 .	ming activi				ļ		
	h	Less: direct expenses							
		Net income or (loss) fr							
		Gross sales of investment of i	ventory,	ess					
	b	Less cost of goods so		~ [102,458 ((80,317)				
	C	Net income or (loss) fr				22,141	22,141	. 0	
		Miscellaneous Re			Business Code	22,131	22,141		
	11a			-		0	0	0	0
	b					0	0	0	0
	c					0	0	0	0
	d	All other revenue .		. [0	0	0	0
	е	Total. Add lines 11a-1			🟲 🛚	0			1
	12	Total revenue. See in	structions.	• • • • • • • • • • • • • • • • • • • •	<u> ▶ [</u>	608,306	106,289	0	0
									Form 990 (2017)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🗀
	t include amounts reported on lines 6b, 7b, , 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	19,754	19,754		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	o	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,		<u>``</u>		
	trustees, and key employees	o	oi	o	C
6	Compensation not included above, to disqualified	-			<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	o	a	0
7	Other salaries and wages	158,399	118,799	39,600	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o	o	o	0
9	Other employee benefits	- 6,816	5,112	1,704	0
10	Payroll taxes	14,851	11,138	3,713	
11	Fees for services (non-employees):				
а	Management	3,948	2,961	987	0
b	Legal		•		
С	Accounting	7,500	7,500	0	0
d	Lobbying	0	0	0	,O
е	Professional fundraising services. See Part IV, line 17	1,530			1,530
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	6,679	6,679	0	0
12	Advertising and promotion	1,075	1,075	0	0
13	Office expenses	10,990	10,990	0	0
14	Information technology	0	0	. 0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	9,118	9,118		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	15,833	15,833	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0 500	0	0
22 23	Insurance	8,569	8,569	0 0	0
24	Other expenses. Itemize expenses not covered	10,507	10,507		0
24	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.)				
а	Education Expense, S&NClinic, Rabbit Expense	161,628	161,628	0	0
b	Licenses, Dues&Subscriptions, Repairs	3,660	3,660	0	0
c	Taxes, Utilities, Telephone, Bank Fee	11,797	11,797	, 0	0
d	Holiday Party	1,084	0	0	1,084
е	All other expenses Volunteer Expenses	1,018	1,018	0	0
25	Total functional expenses. Add lines 1 through 24e	454,756	406,138	46,004	2,614
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)	0	o	. o	0

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		
	-		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	340	1	379
	2	Savings and temporary cash investments	369,914	2	485,911
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	10,619	4	· 22,104
	5	Loans and other receivables from current and former officers, directors	i,		
		trustees, key employees, and highest compensated employees	i		
		Complete Part II of Schedule L	o	5	0
	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	d y	6	
et	,		0	1	0
Assets	7	Notes and loans receivable, net	7.700	 	0
•	8	Inventories for sale or use	7,766		29,005
	9 10a	Prepaid expenses and deferred charges	2,002	9	6,743
	IVa	other basis Complete Dort VII of Cabadula D			
	_			100	
	11	Less: accumulated depreciation			280,951
	12	Investments—publicly traded securities	0	 	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	673,359		
	17	Accounts payable and accrued expenses	28,099		825,093 27,945
	18	Grants payable	28,099		27,543
	19	Deferred revenue	. 0	+	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	 	0
S	22	Loans and other payables to current and former officers, directors			,
Liabilities	**	trustees, key employees, highest compensated employees, and			
pi		disqualified persons. Complete Part II of Schedule L	0	22	0
Lia	23 ,	Secured mortgages and notes payable to unrelated third parties	0	\rightarrow	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			-
		parties, and other liabilities not included on lines 17-24). Complete Part >			
		of Schedule D	16,763	25	15,101
	26	Total liabilities. Add lines 17 through 25	44,862	26	43,046
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ ar			
Š		complete lines 27 through 29, and lines 33 and 34.	<u> </u>		
a	27	Unrestricted net assets	322,169	27	528,837
Ba	28	Temporarily restricted net assets	0	28	0
ַק	29	Permanently restricted net assets	0	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ an complete lines 30 through 34.	d		
S	30	Capital stock or trust principal, or current funds	0	30	0
Set	31	Paid-in or capital surplus, or land, building, or equipment fund	0	 	0
As	32	Retained earnings, endowment, accumulated income, or other funds.	99,660	-	99,660
Ę	33	Total net assets or fund balances	206,668		153,550
~	34	Total liabilities and net assets/fund balances	673,359		825,093
					- 000

orm 99	90 (2017)			Pa	ige 12
Part	XI 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		60	18,306
2	Total expenses (must equal Part IX, column (A), line 25)	2		45	4,756
3	Revenue less expenses. Subtract line 2 from line 1	3		15	3,550
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20	6,668
5	Net unrealized gains (losses) on investments	5		-20	6,668
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	В		_	0
9	The straining of the st	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0		15	3,550
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expla	ın ın			
_	Schedule O.				
2a	· · · · · · · · · · · · · · · · · · ·		2a	✓_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed 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?		2h	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ovaht			
С	of the audit, review, or compilation of its financial statements and selection of an independent accounta	-	0-	,	
	If the organization changed either its oversight process or selection process during the tax year, explain		2c	√ _	
	Schedule O.	XIII 111			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in			
	the Single Audit Act and OMB Circular A-133?		За		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audi	ıts.	3b		✓_

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 chantable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Hous	e Ra	bbi	t Society						061685
Pa		<u> </u>	Reason for Public Cha						ons.
The	orga	nız	ation is not a private founda	ation because it i	s: (For lines 1 through	n 12, che	ck only o	ne box.)	
1			hurch, convention of churc						17
2		A s	chool described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	Form 990	or 990-E	Z).)	U/
3			ospital or a cooperative ho						• (
4			nedical research organizations pital's name, city, and stat	•	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	_		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	tal unit described in
6 7	$\overline{\mathbf{V}}$	An	ederal, state, or local gover organization that normally scribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8		A c	ommunity trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9		or (uni	agricultural research organ university or a non-land-gra versity.	int college of agr	culture (see instruction	ons). Ente	er the nar	ne, city, and state of	f the college or
10		rec	organization that normally eipts from activities related port from gross investmen quired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11		An	organization organized and	operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12		of (organization organized and one or more publicly suppo eck the box in lines 12a thro	orted organizatio	ns described in secti	ion 509(a	1)(1) or so	cction 509(a)(2). Se	e section 509(a)(3).
а	(Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	ajority of t	•	
b	[Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
C	[Type III functionally integits supported organization						ally integrated with,
d	[Type III non-functionally that is not functionally interequirement (see instructionally interequirement)	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	• , ,
е	[Check this box if the organ functionally integrated, or						e II, Type III
f			the number of supported o						[]
g	Pr	OVI	de the following information			•			
	(i) N	lame	e of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)					· 100				
(B)				****					
(C)					^-				
(D)			. 4,						
(E)					,				

Total

Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (d) 2016 (c) 2015 (e) 2017 (f) Total Gifts. grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 389,442 248,732 386.846 559,544 608.306 2,192,870 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . n 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge n O Total, Add lines 1 through 3. . . . 248,732 608,306 389,442 386,846 559,544 2,192,870 The portion of total contributions by (other each person than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 50,000 Public support. Subtract line 5 from line 4 2,142,870 Section B. Total Support (a) 2013 Calendar year (or fiscal year beginning in) ▶ **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 248,732 389,442 386,846 559,544 608,306 2,192,870 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 n 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 0 **Total support.** Add lines 7 through 10 11 2,192,870 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 14 97 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

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

18

Schedu	lę A (Form 990 or 990-EZ) 2017						Page 3
Part	Part III Support Schedule for Organizations Described in Section 509(a)(2)						
	(Complete only if you checked the					d to qualify ur	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	•
Secti	ὸη A. Public Support						
	idal year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	<u> </u>	, ,	 			.,
	received (Do not include any "unusual grants.")		İ			/	
2	Gross receipts from admissions, merchandise			 		/	
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			 	/_/		
•	unrelated trade or business under section 513						
		ļ	ļ	 	/		
4	Tax revenues levied for the	1		<u> </u>	/		
	organization's benefit and either paid to		1		/		
	or expended on its behalf	<u> </u>		/	·		
5	The value of services or facilities			/			
	furnished by a governmental unit to the			/	1		
	organization without charge			/		<u> </u>	
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		/	1			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				<u> </u>	l	
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	1	/				
	line 6.)		/	İ			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013 ⁷	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	/					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		\ \ \				
b	Unrelated business taxable income (less	/					
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	· · · · · · · · · · · · · · · · · · ·			,		
• •	activities not included in line 10b, whether			\ \			
	or not the business is regularly garried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				\		
13	and 12.)						
4.4	First five years. If the Form 990 is for the			al Abraral Carrowth	fifth Ann 1		- CO1/-\/O\
14	organization, check this box and stop he i	=			=	1	
Casti				· · · · ·	• • • • •		
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8			• • • •		15\	%
16	Public support percentage from 2016 Sch			· · · · ·	· · · · ·	16	<u>%</u>
	on D. Computation of Investment Inc					1.5	
17	Investment income percentage for 2017 (I					, , , , , , , , , , , , , , , , , , ,	%
18							
19a	331/3% support tests—2017. If the organi						\
	17 is not more than 331/3%, check this box	-	-	•		-	
b /	/331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/3%, check this t		-			• •	\
20	Private foundation If the organization du	d not check a l	hay an line 14	10a or 10b o	hack this hav	and see instru	tions 🔽 🗖

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations	ait v	·/	
Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	
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			
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
o	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	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		
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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 bonefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)

10b

Part	IV Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		 _
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? 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.	11b 11c		
	on B. Type I Supporting Organizations	1110		
			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		
Secti	on 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		
Secti	on 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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	:	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	 s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,-
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ons)
2	Activities Test. Answer (a) and (b) below.	ļ	Yes	No
- а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		. 55	<u></u>
	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			
b	•	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI). See		
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3		,		
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI).					
2 Acquisition indebtedness applicable to non-exempt-use assets	2		 		
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8		· · · · · · · · · · · · · · · · · · ·		
Section C - Distributable Amount			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	 	1		
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	tegrated Type III supportir	ng organization (see		

Schedul	e A (Form 990 or 990-EZ) 2017			Page 7			
Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	<u></u>					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive				
	(provide details in Part VI), See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	,					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017			 			
	(reasonable cause required - explain in Part VI). See						
	instructions.			'			
3	Excess distributions carryover, if any, to 2017						
<u>a</u>							
b	From 2013						
c	From 2014						
d	From 2015						
ее	From 2016						
<u>f</u>	Total of lines 3a through e		,				
	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount		<u> </u>				
<u> i </u>	Carryover from 2012 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from						
	Section D, line 7. \$						
a	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·					
<u> </u>	Applied to 2017 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2013 .						
b	Excess from 2014 .		· · · · · · · · · · · · · · · · · · ·	j			
С	Excess from 2015						
d	Excess from 2016 .						
ę	Excess from 2017						
_							

Part V	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 C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

	organization answered "Ye see separate instructions),	s," on Form 990, Part IV, line 5 (Pro then	ky Tax) (see separat	te instructions) or Form 990)-EZ, Part V, line 35c (Prox
		anizations Complete Part III		T	
Name	of organization			Employer ide	ntification number
	Rabbit Society			'	94-3061685
Part		ne organization is exempt un			
1	definition of "political ca				•
2	Political campaign activi	ity expenditures (see instructions)		. ▶ \$	B
3_	Volunteer hours for polit	ical campaign activities (see instru	ıctions)		
Part	I-B Complete if the	ne organization is exempt un	der section 501	(c)(3).	
1	Enter the amount of any	excise tax incurred by the organic	zation under section	on 4955 ▶ 🤄	5
2	Enter the amount of any	excise tax incurred by organization	on managers under	r section 4955 🕨 🧐	
3	If the organization incurr	ed a section 4955 tax, did it file F	orm 4720 for this y	ear?	Yes No
4a	Was a correction made?				🗌 Yes 🔲 No
b	If "Yes," describe in Par				
Part	I-C Complete if the	ne organization is exempt un	der section 501(c), except section 501	(c)(3).
1		tly expended by the filing organ			<u></u>
)
2		e filing organization's funds contritivities	•	•	;
3	Total exempt function line 17b	expenditures. Add lines 1 and	2 Enter here and	l on Form 1120-POL, ▶ \$	
4	Did the filing organizatio	n file Form 1120-POL for this yea			
5	Enter the names, address organization made paym the amount of political c	sees and employer identification ni nents. For each organization listed ontributions received that were pr d fund or a political action committ	umber (EIN) of all s , enter the amount omptly and directly	section 527 political organ paid from the filing organ y delivered to a separate p	izations to which the filing ization's funds. Also ente political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)	_				
(2)					
(3)			-		
(4)					
(5)					
(6)					

Pa	an	2

Pa	rt II-A	Complete if the organizat section 501(h)).	on is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under			
Α	Check ►	If the filing organization belo	_	•		liated group memb	er's name,			
		address, EIN, expenses, an			•					
<u>B_</u>	Check ►				rovisions apply.	1 -				
			bbying Expendi		,	(a) Filing organization's totals	(b) Affiliated group totals			
-	a Total la	(The term "expenditures"				organization s totals	group totals			
1		obbying expenditures to influence obbying expenditures to influence			•					
		obbying expenditures to influent	•	, ,	9)	-				
		exempt purpose expenditures.	•							
		xempt purpose expenditures (a								
		ng nontaxable amount. Enter					· · · · · · · · · · · · · · · · · ·			
	columr		the amount	HOITI THE TOHOWING	y table in both					
		nount on line 1e, column (a) or (b)	is: The lobbyin	g nontaxable amoun	t is:					
		r \$500,000		mount on line 1e.	13.					
		00,000 but not over \$1,000,000		is 15% of the excess	over \$500,000.					
		,000,000 but not over \$1,500,000		is 10% of the excess						
		500,000 but not over \$17,000,000		is 5% of the excess o						
		7,000,000	\$1,000,000							
	g Grassr	oots nontaxable amount (enter	25% of line 1f)							
	h Subtra	ct line 1g from line 1a. If zero or	less, enter -0-				-			
	i Subtra	ct line 1f from line 1c. If zero or	less, enter -0-							
	j If there	e is an amount other than zer	o on either line	e 1h or line 1i, dic	the organization	n file Form 4720				
	reportii	ng section 4911 tax for this yea	ır?			<u> </u>	_ Yes No			
	(Som	e organizations that made a s See ti	ection 501(h) e ne separate ins	tructions for lines	e to complete all 2a through 2f.)	of the five column	ns below.			
		Lobbyii	ng Expenditure	s During 4-Year A	veraging Period					
	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total			
2	a Lobbyi	ng nontaxable amount								
	•	ng ceiling amount of line 2a, column (e))	· · · · · · · · · · · · · · · · · · ·				_			
	c Total lo	bbying expenditures								
	d Grassr	oots nontaxable amount								
		oots ceiling amount of line 2d, column (e))								
	f Grassr	oots lobbying expenditures								

	(election under section 501(h)).					
For e	legislation, including any attempt to influence public opinion on a legislative matt referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through Media advertisements? Media advertisements? Media advertisements? Media advertisements? Media advertisements? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 11 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Tomplete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures for art III-B Complete if the organization is exempt under section 501(c)(4), section art III-B Complete if the organization is exempt under section 501(c)(4), section beautiful and political campaign activity expenditures for art III-B Complete if the organization is exempt under section 501(c)(4), section art III-B Complete if the organization is exempt under section 501(c)(4), section art III-B Complete if the organization is exempt under section 501(c)(4), section art III-B	((a)		(b)	
desci	ription of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	•			ļ		
						
_			<u> </u>	ļ		
		\vdash	_=		-	
_		 	./			\$24
			_			
		<u> </u>	Ť.			
		_	<u> </u>	_		
		<u> </u>	_ `			\$44
2a	· · · · · · · · · · · · · · · · · · ·	_	$\overline{}$			<u> </u>
	•	-			·	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-			
Part)(5), (or se	ction		
	501(c)(6).					
					Yes	No
1				1	<u> </u>	
2				2		
					<u></u>	
rait	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C				line :	3, is
1			1		——	
			!			
2	political expenses for which the section 527(f) tax was paid).	s 01				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	yıng				
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
Provid	de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro	up list	;); Par	t II-A, I	ines 1	and
	instructions), and Part II-B, line 1. Also, complete this part for any additional information.					
Part II-	B - House Rabbit Society lobbied for the passage of CA AB485, the pet sales ban, that bans the sale of ra	bbits i	n pet	stores.	We se	ent an
			_		_	
email i	newsletter asking our supporters in California to contact their legislators to advocate for the passing of the	provide in Part IV a detailed (a) Yes No Amount The foreign, national, state or local and non on a legislative matter or seported on lines 1c through 1i)?				
A B	Martin participated in a TM interview on the potential positive impact for which of the law and advantage.		محالطه		6 sl-	_
Mille I	Martin participated in a TV interview on the potential positive impact for rabbits of the law, and advocating	ior pi	iolic s	support	tor tn	e
law W	e posted information supporting the passage of the bill to our website, rabbit.org. These activities took 2	houre	nf et	iff time		
	TETOWNER TO SUPPORT OF PROSPERED OF THE DITE TO OUT WEDSITE, TRADITIONS, THESE BUTTHINGS TOOK E	.10413	×1.316			-
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	m 990 or 990-EZ) 2017				•	Page 4
Part IV	Supplemental Inform	ation (continued)				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

ivallie (n the organiza				yor racmamoadon	· mamber
House	Rabbit Soci			<u> </u>	94-306	1685
Par		anizations Maintaining Donor Adv			Accounts.	
	Cor	nplete if the organization answered	"Yes" on Form 990, Part IV, line 6.	i		
			(a) Donor advised funds		(b) Funds and	other accounts
1	Total numb	per at end of year		i i		
2		value of contributions to (during year)				
3		value of grants from (during year)		·		
		· · · · · · · · · · · · · · · · · · ·	-	1		
4		value at end of year	advisors in writing that the accets h	l ld in	donor odviso	d
5			-			
		he organization's property, subject to the	- · ·			
6		ganization inform all grantees, donors, a				
		aritable purposes and not for the bene				
		impermissible private benefit?			<u> </u>	☐ Yes ☐ No
Par	t II Cor	nservation Easements.				
	Cor	nplete if the organization answered	"Yes" on Form 990, Part IV, line 7.			
1		of conservation easements held by the				
		vation of land for public use (e.g., recrea	-	f a hist	orically impor	tant land area
		ion of natural habitat	☐ Preservation o			
	=	vation of open space		1 4 0011	inica motorio i	Sudotaic
2		lines 2a through 2d if the organization h	old a gualified conservation contribution	an in th	o form of a o	ancom/otion
2			eld a qualified conservation contribution	אוו ווו		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		on the last day of the tax year.				he End of the Tax Year
а					2a	
b		age restricted by conservation easemen			2b	
С	Number of	conservation easements on a certified	historic structure included in (a)		2c	
d	Number of	f conservation easements included in	(c) acquired after 7/25/06, and not	on a		
	historic str	ucture listed in the National Register .			2d	
3	Number of	conservation easements modified, tran	sferred, released, oxtinguishod, or tori	minatod	d by the organ	nization during the
	tax year ▶		-		_	_
4	Number of	states where property subject to conse	rvation easement is located ▶			
5		organization have a written policy re	***************************************	pection	n. handling d	of
•		and enforcement of the conservation ea				
•		lunteer hours devoted to monitoring, inspec				
6	Stall and vo	numeer nours devoted to monitoring, inspec	ting, nandling of violations, and emorcing	CONSERV	auon easemen	is during the year
_	-					
7		expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	consor	vation easeme	ents during the year
	▶\$			_		
8		conservation easement reported on line				(i)
	and section	n 170(h)(4)(B)(ıı)?				🗌 Yes 🔲 No
9	In Part XIII,	describe how the organization reports	conservation easements in its revenue	and e	xpense stater	ment, and
	balance sh	eet, and include, if applicable, the text of	of the footnote to the organization's fir	nancial	statements th	at describes the
	organizatio	n's accounting for conservation easeme	ents.			
Par	III Org	anizations Maintaining Collection	s of Art, Historical Treasures, or	Othe	r Similar As	sets.
	Con	nplete if the organization answered	"Yes" on Form 990. Part IV. line 8.			
		nization elected, as permitted under SF			ue statement	and balance sheet
	-	irt, historical treasures, or other similar				
		ice, provide, in Part XIII, the text of the f	·			
_	•	• •				
b		nization elected, as permitted under S				
		irt, historical treasures, or other similar		Jucatio	n, or researc	ii iii iurtinerance of
	•	ice, provide the following amounts relat	•			
	(i) Revenu	e included on Form 990, Part VIII, line 1			▶ \$	
	(ii) Assets ı	ncluded in Form 990, Part X			▶ \$	
2	If the orga	nization received or held works of art	, historical treasures, or other similar	asset		
	following a	mounts required to be reported under S	FAS 116 (ASC 958) relating to these if	tems [.]		
а	Revenue in	cluded on Form 990, Part VIII, line 1 .			▶ \$	
					▶ ¢	

Part	III Organizations Maintaining	Collections of	Art, Hist	orical 1	reasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of the	follow	ving that are a s	significant use of its
а	☐ Public exhibition		d [☐ Loan	or exchange	progr	rams	
b	☐ Scholarly research		e l	☐ Other	r			
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	ion's collections a	and expla	in how t	hey further th	ne org	anızatıon's exer	npt purpose in Part
5	During the year, did the organization							ar
	assets to be sold to raise funds rather		ained as p	art of the	e organizatioi	n's co	llection?	☐ Yes ☐ No
Part								
	Complete if the organization	answered "Yes"	" on Fori	m 990, F	Part IV, line	9, or	reported an an	nount on Form
40	990, Part X, line 21. Is the organization an agent, trustee,	austadian ay ath		adiani fe				
1a	included on Form 990, Part X?	custodian or oth	ier interm	lediary to	or contributio	ons or	other assets no	
b	If "Yes," explain the arrangement in Pa					• •		∐ Yes ∐ No
b	in res, explain the arrangement in ra	art Am and Comple	ste the fo	nowing to	abie.	Г	T A	mount
С	Beginning balance					1c		
d	Additions during the year					1d	- 	
e	Distributions during the year					1e		··· · <u>-</u>
f	Ending balance					1f		
2a	Did the organization include an amoun	nt on Form 990, Pa	art X, lıne	21, for e	scrow or cus	stodial	account liability	√? ☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	planatio	n has been p	rovide	ed on Part XIII .	<u> </u>
Par								
	Complete if the organization						(4) There is a least	T (a) Farming hards
	Danis of the balance	(a) Current year	(b) Pric	or year	(c) Two years	баск	(d) Three years bac	(e) Four years back
1a	Beginning of year balance Contributions	- · · · · ·						
b	Net investment earnings, gains, and							<u> </u>
	losses						· · · · · · · · · · · · · · · · · · ·	
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses						 	1
g	End of year balance							
2	Provide the estimated percentage of the	ne current vear en	d balance	e (line 1a	ı. column (a))	held a	as.	
а	Board designated or quasi-endowmen	-	%	, ,	. , ,			
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	possession of the	ie organiz	ation tha	at are held ar	nd adr	ministered for th	
	organization by.							Yes No
	(i) unrelated organizations							3a(i)
.	(ii) related organizations							3a(ii) 3b
ь 4	Describe in Part XIII the intended uses							30
Part								
	Complete if the organization		" on For	n 990, F	Part IV, line	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost o	or other basis ther)	(c) A	Accumulated preciation	(d) Book value
1a	Land		53,934					53,934
b	Buildings		215,737				5,532	210,205
С	Leasehold improvements		6,387				645	5,742
d	Equipment		4,518				603	3,915
<u>e</u>	Other		8,944				1,789	7,155
Total	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	un Part X	' column	1/R) line 10c	1	>	290 051

Part VII	Investments — Other Securities				,	
	Complete if the organization ans	wered "Yes" on For	rm 99	0, Part IV, line	11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or categor (including name of security)	у	(t) Book value		ethod of valuation d-of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)						
(C)						
						<u></u>
(E)						
(F)					·	
(G)			<u> </u>			
(H)			<u> </u>		•	
	b) must equal Form 990, Part X, col (B) line 12)	· · · · · · · · · · · · · · · · · · ·				
Part VIII	Investments—Program Relate					
	Complete if the organization ans	wered "Yes" on For				
	(a) Description of investment		(b) Book value		ethod of valuation d-of-year market value
(1)						
(2)						
(3)			<u> </u>			
(4)						
(5)					. v 	
(6)						
(7)						
(8)			ļ			
(9)			<u> </u>			
	b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Part IX	Other Assets. Complete if the organization ans	wered "Ves" on For	rm 99	0 Part IV line	11d See Form	n 000 Part Y line 15
		a) Description	111 55	o, raitiv, iiio	114.0001011	(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·					<u> </u>
(2)		······································			·	
(3)	- 					
(4)	·					
(5)						
(6)						11000
(7)						
(8)		· ·		· · · · · ·		
(9)	•					<u> </u>
Total. (Colui	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			🕨	
Part X	Other Liabilities.					
	Complete if the organization ans	wered "Yes" on For	m 99	0, Part IV, line	11e or 11f. Se	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes		0			
(2) Credit Ca	ard Liability	1	1,380			
(3) Vacation	Accrual Liabilities		3,683			
(4) Gift Certi	ficates Outstanding		38			
(5)						
(6)						
(7)						
(8)						
(9)						
	o) must equal Form 990, Part X, col. (B) line 25.)		5,101	i		
2. Liability for	uncertain tax positions. In Part XIII, provi	ide the text of the footn	ote to	the organization'	s financial statem	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	e D (Form 990) 2017				Page
Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements	3		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•		
а	Net unrealized gains (losses) on investments	2a	0		, T
b	Donated services and use of facilities	2b	0		1
C	Recoveries of prior year grants	2c	0	:===	
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				•
а	Investment expenses not included on Form 990, Part VIII, line 7b		0		
b	Other (Describe in Part XIII.)	4b	0		
, c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part 1	Complete if the organization answered "Yes" on Form 990,	, Part IV	/, line 12a.	er Return.	+ 14 4 ,
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• •			
	Donated services and use of facilities	2a	•		
a b	Prior year adjustments	2b	0		
C	Other losses	2c	0		•
d	Other (Describe in Part XIII.)		0		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)		0		
С	Add lines 4a and 4b		· · · · · · ·	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.) .		5	
art	XIII Supplemental Information.			•	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				4; Part X, line
	·			· 	
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Schedule*D (Fo	orm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Name of interested person (b) Relationship (c) Purpose of the organization of the organization (b) Relationship (c) Purpose of the organization (c)		ent of the Treasury Revenue Service		▶ Go t	► Atta o www.irs.gov/F			or Form 99		est information.				pen l Ispec	o Pul tion	blic
Excess Benefit Transactions (section 501 (c)(3), section 501 (c)(4), and 501 (c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25s or 25b, or Form 990-EZ, Part V, line 40b. 1	Name of	the organization				*******					loyer ide	ntificat				
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, Inve 40b. 1 (a) Name of dequalified person (b) Relationship between disqualified person and graphitation (c) Description of transaction (d) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (f) Call Call Call Call Call Call Call Cal	House	Rabbit Society										94-	30616	85		
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Coronal (d)	Part	Excess Be Complete	enefit T	ransaction	ns (section 501 answered "Ye	(c)(3) s" on	, section Form 99	501(c)(4), a 0, Part IV, l	nd 50 line 2	01(c)(29) organ 5a or 25b, or F	izations orm 99	s only 0-EZ,). Part	V, line	40b.	
(f) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	1				(b) Relationship be	tween	disqualified								(d) Cor	rected?
C3 C3 C4 C5 C6 C6 C7 C7 C7 C7 C7 C7	(1)	 	•						 						res	NO
(4) (5)		······································					•		T			_				,
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958	(3)															
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958									<u> </u>							
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. All Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or loan (e) Original amount (f) Balance due (g) In default? (h) Approved (g) Written by board or appetent? organization? Committee Commit									<u> </u>	<u> </u>						
under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Supplies if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization propried an amount on Form 990-Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization (e) Orginal from the organization (f) Balance due (g) In default? (h) Approved (h) Mapproved (h) Mapprove		. <u></u>							<u> </u>						<u> </u>	<u></u>
Renter the amount of tax, if any, on line 2, above, reimbursed by the organization	2	Enter the amou	unt of t	ax incurred	by the organ	nizatio	on manag	gers or dis	qualif	ied persons o	luring t	the ye				
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (b) Purpose of Ioan (d) Loan to or from the organization? (e) Purpose of Ioan (f) Balance due (g) In default? (h) Approved (g) Written by board or agreement? (h) Approved (g) In default? (h) Approved (g) Written by board or agreement? (h) Approved (g) Martine (h) Approved (g) Mar	_											-	▶ \$;		
Complete if the organization answered "Yes" on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization in the organization of the organization of the organization answered "Yes" on Form 990, Part IV, line 38a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39	3	Enter the amoun	nt of tax	x, if any, on	line 2, above,	reımt	oursed by	the organ	ızatıo	n			▶ \$	S		
Complete if the organization answered "Yes" on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization in the organization of the organization of the organization answered "Yes" on Form 990, Part IV, line 38a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39a or Form 990, Part IV, line 39	Dowl	m														
A Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to organization (e) Purpose of loan (e) Purpose of assistance (e) Purpose of assista	Part						Form 99	N-E7 Part	V line	38a or Form	000 P	, art IV	lına 2	6: or	ıf tha	
with organization loan										5 JOA OF TORM	330, 17	aitiv,	11116 2	0, 01	11116	
with organization loan			<u>`</u>			Γ		1		<u> </u>			 		1	
(1) (2) (3) (4) (4) (5) (6) (7) (6) (7) (7) (8) (7) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a) Na	me of interested pers				fr	om the			(f) Balance due	(g) In	default?	by bo	ard or		
(1) (2) (3) (4) (5) (6) (77 (8) (9) (10) Total Carnts or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested persons and the organization person and the organization (c) Amount of assistance (1) (2) (3) (4) (5) (6) (7)						То	From				Yes	No	Yes	No	Yes	No
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested persons and the organization and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7)	(1)			•						 						
(4) (5) (6) (7) (8) (9) (10) Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7)				···												
(5) (6) (7) (8) (9) (10) Total Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (1) (2) (3) (4) (5) (6) (7)	(3)							Ì								
(6) (7) (8) (9) (10) Total Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7)	(4)															
(7) (8) (9) (10) Total																
(8) (9) (10) Total \$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7)													<u> </u>			
(9) (10) Total		***												<u> </u>		
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	o DeMello	President of Organization	14,444	Sanctuary rabbit care expenses	-	✓
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	Frovide additional information	on for responses to questions	on schedule L (see	instructions).		
	Assistant LIDO assistant asking a					
<u> </u>	Monthly HRS Sanctuary rappit C	are expenses, in the care or Harv	est Home Animai 5	anctuary, where Margo DeMello is	a board	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

94-3061685 **House Rabbit Society** Part III, line 4D: (Expenses \$33,907 including grants of \$ 0) (Revenue \$ 33,012) Education program. Education program included a large national Educator's conference and in service trainings. Free rabbit educational materials were mailed and handed out in classrooms, vet offices and at the headquarters in Richmond, CA.-Two issues of the House Rabbit Journal were produced and distributed to members. Website rabbit.org maintained with educational materials & resources. 39 e-newsletters produced and emailed to supporters. Rabbit health and care consultations through phone calls, emails, and social media. (Expenses \$19,720 including grants of \$19,720) (Revenue \$3,470) Emergency Rescue and Chapter Grant program: Aided shelters/humane societies and rescues with 17 rabbit emergencies, providing financial and technical assistance to rescue over 630 rabbits. Part V, line 2b - All relevant federal tax forms were filed by Paychex our payroll company. Part VI, line 9 - The president Margo DeMello is located at the address 1680 18th St. N.E., Salem, OR 97301, indicated on 990 form. Part VI, Section B, line 11a/11b - The 990 form and all relevant schedules are reviewed and filled in by our Full Charge Bookkeeper/Acctg. Mgr. Then the 990 form and schedules are reviewed and confirmed by the Executive Director Anne Martin before issuance to the IRS. Part VI, Section C, Line 18. Forms 1023 & 990 are available for public inspection at GuideStar.org Part VI, Section B, Line 19. Governing documents are available at rabbit.org and Financial Statements are available at GuideStar.org