

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning 03/01/16, and ending 02/28/17**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>SAFE ANIMAL SHELTER OF ORANGE PARK</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>2913 COUNTY RD 220</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>Middleburg FL 32068</b>	<b>D</b> Employer identification number <p style="text-align: center;"><b>59-3054559</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>904-276-7233</b></p> <b>G</b> Gross receipts\$ <b>297,696</b>
<b>F</b> Name and address of principal officer: <b>PETER HARDIN</b> <b>2913 CR 220</b> <b>MIDDLEBURG FL 32068</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.SAFEANIMALSHELTER.COM</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1991</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: See Schedule O																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 15																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 15																								
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 12																								
	<b>6</b> Total number of volunteers (estimate if necessary)	6 125																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a 0																								
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b 0																								
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">162,785</td> <td style="text-align: right;">172,454</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">63,265</td> <td style="text-align: right;">56,710</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">941</td> <td style="text-align: right;">47</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">55,783</td> <td style="text-align: right;">63,740</td> </tr> <tr> <td><b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">282,774</td> <td style="text-align: right;">292,951</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	162,785	172,454	<b>9</b> Program service revenue (Part VIII, line 2g)	63,265	56,710	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	941	47	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,783	63,740	<b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	282,774	292,951						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer: Date: <b>6/19/17</b>	
	<b>COLEMAN, TIMOTHY</b> Type or print name and title	<b>TREASURER</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Timothy M. Coleman</b>	Preparer's signature <b>Timothy M. Coleman</b>
	Date <b>06/19/17</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <b>P00211587</b>
	Firm's name ▶ <b>Coleman &amp; Associates CPA Firm</b>	Firm's EIN ▶ <b>26-3593932</b>
	Firm's address ▶ <b>Fleming Isle, FL 32003-4572</b>	Phone no. <b>904-284-9481</b>

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