Form

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 2014 Open to Public Inspection

Form 990 (2014)

A	For the	2014 calendar year, or tax year beginning , and ending				
В	Check if app	licable: C Name of organization	E	> Employer	Identification rumber	
	Address cha	nge HARBOR HUMANE SOCIETY				
	Name chang	Doing business as		38-16	523660	
님		Number and street (or P.O. box if mail is not delivered to street address) Hoo	m/suite E	Telephone		
Ш	Initial return	14345 BAGLEY STREET @ US HWY 31		616-399-2119		
	Final return/ terminated	CHENT	Vanv			
	Amended re	WEST OLIVE MI 49460	UPY	Gross recei	pts\$ 1,138,663	
		P HARRING AUGUSS OF PERIODA GROCE:	tina to this a consu	notices for cui	bordinales? Yes X No	
Lj	Application p	DEBRA WESTERHOF	sted to two didinont	up return for subordinates? Yes X No		
		14345 BAGLEY STREET @ US HWY 31	(b) Are all subor	dinates inclu	ded? Yos No	
_		WEST OLIVE MI 49460	l! *No," a	dach a list. (see instructions)	
1	Tax-exemp	t status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527				
J	Website:	► WWW. HARBORHUMANE. ORG	(c) Group exemp	ption number	>	
ĸ	Form of org		formation: 19		M State of legal domicile: MI	
	art I	Summary				
	7	india danarita dia manaminatian'i mianiana ao manda alamidiana andi itina.				
4.		TO PROVIDE A SAFE HARBOR FOR ANIMALS ENTRUSTED TO OUR CAR				
ĕ	1019	SECURE THE ANIMALS' FUTURE THROUGH OUR ADOPTION, OUTREACH	0.014.00.019.019.010.010.01	100000000000000000000000000000000000000	. 6. 4. 14. 14. 14. 14. 14. 14. 14. 14. 14.	
Activities & Governance	8.	PROGRAMS.				
\$	0.00	**************************************				
Ĝ	2 0	neck this box if the organization discontinued its operations or disposed of more than 25% o	its net asse		6	
•ĕ	3 N	umber of voting members of the governing body (Part VI, line 1a)			6	
90	4 No	umber of Independent voting members of the governing body (Part VI, line 1b)		4	6	
Ž	5 To	otal number of individuals employed in calendar year 2014 (Part V, line 2a)	5	52		
ğ	6 To	otal number of volunteers (estimate if necessary)	6	262		
_	7a To	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Ne	et unrelated business taxable income from Form 990-T, line 34		7b	0	
			Prior Year		Current Year	
0	8 C	ontributions and grants (Part VIII, line 1h)	662	,197	665,471	
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)	345	,444	291,133	
Š		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		967	75	
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33	,430	-22,658	
		otal revenue – add lines 8 through 11 (must equal Part Vill, column (A), line 12)	1,042		934,021	
_		rants and similar amounts paid (Part IX, column (A), lines 1-3)	*	0		
		and the second s		0		
	1 a= 0.	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	530	,073	474,294	
Expenses	10 00	narios, otrei compensation, employee benefits (FattiA, Column (A), lines 3-10)	,0,3	0		
ē	1081	ofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶ 218,282				
X	10 10	rial fundraising expenses (Part IX, column (D), line 25) P 210, 202	E10	607	460 OE4	
****	17 VI	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,607	469,054	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,042		943,348	
	19 Fig	evenue less expenses. Subtract line 18 from line 12		-642	-9,327	
Sign			ginning of Curre		End of Year 683,202	
Net Assets of	20 10	otal assets (Part X, line 16)		,778		
et A	21 10	otal liabilities (Part X, line 26)		,717	59,468	
		et assets or fund balances. Subtract line 21 from line 20	633	,061	623,734	
	art II	Signature Block				
		ities of perjury. I declare that I have examined this return, including accompanying schedules and statements,			owledge and bellef, it is	
- 11	ue, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	any knowledge	<u> </u>		
Si	gn	Signature of officer		Date		
He	- 1	▶ DEBRA WESTERHOF TREASUR	ER			
		Type or print name and title				
		Print/Type preparer's name Preparer's signature / P	Date/	Check	If PTIN	
Pal	: at	CHARLES A. BROWER CUPLET STOWN HT	11/2/1	5 self-em	1	
	Anne F		1/-//	m's EIN	38-2831981	
	e Only	238 HOOVER BLVD., SUITE 10	l-in	III'S EIN	20 5031301	
	·	**************************************		CuteStech	616-396-0500	
Ma		rim's address HULLAND, MI 49423 discuss this return with the preparer shown above? (see instructions)	Ph	one no.	X Yes No	
eviri						

) (Revenue \$

including grants of \$

637,089

(Expenses \$

4e Total program service expenses

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)? 2 X Did the organization engaga 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 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," completa Schedule C, X Part III 5 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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 credif counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 118 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, Ilne 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of Its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VIII 11¢ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 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 X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 111 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Dld the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Dld the organization maintain an office, employees, or agents outside of the United States? 14a Dld the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued af \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Dld the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 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 X 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 x 19 Did fhe organization operate one or more hospitel facilities? If "Yes," complete Schedule H X 20a

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

38-1623660 Form 990 (2014) HARBOR HUMANE SOCIETY Page 4 Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Dld the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 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 X employees? If "Yes,* complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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? X If "Yes," complete Schedule L, Part I 25b 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 X 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 X 27 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? if "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I X 33

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,

If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a

Section 591(c)(3) organizationa. Did the organization make any transfers to an exempt non-charitable

Did the organization conduct more than 5% of its activities through an entity that is riot a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

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

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

related organization? If "Yes," complete Schedule R, Part V, line 2

or IV, and Part V, line 1

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

X

X

X

X

34

35b

36

37

34

35a

36

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 10 Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 10 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 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? X If "Yes," has It filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 X 48 It "Yes," enter the name of the foreign country: See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization tile Form 8886-T? 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," dld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? X 7a If "Yes," dld the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or Indirectly, to pay premiums on a personal benefit contract? e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 24 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: initiation fees and capital contributions Included on Part VIII, line 12 8 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross Income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt Interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional Information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualitied health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X 148 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2014) HARBOR HUMANE SOCIETY 38-1623660 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 6 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. Enter the number of voting members included in line 1a, above, who are independent 6 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over menagement duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X dB Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No_ Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 120 Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > MI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, indicate how you made these available, Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: >

14345 BAGLEY ST

616-399-2119

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employaea, and Indapendent Contractora

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

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for	(de bo:	o not o x, unio icei a	Pos check eas pe	C) sition more more raon sinecto	than one is both a or/trustee	o n	(D) Reportable compensation from the organization	(E) Reponable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	FORTHER	(W-2/1099-MISC)	(11.2) (000.11.00)	organization and related organizations
(1) KEN O'ROURKE	9.00	ж		x				0	0	0
(2) DEL DOZEMAN					Н		T			
VICE PRESIDENT	10.00	x		x				0	o	
(3) DEBRA WESTERHOF		** h		47					0	
TREASURER	8.00	x		x				0	o	0
(4) NICK DEFOE		**		-				•	· ·	
SECRETARY	1.00	x		x				0	o	o
(5) GREG DZIEWIT	0.00			_			-	•	•	
DIRECTOR	1.00	x						0	o	0
(6) WENDY SWIFT		##			Т			,		
DIRECTOR	1.00	x						0	o	0
(7) LORI BRIZIUS	40.00									*
OPERATIONS DIRECTOR	0.00			x				8,308	0	136
(8)								· · · · · · · · · · · · · · · · · · ·		

(9)					Г			_		-
(10)										
X * 137.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.										
(11)										**

	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)		
	(A) Name and little	(B) Average hours per week (list any hours for	ho	x, unit	Pos theck ess pe	reon l	than o s both c/truste	สก	(b) Reportable compensation from the organization	(E) Fleportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amoun othe compens from 8	ited it of or sation
	Å.	related organizations below dotted line) related an instantonal trustee Officer O		organization and related organizations								
(12)				_			0.					
(13)												
20100												
(14)												
1112												
(15)							H	_				
(100)												
(46)												
(16)												
(4 75)												
(17)												
7.55		15585185855555	_									
(18)												
(19)										,		
1.00	THE THE STATE OF T				L							
1b	Sub-total	10		21.2	.0000		20000	>	8,308			13
_d	Total (add lines 1b and 1c)							>	8,308			130
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of		
_										44		Yes No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line										3	х
4	For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of re than	port 1\$15	able 50,00	com	ipens f "Ye	satio s,* c	m and other compensation complete Schedule J for su	from the ch		
5	individual Did any person listed on line 1										4	X
	for services rendered to the or	ganization? If "\	es,"	com	plet	Sc	hedu	le J	for such person		5	х
PAN	tion B. Independent Contracto Complete this table for your fix		ense	ted i	inde	oenc	lent c	eentr	ractors that received more	han \$100,000 of		
_	compensation from the organi	zation. Report c							dar year ending with or with	in the organization's tax ye		(C)
1		C. C. Stranger and Market							Descrip	(B) tion of services	Ça	(C) empensation
	Name and	business address						l				
_		business address						_				
		business address										
		Dusiness address										
_		Dusiness address										
		Dusiness address										
		Dusiness address										

Form 990 (2014) HARBOR HUMANE SOCIETY
Part VIII Statement of Revenue

		3	* 		(A) Total reversue	(5) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	a	Federated campaigns	1a			i i		
8	b	Membership dues	1b			1944	100	
A	¢	Fundraising events	1c	996				
<u>m</u>	đ	Related organizations	1d					
žΕ	6	Government grants (contributions)	1e	9,868				
500		All other contributions, giffs, grants,						
₽Ĕ		and similar amounts not included above	1f	654,607				
D	9	Noncash contributions included in lines fa-	1f; \$	309,975				
	h	Total. Add lines 1a-1f			665,471			
<u> </u>				Busn. Code				
<u>මූ</u> 2	2a	OTTAWA COUNTY CONTRA	ACTS	900099	196,119	196,119		
12. ev	þ	ANIMAL ADOPTIONS		900099	95,014	95,014		
2	Ç	3						
多	d	ST PERSONNELSENSENSENSENSENSENSENSEN						
<u> </u>	е			1.0				
Program Service Revenue		All other program service rever						
_		Total. Add lines 2a-2f			291,133			r
3	}	Investment income (including of	dividends, ir	iterest,	(ma ma)			
- 1		and other similar amounts)		.0	75			73
4	1	Income from investment of tax						
5	5	Royaltles		5000				
		(i) Real		(ii) Personal			b	
6	ā	Gross rents						
	þ	Less: rental exps.			# 1		4	
	¢	Rental inc. or (loss)						
	d /a	Net rental income or (loss) Gross amount from						
'	•	sales of assets (i) Securities		(ii) Other	*** ==			
		other than inventory			p Han			
	b	Less; cost or other						
		basis & sales exps.						
	C	Gain or (loss)						
	d		·····					1000 3000
	3a	Gross income from fundraising ever			*			
<u>=</u>		V	996		8		a a	
Other Revenu		of contributions reported on line 1c)		00 010				
ĕ		See Part IV, line 18		22,812	= =			
튄		Less: direct expenses	. bl	5,895				8,06
		Net income or (loss) from fund		nts	16,917			8,060
9	∃a	Gross income from gaming activitie		0.004				
		See Part IV, line 19	. a	2,084				
		Less: direct expenses	bl			0 004		
		Net income or (loss) from gam	ing ac <u>tivitie</u>	s	2,084	2,084		
10	Va	Gross sales of inventory, less		156 550				
		returns and allowances	. a	156,972				
		Less: cost of goods sold	, D[198,747		A4 7712		
\vdash	C	Net income or (loss) from sale	s of invento	1000	-41,775	-41,775		
	200	Miscellaneous Revenue		Bush, Code	4 4 4	442		
1 200	1a	MISC FRONT OFFICE		900099	116	116		
	b	*************						
	C			53.				
		All other revenue			110			
	е	Total. Add lines 11a-11d			934,021	251,558	0	8,14
1.7.2	•	Total revenue. See instruction	10		9.34 JUZII	231.330	·	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundralsing **(B)** Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5,815 trustees, and key employees 8,308 831 1,662 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 113,152 278,949 Other salaries and wages 29,390 421.491 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 12,310 3.175 4,027 5,108 3,991 8,433 19.761 32,185 Payroll taxes Fees for services (non-employees): 21,306 1,150 Management 22,456 Legal 5.766 1,165 2,390 9,321 Accounting Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 3,810 4,373 469 94 Advertising and promotion 47,221 2,248 33,730 11,243 13 Office expenses Information technology Royalties 15 74,681 36,257 7,324 31,100 Occupancy 16 455 297 2,252 3,004 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 50 502 376 76 20 Interest Payments to affiliates 21 3,069 31,000 23,238 4,693 Depreciation, depletion, and amortization 22 5,711 2,959 22,326 13,656 23 Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 79,274 79.274 VETERINARY EXPENSE 72,266 72,266 SHELTER EXPENSE-IN-KIND 60.641 60,641 KENNEL SHELTER EXPENSE 3,831 22,561 3,147 REM, EQP RENTAL, MISC 29,539 1,287 4,789 6,374 e All other expenses 12,450 87,977 218,282 637,089 943,348 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

38-1623660 HARBOR HUMANE SOCIETY Page 11 Form 990 (2014) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 77,133 108,644 Cash—non-interest bearing 1 Savings and temporary cash investments 111,021 80,010 2 Pledges and grants receivable, net 3 9,188 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 52,893 91,855 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or 1,028,763 other basis. Complete Part VI of Schedule D 10a 610,459 402,132 418,304 Less: accumulated depreciation 10b 10c investments—publicly traded securities 11 11 15,000 15,000 investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 900 900 15 15 Other assets. See Part IV, line 11 699,778 683,202 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 46,748 Accounts payable and accrued expenses 51,019 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23

Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.

27 Unrestricted net assets

28 Temporarily restricted net assets

29 Permanently restricted net assets

29

complete lines 30 through 34.

30 Capital stock or trust principal, or current funds

31 Paid-in or capital surplus, or land, building, or equipment fund

Total liabilities. Add lines 17 through 25

Paid-in or capital surplus, or land, building, or equipment fund
Retained earnings, endowment, accumulated income, or other funds
Total net assets or fund balances

Total liabilities and net assets/fund balances

Unsecured notes and loans payable to unrelated third parties

of Schedule D

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

683,202 Form 990 (2014)

623,734

12,720

59,468

24

30

31

32

33

15,698 25

66,717 26

633,061

699,778

Assets or Fund Balances

ě

32

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

X

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

HARBOR HUMANE SOCIETY 38-1623660 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, 4 city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross recelpts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). g (I) Name of supported (Iv) is the organization (II) EIN (III) Type of organization (v) Amount of monetary (vii) Amount of listed in your governing organization (described on lines 1-9 support (see other support (see above or IRC section. document? instructions) instructions (see instructions)) Yes Νiα (A) (B) (C) (D) (E)

Page 2

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

(Complete only if you checked the box on line 5. 7, or 8 of Part Lor if the organization failed to qualify up

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

Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	542,369	547,434	645,923	662,197	665,471	3,063,394
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						=
4	Total. Add lines 1 through 3	542,369	547,434	645,923	662,197	665,471	3,063,394
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					Tr.	
6	Public support. Subtract line 5 from line 4.	1					3,063,394
	tion B. Total Support	L					3,000,000
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	542,369	547,434	645, 923	662,197	665,471	3,063,394
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	159	59	31	49	75	373
9	Net income from unrelated bosiness activities, whether or not the business is regularly carried on						
10	Other Income. Do not Include gain or loss from the sale of capital assets (Explain in Part VI.)	132,598	158,601	194,292	166,124	175,973	827,588
11	Total support. Add lines 7 through 10				<i>≡</i>		3,891,355
12	Gross receipts from related activities, etc.	(see instructions)	alle a l'assertation de la constant		1 10 10 10 10	12	291,249
13	First five years, if the Form 990 is for the						
Can	organization, check this box and stop her						
	tion C. Computation of Public St			(0)		14	70.709/
14	Public support percentage for 2014 (line 6	6, column (t) divided	by line 11, columi	n (f))	0.00	15	78.72% 79.14%
15	Public support percentage from 2013 Sch					15-15-11-120	79.1470
16a	33 1/3% support test—2014. If the organ						▶ X
b	box and stop here. The organization qual 33 1/3% support test—2013. If the organ	ilites as a publicity s	upporteu organiza uk a hav an fina 12	or 160 and line 16	5 lo 33 1/3% or con	2000	0.000.000.000
IJ	check this box and stop here. The organi						>
17a	10%-facts-and-circumstances test—20	14. If the organization	a pobliciy copporto na did not check a	hox on line 13, 16	a. or 16b. and line	14 is	
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization		-				▶ 1
b	10%-facts-and-circumstances test—20	13. If the organization	on dld not check a	box on line 13, 16	a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m					blicly	
	supported organization			-			
18	Private foundation. If the organization di	d not check a box o	on line 13, 16a, 16	o, 17a, or 17b, che	ck this box and see	9	
	Instructions	6-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8					> [

Page 3

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

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) 🕨	(s) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b				40000000000000000000000000000000000000			
8	Public support (Subtract line 7c from	10 14 15 15 15 15 15 15 15 15 15 15 15 15 15						
000	line 6.) tion B. Totsi Support	NAME .			Since Services			
	ndar year (or fiscal year beginning in)		(h) 0044	(=) 2012	(d) 2013	(e) 2014	-1	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(u) 2010	(0) 2014	-	(i) i Otal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b						_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the organization, check this box and stop here	-		ourth, or fifth tax ye				▶ □
Sec	tion C. Computation of Public Su		tage	***************			******	
15	Public support percentage for 2014 (line 8,			nn (f))			15	%
16	Public support percentage from 2013 Sche						16	%
Sec	tion D. Computation of Investme							
17	Investment Income percentage for 2014 (III	ne 10c, column (f) divided by line 1:	3, column (f))			17	%
18	Investment Income percentage from 2013	Schedule A, Part	III, line 17			L	18	%
19a	33 1/3% support tests—2014. If the organ	nization did not ch	neck the box on lin	e 14, and line 15 k	s more than 33 1/3	3%, and line		. \Box
	17 is not more than 33 1/3%, check this bo	-	_				101111	Numerous P
b	33 1/3% support tests—2013. If the organ							
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did	-	_					

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part Vi** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) Its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 6 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disquallfied 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.
- b Dld one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) 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.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally Integrated supporting organizations)? If "Yes," answer (b) below.
- 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.)

	Yes	No
1	***************************************	
2		
-		
80010000		
3a		
3b		
	2,0000000000000000000000000000000000000	***************************************
3c		
4a		
		111111111111111111111111111111111111111
4b		
40	F947700000-1-100	
4c		
5a		
5b		
5c		
6		
seathfree		PRINCESON STATE
7		
7		
7 8		
8		
8		
8 9a		
8		
8 9a		
9a 9b		
8 9a		
9a 9b		(III)
9a 9b		
9a 9b		1000
9a 9b 9c		
9a 9b		

Par	t IV Supporting Organizations (continued)		140	
		Ye	es	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
3	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?			
b	A family member of a person described in (a) above?			
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part Vi.			
Secti	on B. Type I Supporting Organizationa	4		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Ye	es	No
	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.			
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	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	.		
	supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	-		
		Ye	es	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).			
Secti	on D. Ali Type III Supporting Organizations			
		Ye	es	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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Secti	on E. Type III Functionally-integrated Supporting Organizationa			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions):			
a	The organization satisfied the Activities Test. Complete Ilne 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete Ilne 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	3		
Д.		1	E I	14.
	Activities Test. Answer (a) and (b) below.	Y	es	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.			
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	4		
	activities but for the organization's involvement.			
3	Perent of Supported Organizations. Answer (a) and (b) below.			
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.			
þ	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.			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20, 197	0. See instructions. Al	1
other Type III non-functionally integrated supporting organizations must complete	Sections A thro	ugh 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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):		1	10
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):			
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
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here If the current year is the organization's first as a non-functionally-inte	grated Type III s	upporting organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2014

	ule A (Form 990 or 990-EZ) 2014 HARBOR HUMANE SOC		38-1523	560 Page 7
Par	, , , , , , , , , , , , , , , , , , , ,	Supporting Organiza	tions (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt purpo			
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
1120	organizations, in excess of income from activity	WATER BY BUILDING		
3	Administrative expenses paid to accomplish exempt purposes of supp			
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 the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	·	
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			Control of the state
3	Excess distributions carryover, if any, to 2014:	Accession in the contract of t		
а				
b			······································	***************************************
C				***************************************
d				
	From 2013	n : : ameno anamenne los		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
-4	D, line 7:		16.4	
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			9 (Appending Checks)
5	Remaining underdistributions for years prior to 2014, if			
3	any. Subtract lines 3g and 4a from line 2 (if amount			91
	greater than zero, see instructions).			
-	Remaining underdistributions for 2014. Subtract lines 3h	-		11000
6	"			
	and 4b from line 1 (if amount greater than zero, see		7	
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			14 (14) 1640 (14)
а				
b				
Ç				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (I	Form 990 or 990-EZ) 2014	HARBOR HUMANI	SOCIETY		38-1623660	Page 8
Part VI	Supplemental Info	ormation. Provide the electric complete this part for	explanations req	uired by Part II, lind nformation. (See in	e 10; Part II, line 17a or	17b; and
PART	II, LINE 10 -	OTHER INCOME	DETAIL	arinin handadinin kangananini.	STREET,	
* * * * * * * * * * * * * * * * * * * *		**********	\$	827,588	*************	*****
* * * * * * * * * * * * * * * * * * * *		3 relicios es estretos estables es este escentra.			*****************************	*************
SUPPLE	EMENTAL INFOR	MATION				
SALE (OF THRIFT STO	RE MERCHANDISE		\$ 746,501		
FUNDR/	AISING EVENTS	8288 BA		\$ 81,087	######################################	************
TOTAL				\$ 827,588		
•					C100 2 D 8 STY	
					CHARLOWN HOLD CONTRIBUTION CONT	
	***********		******	******		O DATE OF PREFERENCES.
•					CCC	
************	*******************	***************************************				
E-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	****************	****************		**************		CERTAL CALLARY AND AND AND AND
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protestation						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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• . • . • . • . • . • . • . • . • . • .	PARTO RECENTED CONSERVATOR CONSERVATO		*******			ESTA CALCULATION OF THE
40070000000000000		O REAL PROPERTY OF THE PROPERT				
Establisher						****************
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* * * * * * * * * * * * * * *	****************	-	********			***************************************
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				NATIONAL CONTROL OF ANY OF THE		
100011111111111111111111111111111111111						
************	***********************			Karak Barakak Karlanda kecara		THE STREET STREET, ST
***********	******************					NAMES AND ADDRESS OF THE PARTY.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

2014

HARBOR HUMAN	NE SOCIETY 38-162	23660
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	3 (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 by or property) from any one contributor. Complete Parts I and II. See instructions for determining a I onntributions.	
Special Rules		
regulations under 13, 16a, or 16b, a	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
contributor, during	ion described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, attional purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
contributor, during contributions total during the year for General Rule app	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one age the year, contributions exclusively for religious, charitable, etc., purposes, but no such alled more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the oplies to this organization because it received nonexclusively religious, charitable, etc., contributions or more during the year	\$
Caution. An organization	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o	on its
220"EL, UL 220"FF, DULIL	REMINDEGROWAL INC. ORE COREA, RICCY OF NO FOLLO DOO, OR CHACK BIADON OF HIGH FOLIO FOR HIGH DOUBLE	ETT TYME

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

C ane

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
HARBOR HUMANE SOCIETY

Employer identification number 38–1623660

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
. 1	4 PAWS FOR A CAUSE 45 BLUE STAR HWY PO BOX 189 DOUGLAS MI 49406	\$ 22,704	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	VARIOUS DONATIONS <\$5,000 EACH 14345 BAGLEY STREET WEST OLIVE MI 49460	\$ 294,129	Person Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	VARIOUS DONATIONS <\$5,000 EACH 14345 BAGLEY STREET WEST OLIVE MI 49460	\$ 210,630	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	IAMS BOWLS OF LOVE THE IAMS COMPANY 1 PROCTOR AND GAMBLE PLAZA CINCINNATI OH 45202	\$ 22,600	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
.5	VARIOUS DONATIONS <\$5,000 EACH 14345 BAGLEY STREET WEST OLIVE MI 49460	\$ 51,909	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	VARIOUS DONATIONS <\$5,000 EACH 14345 BAGLEY STREET WEST OLIVE MI 49460	s 24,836	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
HARBOR HUMANE SOCIETY

Employer identification number 38-1623660

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spa-	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date raceived
3	CLOTHING & HOUSEHOLD GOODS	\$ 210,630	***************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date racelved
4	IAMS DOG AND CAT DRY FOOD	\$ 22,600	10/27/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	ANIMAL FOOD DONATIONS	\$ 51,909	S management
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	ANIMAL RELATED ITEMS/CLEANERS	\$ 24,836	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
/5/058.8488.8		\$	EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see inatructions)	(d) Date received
SAMAGE		\$ (0.000,0.00	5,50750000000555540005552

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete If the organization answered "Yes" to Form 990,
Part IV, Ilne 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer Identification number

38-1623660 HARBOR HUMANE SOCIETY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised lunds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Eagements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 28 Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certifled historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, Inspecting, and enforcing conservation easements during the year **▶**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these Items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet

- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X
- **\$** if the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets Included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

ACCUSATION OF	dule D (Form 990) 2014 HARBOR HO				023000	7 0		ige Z
	rt III Organizations Maintainin					(continu	iea)	
3	Using the organization's acquisition, access collection Items (check all that apply):	lon, and other records	s, check any of the follo	owlng that are a signif	icant use of its			
а	Public exhibition	đi 🗌 I	Loan or exchange prog	rams				
ь	Scholarly research	position of the contract of th	Other					
C	Preservation for future generations	1	The state of the s		0406.0100.000.000.000.000.000			
	Provide a description of the organization's c	ollections and evolution	how they further the o	roanization's evernot	numose In Part			
·*E	XIII.	Authorities ared expenses	non any idiana ana o	I Garie Colori o Choriste	pui pood iii i uii			
		er renelius denetiens e	f ort biotorical tracquir	on or other elmiler				
5	During the year, did the organization solicit					Ye	- F	No
	assets to be sold to raise funds rather than t		art of the organization:	s collection?		Te	s	NO
Fa	rt IV Escrow and Custodial And Complete if the organization 990, Part X, line 21.		to Form 990, Parl	t IV, line 9, or repo	orted an amount	on Form		
1a	Is the organization an agent, trustee, custod	lian or other intermed	iary for contributions or	other assets not				
	included on Form 990, Part X?			77975 AK 19976765		Ye	s	No
b	If "Yes," explain the arrangement in Part XIII							
	•					Amoun		
c	Beginning balance				10			
d	Additions during the year			***************************************	1d			
~	Additions during the year		0.5 + 0. + + + + + + + + + + + + + + + + +	(##6##6###############################	1e			
40	Distributions during the year							
	Ending balance		0.0000		CARCAGA III		_ [41-
	Did the organization include an amount on F						_	No
	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has been pro	ovided in Mart XIII				
Pa	rt V Endowment Funds.	1.05.2		. 11 4 8 40				
	Complete if the organization							
	ļ_	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou		
	Beginning of year balance	15,000	15,000	15,000	15,00	0	15,	000
b	Contributions							
	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
•								
	programs							
1	Administrative expenses	15,000	15,000	15,000	15,00	0	15	000
9	End of year balance				1 20,00	<u>v</u>	±/	000
2	Provide the estimated percentage of the cui		a (line 1g, column (a)) i	neid as:				
	Board designated or quasi-endowment	100.00%						
þ	Permanent endowment > %							
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c sho	,						
За	Are there endowment funds not in the posse	ession of the organize	tion that are held and	administered for the		7		
	organization by:						Yes	No
	(i) unrelated organizations				~*****	3a(l)	X	
			0000					X
b	if "Yes" to 3a(ii), are the related organization	ns listed as required o	n Schedule R?		************	3b		
4	Describe in Part XIII the intended uses of th			Celes(e) e) e) e) e 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	******			
D.	rt VI Land, Buildings, and Equ		THE TOTAL TOTAL					
2000 A 100 A	Complete if the organizatio		to Form 990 Par	t IV line 11a Sec	Form 990 Part	X line 1	0	
_						(d) Book		
	Description of property	(a) Cost or other b	easis (b) Cost or o	1	Accumulated epreciation	felt delok	YOIGH	
	-	(investment)	foure		νρισφοιφί		4	4 *** 0
	Land			1,472	A W. C. 4 C. C.			472
þ	Bulldings		82	26,945	456,192	3	70,	753
C	Leasehold improvements	v.						
	Equipment		20	00,346	154,267		16,	079
	Other							
	I. Add lines 1a through 1e. (Column (d) must		X, column (B), line 10	lc.)	>	4	18,	304
	Andrew Mary - And Control Andrew Andrew	The state of the s	A.J.					

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" to F	form 990, Part IV, line	11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or extegery	(b) Book value	(c) Method of t	
	(including name of security)		Cost or end-of-year	market value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
	Service reconstruction of the service of the servic			
(A)				
(B)				
(C)				
(D)	***			
(E)				
(F)			*	
(G)	***************************************			
(H)	***************************************		, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			. 88 st
	Complete if the organization answered "Yes" to F			
	(a) Description of investment	(b) Book value	(c) Method of	
(4)			Cost or end-of-year	TOOLEGE VOIGH
(1)				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to F	orm 990 Part IV line	11d. See Form 990. Pa	rt X. line 15.
	(a) Description	on constant	1,0.000.0777000,7	(b) Book value
(1)	,			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to F line 25.	Form 990, Part IV, line	11e or 11f. See Form 9	90, Part X,
1	(a) Description of liability	(b) Book value		
	income taxes			
(2) CAPIT	PAL LEASE LIABILITY	12,720		4 2 m
(3)			¥	*
(4)				
(5)			1908	A.
(6)				
(7)			000000	
(0)			100000	

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

12,720

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Schedule D (Form 990) 2014 HARBOR HUMANE SOCIETY	38-16236	60	Page 4
Part XI Reconciliation of Revenue per Audited Finencial Staten	•	łeturn.	
Complete if the organization answered "Yes" to Form 990, F			
1 Total revenue, gains, and other support per audited financial statements			934,021
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Î - Î		
a Net unrealized gains (losses) on investments	2a 2b	\dashv	
b Donated services and use of facilities	20 2c	-	
C Recoveries of prior year grants	2d		
d Other (Describe In Part XIII.) e Add lines 2a through 2d		20	
3 Subtract line 2e from line 1		3	934,021
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	934,021
Part XII Reconciliation of Expenses per Audited Financial State	7 7	r Return.	
Complete if the organization answered "Yes" to Form 990, I	Part IV, line 12a.		
***************************************		1	943,348
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	0 = 1		
a Donated services and use of facilities	2a	-	
b Prior year adjustments	- I A I	- 1	
c Other losses		-	
d Other (Describe in Part XIII.)		2e	
e Add lines 2a through 2d 3 Subtract line 2e from line 1		3	943,348
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	49		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total expenses. Add fines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	943,348
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, Ilnes 3, 5, and 9; Part III, Ilnes 1a and 4; Part		; Part X, line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			
PART V, LINE 4 - INTENDED USES FOR ENDOWMEN	NT FUNDS		
TO SUPPORT THE ORGANIZATION'S MISSION AND	ACTTVTTTES		
TO SOLE OUR TIME OF COMMITMENT OF THE OWN OWN OF THE OWN OWN OF THE OWN OWN OWN OWN OWN OWN OWN OWN			
To shore an analysis of the second service and a Propositional Designation of the second and the		s o s o s e e e e e e e e e e e e e e e	
PART X - FIN 48 FOOTNOTE			
UNCERTAIN TAX POSITIONS			
VIII IM EVULLIVIU			*************
		nomanina ne o e o com	
THE SOCIETY EVALUATES ITS UNCERTAIN TAX PO	SITIONS USING TH	E PROVI	SIONS OF
FASB ACCOUNTING STANDARDS CODIFICATION 450	CONTINGENCIES	ACCOR	DINGLY A
TROD ACCOUNTING STREAMED COSTITURE TO		(0)(0)	
LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS	PROBABLE THAT A	LIABILI	TY HAS
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BEEN INCURRED AS OF THE DATE OF THE FINANC	ial statements al	ND THE	AMOUNT OF
THE LOSS CAN BE REASONABLY ESTIMATED. THE	MMOTHUM DECOCNITE	en te e	TIB.TECT TO
THE EOSS CAN BE REASONABLE ESTIMATED. THE	APTOONI RECOGNIZA	200000000000000000000000000000000000000	The state of the s
ESTIMATE AND MANAGEMENT JUDGMENT WITH RESP	ECT TO THE LIKELY	Y OUTCO	ME OF EACH
UNCERTAIN TAX POSITION. THE AMOUNT THAT I	S ULTIMATELY SUS!	PAINED	FOR AN
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INDIVIDUAL UNCERTAIN TAX POSTITION OR FOR A	MI UNCERTAIN IAA	- USLIL	Millouth, till
AGGREGATE COULD DIFFER FROM THE AMOUNT REC	OGNIZED. THE ORG	GANIZAT	ION

Part XIII Supple										
CONTINUALLY	V DESTRUITED SEVE				20. 200021					
SETTLEMENTS	, CHANG	ES IN	TAX LAV	AND	NEW .	AUTHORITA	TIVE	RULINGS.	МО	LOSS
CONTINGENCY	HAS BE	EEN REC	OGNIZEI) IN !	THESE	FINANCIZ	AL STA	TEMENTS.	***********	**************
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activitiee

Complete if the organization enswered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

	HARBOR HUMANE SOCI	ETY				38-16236	60
	Form 990-EZ fliers are not required t				red "Yes" to Form 9	990, Part IV, line	17.
1	Indicate whether the organization raised funds through a	any of the following	activ	ities.	Check all that apply.		
a	Mail solicitations	e 🗌 Solicitation	of no	ก-gov	ernment grants		
b	Internet and email solicitations	f Solicitation	of go	vernm	nent grants		
c	Phone solicitations	g Special fun	draisi	ng ev	ents		
d	Π			•			
	Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity if "Yes," list the ten highest paid individuals or entities (f compensated at least \$5,000 by the organization.	in connection with	profe	ssiona	al fundraising services?	VIOVOU	Yes No
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	raise custo conf	d fund- r have ody or rol of	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralsor listed in	(vt) Amount paid to (or retained by) organization
			-	utions?		col. (i)	
1			Yes	No			
2							
3							
4							
5							
6							
7							
8					4)		
9							
10							
Tota	al			<u> </u>			
3	List all states in which the organization is registered or l registration or licensing.		ontrit	utions	s or has been notified it	Is exempt from	
	******************		* * * * * *	4 4 4 4 4 4			
		ere a treata de actionistado	*****	*****			

				1000000	*******************		

Fundralsing Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PUTTS FOR PAWS YARD SALE NONE (add col. (a) through (total number) col. (c)) (event type) (event type) 19,585 1 Gross receipts 9,928 9,657 231 231 2 Less: Contributions 3 Gross income (line 1 minus 19,354 9,928 9.426 line 2) 4 Cash prizes 5 Noncash prizes 5,318 577 5,895 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 5,895 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tebs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes % 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tex year? Yes No b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 201	14 HARBOR	HUMANE	SOCIETY	38-162366	O Page 3
11	Does the organization conduct of	gaming activities with no	nmembers?			Yes No
12	Is the organization a grantor, be	neficiary or trustee of a	trust or a men	nber of a partnership or oth	er entity	S-7
	formed to administer charitable	gamlng?	erecesees est est		· · · · · · · · · · · · · · · · · · ·	Yes No
13	Indicate the percentage of gaml				/BS 3	
a	The organization's facility				13a	%
b	An outside facility		****		13b	%_
14	Enter the name and address of	the person who prepare	s the organiza	ation's gaming/special ever	its books and	
	records:					
	Name >					10000000
	8					
	Address >	2221001210210101021011012				*****
4=-	Barratha anna barratha barratha		f 11			
158	Does the organization have a co				_	Yes No
ь	If "Voe" enter the amount of ac	relative to the second of		ntlen 🖢	and the	169 140
D	amount of gaming revenue retail	ing provide received	. e . e	ditte:	aliu xio	
C	If "Yes," enter name and addres		P	***************************************		
v	ii 105, cindi haine and addres	ss or are trace party.				
	Name >				EELVIN NEUT TIEN TEEN TOE NOON TY KAN WAN HAN DOOR OO	
					TETERATER BETTE STATE STATE AND A STATE BY A STATE AND	******
	Address >					
	CONTRACTOR CONTRACTOR				SERVICE SERVIC	
16	Gaming manager information:					
	Name >					
	Gaming manager compensation	n ▶ \$	********			
	Description of services provided	1 -				
	[Ph1 FH					
	Director/officer	Employee	indeper	ident contractor		
47	k fondaton e diatributiona					
17	Mandatory distributions: Is the organization required und	lor otato love to make ch	azitahla diatrih	sitions from the cambos or	waade to	
а						Yes No
b	Entar the amount of distribution	s reculred under state l	w to be distri	buted to other exempt orga	nizations or	L I
~	spent in the organization's own	0.00 0.00				
Pa	t IV Supplemental Inf	formation. Provide	the explan	ations required by Par	t I, line 2b, columns (iii) and (v), and
*************	Part III, lines 9, 9b	o, 10b, 15b, 15c, 16	and 17b. a	as applicable. Also pro	ovide any additional information	n (see
	instructions).		•			
E-14-4-1					AX 6 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
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Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, tines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2014

rm990. Open To Public Inspection
Employer Identification number

HARBOR HUMANE SOCIETY

38-1623660

Pa	art I Types of Property									
		(a)	(b)	(C) Noncash contribution			(d)			
		Check if	Number of contributions or	amounts reported on			almod of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	_	nonce	ash contribution amo	unts		
1	Art — Works of art									
2	Art — Historical treasures									
3	Art — Fractional Interests									
4	Books and publications									
5	Clothing and household									
	goods	Х		210,630	AVG	COST	OF COMP	PRO	PEI	RTY
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities — Publicly traded									
10	Securities Closely held stock									
11	Securities - Partnership, LLC,									
	or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation									
	contribution — Historic									
	structures									
14	Qualified conservation									
	contribution — Other									
15	Real estate — Residential									
16	Real estate — Commercial									
17	Real estate Other									
18	Collectibles						- 2001120/07-1175	1131000000		
19	Food inventory	Х	0	74,509	AVG	COST	OF COMP	PRO	PEI	RTY
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other > (ANIMAL ITEMS)	Ж	0	24,836	AVG	COST	OF COMP	PRO	PEI	RTY
26	Other ►(
27	Other ►(
28	Other ▶(
29	Number of Forms 8283 received by									
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowle	edgement	29				30	
									Yes	No
30a	During the year, did the organization			• •	-					
	28, that it must hold for at least three									***
	to be used for exempt purposes for t	the entire h	olding period?	, 14757				30a		X
ь	If "Yes," describe the arrangement in									
31	Does the organization have a gift ac	ceptance p	solicy that requires the re	eview of any non-standard						***
	contributions? Does the organization hire or use thi	99 <u> 188 - 17 - 1</u>				0.0000000000000000000000000000000000000	enter constitució	31		X
32a										4.5
		s		*****			* * * * * * * * * * * * * * * * * * *	32a		X
ь	If "Yes," describe in Part II.									
33	If the organization did not report an a	amount in (column (c) for a type of p	property for which column (a) is che	cked,				
	describe in Part It.									

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M - SUPPLEMENTAL INFORMATION
THE ORGANIZATION RECEIVES DONATED CLOTHING, HOUSEHOLD GOODS, AND ANIMAL
RELATED ITEMS FROM A LARGE NUMBER OF SOURCES DURING THE YEAR. MOST ITEMS
INDIVIDUALLY ARE SMALL DOLLAR VALUE IN NATURE AND IT HAS BEEN DETERMINED
THAT IT IS MOST COST-EFFECTIVE TO REPORT THESE IN THE AGGREGATE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

Open to Public Inspection

Department of the Tressury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) end its instructions is at www.irs.gov/form990.

Employer Identification number Name of the crosnization 38-1623660 HARBOR HUMANE SOCIETY FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED BY THE ENTIRE BOARD OF DIRECTORS. HOWEVER, THE EXECUTIVE DIRECTOR AND/OR TREASURER REVIEWS THE FORM 990 PRIOR TO SIGNING THE RETURN AND FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION'S OFFICERS, DIRECTORS/TRUSTEES, KEY EMPLOYEES, STAFF, AND VOLUNTEERS ARE EXPECTED TO ADDRESS CONFLICTS OF INTEREST IMMEDIATELY AS THEY ARISE. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE WAGES WERE DISCUSSED BY THE PRESIDENT AND VICE PRESIDENT OF THE BOARD OF DIRECTORS AFTER RESEARCH WAS DONE INTO WHAT OTHER SIMILAR ORGANIZATIONS OFFERED FOR THESE ROLES, AND THEN VOTED ON AND APPROVED BY THE BOARD. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION IN ADDITION, DOCUMENTS ARE MADE AVAILABLE UPON REQUEST FROM THE PUBLIC. FORM 990 IS AVAILABLE ON OUR WEBSITE.

Department of the Treasury

(99)

Depreciation and Amortization

(Including Information on Listed Property)

➤ Attach to your tax return.
➤ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return

HARBOR HUMANE SOCIETY

identifying number 38-1623660

	ss or activity to which this form relates NDIRECT DEPRECIA!	TT ON						
			erty Under Section	- 170				
.	NOW 25	2607			omplete Dert	i		
_			, complete Part V I	perore you co	omplete Part	١.	7	500,000
1	Maximum amount (see instruction	District (#0000 #000 #000		(0.000000000000000000000000000000000000	4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	*****	1	500,000
2	Total cost of section 179 proper						2	2,000,000
3	Threshold cost of section 179 pr			(ctions)			3	2,000,000
4	Reduction in limitation, Subtract						4	
5	Dollar limitation for tax year. Subtract						5	
8	(a) Descript	lian of property	(0)	Cost (business use	only) (c) i	Slected cost	-	
_							-	
_							-	
7	Listed property. Enter the amount		*********	K-101	7			
8	Total elected cost of section 179			and 7			8	
9	Tentative deduction. Enter the s			interpretation		****	9	
10	Carryover of disallowed deduction	on from line 13 of your	2013 Form 4562				10	
11	Business income limitation. Ente						11	
12	Section 179 expense deduction.	. Add lines 9 and 10, bi	ut do not enter more tha	n line 11			12	
13	Carryover of disallowed deduction			.	13			
Note	: Do not use Part II or Part III bek							
Pa	rt II Special Deprecia	ation Allowance a	nd Other Deprecia	ation (Do no	t include liste	ed prope	rty.) (See instructions.)
14	Special depreciation allowance t	for qualified property (o	ther than listed property	/) placed in ser	vice			
	during the tax year (see instructi	ions)					14	
15	Property subject to section 168(f)(1) election				016036200300	15	
16	Other depreciation (including AC						16	30,996
Pa			de listed property.)	(See instru	ctions.)			
			Section A					
17	MACRS deductions for assets p	laced in service in tax	years beginning before	2014		TENOTO:	17	0
18	If you are electing to group any assets place					▶ □		100 (4.00)
			rvice During 2014 Tax			ciation S	ystem	
		(b) Month and year	(c) Basis for depreciation	(d) Recovery				
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) Convention	(f) Metho	xd	(g) Depreciation deduction
19a	3-year property		only out mondations					
b	5-year property							
c	7-year property	-						
d	10-year property	\dashv						
		\dashv		-				
_ <u>e</u>	15-year property	_						
f_	20-year property	-				0.5		
	25-year property			25 yrs.		S/L	-	
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
ł	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L	2 10	
	Section C	Assets Placed in Serv	ice During 2014 Tax Y	ear Using the .	Alternative Dep	reciation	Syster	n
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
_ c	40-year	A CONTRACTOR OF THE CONTRACTOR		40 yrs.	MM	S/L		
Pa	rt IV Summary (See in	structions.)						
21	Listed property. Enter amount fr		ALIAN MARKAN INDOMESAN AND INTO A SECURIO	Property and an extension	a Persey West Duyer to Oldsaw Socie	nucas per nuceo en en	21	
22	Total, Add amounts from line 12		lines 19 and 20 in colur	nn (g), and line	21. Enter			
	here and on the appropriate line	· · · · · · · · · · · · · · · · · · ·				CEES CAPE	22	30,996
23	For assets shown above and ple	•						SK TOURNES NO TOUR
	portion of the basis attributable	**	AND A SEASON OF A WARRING WALLACE OF A		23			TO THE STREET OF

HARBOR HUMANE SOCIETY

Form	4562	(2014)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

		Note: For any ve 24b, columns (a) through (c) of S	Section A, all o	f Section	n B, a	nd Section	on C if a	pplicable.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20.00		Section A	Depreciation	and Other Inf	ormatic			_								77
24a	Do you have evidence to support the business/investment use claim				id?		X Yes No			24b If "Yes," is the evide					Yes X No	
	(a) (b) (c) of property Date placed investment use percentage		(d) Cost or other basis		(e) Basis for depreciation (business/investment		(f) Recovery period	acovery Method		(h) Depreciation deduction			(i) Elected section 179 cost			
25	Special depreciation allowance for qualified lister		l d listed propert	l red property placer		use only) d in service during										
		ear and used mor								oueree.	2	5			454536	
26	Company of the Compan	used more than 5		Maria de la companya della companya della companya della companya de la companya della companya											E1100000000000000	
T	RUCK	\(, contract of the contract of													
		07/01/08	100.00%	7	,500	7,500		5.0	200DBHY		X					
					-											
			%													
27	Property	used 50% or less	in a qualified bu	usiness use:						_		_			T	
																3
			%						S/L-							
									C B							
	A -1 -1		%			L				S/I	$\overline{}$				-	
28		ounts in column (h												00		10
29	Add am	ounts in column (i)	, line 26. Enter r								*********	******		29		
	minta thia	nantiam taurahana	مامع معرفة المسمود م						Vehicles		d	n 16 1600	naminta	et venkûede	30	
		section for vehicle /ees, first answer t	_								-				50	
to ye	ui empio	rees, ilist allswell	ine questions in	Section C to s	(a)	mee		ipiion to	(c)			d)		8)	1	f)
30	Total hi	tal business/investment miles driven during			Vehicle		1 Vehicle 2		Vehicle 3		Vehic∜e 4		Vehicle 5		Vehicle 6	
-		the year (do not include commuting miles)		·												
31	-	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									1		i –	
32	Total commuting miles driven during the year Total other personal (noncommuting)															
	miles dr															
33		les driven during ti												2		
		thurs out an														
34 Was the		vehicle available	1110005-101100	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	use duri	ng off-duty hours?														
35	Was the	vehicle used prim														
	than 5%	owner or related														
36	Is anoth	er vehicle available	e for personal us	se?												
			Section C-Que													
		questions to deter			to comp	aleting	Section	B for ve	phicles us	ed by e	employe	es who	are not			
more		owners or related													1	
37	_	maintain a written	policy statement	t that prohibits	all perso	onal u	se of vel	nicles, ir	reluding e	ommui	ing, by				Yes	No
	-	ployees?							(*,*;*) e(*;*)			on some states	*****	-	-	
38	_	maintain a written		'	•				•							
		es? See the instru		-	-	officer	s, direct	ors, or 1	% or mor	e owne	irs		****	13.6.6.6.6.6	-	
39		treat all use of veh												VX.54.4.4		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?															
44							ntention	1002 /0	an impleme	tlone)						
41		meet the requirem your answer to 37	-								100000000000000000000000000000000000000					
D	art VI	Amortization		FIIS TES, GO	HOL COIL	ipiete	Section	ם וטו נווו	e covered	Verillon	35.				B. ()	
200000	art vi	Amortization		T T								(e)				
	(a)			(b)	estine	(c) Amortizable amour			t Code section				Amortization Ar		(f) ortization for this year	
Description of costs			Date amortization begins		mineral production			2000 80011013				period or Amora: percentage			- ,	
42	Amortiza	ation of costs that	begins during vo	our 2014 tax ve	ar (see	instru	ctions):									
		and the second			15.75											
43	Amortiza	ation of costs that	began before vo	ur 2014 tax ye	ar							01.000140	43			
44		dd amounta in cal						1000115403	111000 00000000000000000000000000000000	0.0000011001			AA			

30608 HARBOR HUMANE SOCIETY

38-1623660

Federal Statements

10/28/2015 2:19 PM

FYE: 12/31/2014

Taxable Interest on Inveatments

, _	Description						
		Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST	\$	75		1.4			
TOTAL	\$	75					

30608 HARBOR HUMANE SOCIETY

38-1623660 FYE: 12/31/2014

Federal Statements

10/28/2015 2:19 PM

Form 9
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TOTAL	TELEPHONE & WASTE MGT	Description
\$ 12,450	\$ 12,450	Total Expenses
\$ 6,374	\$ 6,374	Program Service
\$ 1,287	\$ 1,287	Management & General
\$ 4,789	\$ 4,789	Fund Raising

30608 HARBOR HUMANE SOCIETY 38-1623660 FYE: 12/31/2014

Federal Statements

10/28/2015 2:19 PM

Schedule A, Part II, Line 1(e)

Description	Amount
4 PAWS FOR A CAUSE	to:
CASH CONTRIBUTION	22,704
ASPCA	i 1 1
CASH CONTRIBUTION	5,000
MICHIGAN DEPARTMENT OF AGRICULTURE	
CASH CONTRIBUTION	9,868
GRAND HAVEN COMMUNITY FOUNDATION	
CASH CONTRIBUTION	12,799
PAAVOLA, JENNIFER AND BRIAN	
CASH CONTRIBUTION	10,000
VARIOUS DONATIONS <\$5,000 EACH	1
CASH CONTRIBUTION	294,129
VARIOUS DONATIONS <\$5,000 EACH	
CLOTHING & HOUSEHOLD GOODS	210,630
IAMS BOWLS OF LOVE	
IAMS DOG AND CAT DRY FOOD	22,600
VARIOUS DONATIONS <\$5,000 EACH	
ANIMAL FOOD DONATIONS	51,909
VARIOUS DONATIONS <\$5,000 EACH	
ANIMAL RELATED ITEMS/CLEANERS	24,836
DOG WALK	
CASH CONTRIBUTION	765
YARD SALE	
CASH CONTRIBUTION	231
TOTAL	\$ 665,471

30608 HARBOR HUMANE SOCIETY

38-1623660

Federal Statements

10/28/2015 2:19 PM

FYE: 12/31/2014

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
BUSTLE, LAUREL	\$ 10,000	\$
WHALEN, THOMAS J. & MARGO L.	10,150	
PAAVOLA, JENNIFER & BRAIN	18,000	
GRAND HAVEN COMM FOUNDATION	23,994	
4 PAWS FOR A CAUSE	48,153	
DEXTER, BRIAN	6,500	
KENNETH A. SCOTT CHAR TRUST	22,500	
COMPUTERIZED LIGHTING PRODUCTIONS	10,643	
DEFOE FAMILY FOUNDATION	10,000	
FIORE, JOHN M & ANNE	10,200	
ANSLEY, KATHERINE	53,889	
GIANGRANDE, JEFFREY	10,000	
DOZEMAN, DELWYN & BECKY	21,637	
CARLTON TECHNOLOGIES	10,000	
TWO SEVEN OH, INC.	11,100	
BISSELL PET FOUNDATION	5,049	
TOTAL	\$ 281,815	\$0

30608 HARBOR HUMANE SOCIETY

38-1623660 FYE: 12/31/2014

Federal Statements

10/28/2015 2:19 PM

Schedule A, Part II, Line 8(e)

Description

INTEREST

TOTAL

Amount

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

2014

OMB No. 1545-1878

Department of the Treasury

2014, and ending For calendar year 2014, or fiscal year beginning and

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Internal Revenue Service Name of exempt organization

HARBOR HUMANE SOCIETY

38-1623660

Employer Identification number

Name and title of officer

DEBRA WESTERHOF

TREASURER

Parti	Type of Return and Return information (Whole Dollars Only)
Check the box t	for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you
check the box of	on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then

leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on

the	applicable line below. Oo not complete more than 1 line in Part I.		
1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	934,021
	Form 990-EZ check here Total revenue, If any. (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here	3b	
48	Form 990-PF check here Lub Tax based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
	and the state of t		

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any rafund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) data. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment, I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only	ı
-----------	------	-------	-----	-----	------	---

X authorize DELONG & BROWER, P.C. ERO tiem name	to enter my PIN 30608 as my signature Enter five numbers, but do not enter all zeros
on the organization's tax year 2014 electronically filed return. If I hav being filed with a state agency(les) regulating charities as part of the EBO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature if I have indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's disclo	filed with a state agency(les) regulating charities as part of
ficer's signature	Date > 10/27/15

Certification and Authenticstion

ERO's EFIN/PIN. Enter your six-digit electronic filling identification number (EFIN) followed by your five-digit self-selected PIN.

38286223810

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)

Information for Authorized IRS e-file Providers for Business Returns ERO's signature

10/27/15

ERO Must Retain This Form—See Instructions

Oo Not Submit This Form To the IRS Unless Requested To Oo So

For Paperwork Reduction Act Notice, sea back of form.

Form 8879-EO (2014)

CTS - 02 ALITHORITY 1975 PA 169 PENALTY: civil, criminal

RENEWAL SOLICITATION FORM

Receive the Number Telephone number Fax number Fa	Full legal name of orga	nization					
Attorney General File Number Telephone number Fax number	HARBOR HUM	ANE SOCIETY					
Registration Regi	Ill other names under	which you intend to solicit	ł				
Organization website WWW. HARBORHUMANE. ORG WWW. HARBORHUMANE. OR	Attorney General File N	√umber	Telephone number		Fax number		
terms must be answered. Provide additional sheets if necessary. If you have questions, see the instructions. Organization addresses — A. Street address of principal office. If you do not have a principal office, provide the name and address of the person having custody of the financial records. DEBRA WESTERHOF 14345 BAGLEY STREET @ US HWY 31 WEST OLIVE MI 49460 B. Organization mailing address, if different. 14345 BAGLEY STREET @ US HWY 31 WEST OLIVE MI 49460 C. Provide the address of all other offices in Michigan. Yes No Has there been any change in the organization's purposes? If yes, summarize organization's current purposes below in 50 words or less. This summary appears on our website. You must designate a resident agent located in Michigan authorized to receive official mail sent to your organization. Name DEBRA WESTERHOF 14345 BAGLEY STREET Address (Michigan street address, not PO box) WEST OLIVE MI 49460 Methods of solicitation. Check all that apply. X Mail X Personal contact Special events Other (specify) X Telephone Radio / television Newspaper/magazines None (explain) Has there been a change in the organization's tax status with the iRS since your last filing? Yes No	7835		616-399-2119		616-399-0374		
terms must be answered. Provide additional sheets if necessary. If you have questions, see the instructions. Organization addresses — A. Sirect address of principal office. If you do not have a principal office, provide the name and address of the person having custody of the financial records. DEBRA WESTRHOF 14345 BAGLEY STREET @ US HWY 31 WEST OLIVE MI 49460 B. Organization mailing address, if different. 14345 BAGLEY STREET @ US HWY 31 WEST OLIVE MI 49460 C. Provide the address of all other offices in Michigan. Has there been any change in the organization's purposes? If yes, summarize organization's current purposes below in 50 words or less. This summary appears on our website. Yes No WEST OLIVE MI 49460 Methods of solicitation. Check all that apply. Mest OLIVE MI 49460 Methods of solicitation. Check all that apply. Mest OLIVE MI 49460 Methods of solicitation. Check all that apply. Mest OLIVE MI 49460 Methods of solicitation. Check all that apply. Mest OLIVE MI 49460 Methods of solicitation. Check all that apply. Mest OLIVE MI 49460 Methods of solicitation. Check all that apply. Mest OLIVE MI 49460 Methods of solicitation. Check all that apply. Mest OLIVE MI 49460 Methods of solicitation. Check all that apply. Mest OLIVE MI 49460	mployer Identification No. (EIN	Organization email addr	ess	Organizatk	on website		
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Internet	X Mail	X Personal contact	Special events	Other (specify)		
Has there been a change in the organization's tax status with the IRS since your last filling?	X Telephone	X Radio / television	X Newspaper/magazine	s None (explain)		
Has there been a change in the organization's tax status with the IRS since your last filling?	X Internet	Email					
						Yes	No
CONTRACTOR OF THE PROPERTY OF					L ANN A		

HARBOR HUMANE SOCIETY

38-1623660

List all current officers and directors unless they are included on your IRS return. Mark the box to indicate whether the person is an officer, director, or both. Provide an additional sheet if necessary.

Name	Officer	Director	Name	Officer	Director
KEN O'ROURKE	X	X	LORI BRIZIUS	х	
DEL DOZEMAN	Х	Х			
DEBRA WESTERHOF	Х	Х			
NICK DEFOE	Х	X			
GREG DZIEWIT		X			
WENDY SWIFT		X			

7.	is there If "yes,"	any officer or director who cannot be reached at the organization's mailing address?		No X
8.	Since you	r last registration form, has the organization or any of its officers, directors, employees or fundraisers:	es	No
	A.	Been enjoined or otherwise prohibited by a government agency/court from soliciting?		X
	В.	Had its solicitation registration or license denied or revoked by any jurisdiction?		X
	C.	Been the subject of a proceeding regarding any license, registration, or solicitation?		X
	D.	Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency?		X
9.	Has the	ng activity for either the financial accounting period reported in item 10 or the		No X stion10.
	Under Mi definition	chigan law, fundralsing consultants are considered professional fundraisers (PFRs). See instructions for		
		the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provide all sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.		
	Contract	types: A – Consulting – See instructions for definition B – Solicitation / Event		

Note - You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.

Name	Mailing address	Sum of all payments to / retained by PFR during year reported	is contract in effect now (as you complete the form)?	If no, enter date contract ended	Contract Type
			y 🗌 n 🗌	End date:	А [] В []
			y 🗌 n 🗍	End date:	А [] В []
			у 🗌 n 🗍	End date:	А [] В []

HARBOR HUMANE SOCIETY

38-1623660

10.	All organizations mus	report on their most recently completed	I financial accounting period.											
	Check the box to indic	ate the type of return filed with the IRS	and follow the instructions:											
	Form 990 or 990-EZ - Provide a copy of the return. Do not include Schedule B. Go to item 13 below.													
	Form 990-PF - Provide a copy of the Form 990-PF. Enter the amount the organization spent directly on its charitable program in the space below. Complete item 11 and go to 13.													
	Total program services expense: \$													
	If your organization does not file the above returns with the IRS, check the appropriate box below to explain the reason, and follow the instructions:													
	Files Form 990-N. Complete 11 and 12 below, then go to 14.													
	Included	in IRS group return. Provide a copy of	f the group return. Complete 11 and 12 below.											
		11 and 12 below.												
11.	Briefly describe your o	haritable accomplishments during the p	eriod.											
														
-														
12.	990-EZ, or 990-PF. C accounting period being	omplete all lines of the following schedu	our organization does not complete a Form 990, ales. You <u>must</u> enter the end date of the appropriate or if you had no financial activity in											
	the period.													
	Enter the end date of	the financial accounting period reported	below:											
		Revenue												
	A	Contributions and fundralsing received												
	В	All other revenue												
	C	Total revenue (add lines A and B)												
		Expenses												
	D													
	E	Charitable program services expense												
	C F	All remaining expenses (supporting service	(S)											
	<u> </u>	Total expense (Sum of lines D and E)												
	G	Revenue less expenses (subtract line F from	line C)											
		Balance Sheet												

	H	Total assets at end of fiscal period												
	 -! 	Liabilities at end of fiscal period												
		Net assets (subtract line I from line H)												

13. Audited or reviewed financial statements requirement

Complete the following schedule to determine if audited or reviewed financial statements are required. If audited or reviewed financial statements are required, but they have not been prepared, see the instructions.

	Item	Where to Find it:	Amount
A.	Contributions from IRS return	Form 990: Part VIII, line 1h; Form 990-EZ: line 1; Form 990-PF: line 1	
В.	Net income from special fundraising events	Form 990: Part VIII, line 8c; Form 990-EZ: line 6d	
C.	Net income from gaming activities	Form 990: Part VIII, line 9c	
D.	Total contributions and fundraising	Add lines A, B, and C	
E.	Governmental grants	Form 990: Part VIII, line 1e; Form 990-EZ: enter governmental grants included above on line A.	
Fa		Subtract line E from line D	

After completing the schedule:

a copy of your organization's IRS group return (if applicable)

- If line F is \$525,000 or more, audited financial statements are required. They must be audited by an
 independent certified public accountant and prepared in accordance with generally accepted accounting
 principles.
- If line F is greater than \$275,000, but not greater than \$525,000, financial statements either reviewed or audited by a certified public accountant are required.

14. Do you have chapters in Michigan that are to be included in the solicitation registration? Tip: If you have offices in Michigan with no separate reporting or flling requirements, answer "no."							
If yes, provide the following: a listing of the names and addresses of all Michigan chapters to be included a financial report for each chapter (see instructions)		chapters but have no d us of your intent to the instructions.	t				

15. I certify that I am an authorized representative of the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete. False statements are prohibited by MCL 400.288(1)(u) and MCL 400.293(2)(c) and are punishable by civil and criminal penalties.

Type or print name (must be legible):	DEBRA	WESTERHOF		
Title: TREASURER			Date:	

HARBOR HUMANE SOCIETY CHECKLIST:

38-1623660

X	Have all parts of the form been fully completed unless instructed otherwise?
X	Have you provided the name and Michlgan street address of a resident agent in item 3?
X	is a list of the officers and directors provided or included with the IRS return?
X	Have you provided a complete IRS 990, 990-EZ, OR 990-PF?
	if you file Form 990-PF, did you complete item 11?
	If you file Form 990-N, did you complete items 11 and 12?
X	If audited or reviewed financial statements are required, are they provided? If not, have you
	requested a conditional registration or one-time waiver? (See instructions.)
X	Are the Form 990 and financial statements prepared for the same reporting period?
	Have you submitted contracts and addenda to contracts with professional fundraisers that have
	not been previously submitted?
X	Have you typed or printed your name, date, and title in Item 15 to certify the form?

Return the completed regis	tration form by:
Email (preferred method)	ct_email@michigan.gov
Maii	Attorney General
	Charitable Trust Section
	PO Box 30214
vernight mail	Lansing, MI 48909
Overnight mail	Attorney General-CT Section
	525 West Ottawa
	Williams Building - 1st Floor
	Lansing, MI 48933
Fax	(517)241-7074

Return of Organization Exempt From Income Tax \cdot

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

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

2014 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number Check if applicable: HARBOR HUMANE SOCIETY Address change Dolon business as 38-1623660 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 616-399-2119 14345 BAGLEY STREET @ US HWY 31 initial retura Final return/ City or lown, state or province, country, and ZIP or foreign postal code terminated WEST OLIVE 49460 1,138,663 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending DEBRA WESTERHOF 14345 BAGLEY STREET @ US HWY 31 H(b) Are all subordinates included? If "No," attach a list, (see instructions) WEST OLIVE MI 49460 X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or WWW. HARBORHUMANE. ORG H(c) Group exemption rumber X Corporation Trust Association Form of organization: Year of formation: 1956 M State of legal domicile: Summary Part I 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A SAFE HARBOR FOR ANIMALS ENTRUSTED TO OUR CARE AS WE STRIVE TO Activities & Governance SECURE THE ANIMALS' FUTURE THROUGH OUR ADOPTION, OUTREACH, AND EDUCATIONAL PROGRAMS. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 6 4 52 5 Total number of Individuals employed in calendar year 2014 (Part V, line 2a) 5 262 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 662,197 665,471 9 Program service revenue (Part VIII, line 2g) 345,444 291,133 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 967 75 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -22,658 33,430 1,042,038 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 934,021 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 530,073 474,294 16a Professional fundralsing fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 512,607 469,054 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,042,680 943,348 -642-9,32719 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 699,778 683,202 20 Total assets (Part X, line 16) 66,717 21 Total liabilities (Part X, line 26) 59,468 22 Net assets or fund balances. Subtract line 21 from line 20 633,061 623,734 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. Signature of officer Sign Here DEBRA WESTERHOF TREASURER Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid CHARLES A. BROWER self-employed P00151658 Preparer DELONG & BROWER, P.C. Firm's EIN 38-2831981 Firm's name

HOLLAND, MI

May the IRS discuss this return with the preparer shown above? (see instructions)

238 HOOVER BLVD., SUITE 10

49423

Use Only

616-396-0500

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
3	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
4	Section 501(o)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,		Ì	
	Part III	. 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or Investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundralsing, business, investment, and program service activities outside the United States, or aggregate			
	foreign Investments valued af \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	76		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	201		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

Pa	Checklist of Required Scriedules (continued)		Yes	No
21	Did the organization report more than \$5,000 ot grants or other assistance to any domestic organization or		103	140
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or tor domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	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		X
48	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ERERGERY		
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	72000000		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	It "Yes," complete Schedule L, Part I	25b		x
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	EGD.	_	
0	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	ne		x
~		26	-	
7	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	077		~UP
	entity or family member of any ot these persons? If "Yes," complete Schedule L, Part III	27		X
8	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):			47
a	A current or former officer, director, trustee, or key employee? It "Yes," complete Schedule L, Part IV	26a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? # "Yes," complete			
	Schedule L, Part IV	28b		X
¢	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		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X
11	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sall, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meening of section 512(b)(13)?	35a		X
b	It "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	10000000		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Dld the organization conduct more than 5% of its activities through an entity that is not a related organization	-000000000		
	and that is treated as a partnership for federal income tax purposes? It "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	Similar I		
	wise the million and the same as a second of the property of the property of the property of the price of the	- 1	r I	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				ALCOHOLOGIC	
1-	Enter the number reported in Boy 2 of Farm 1000 Fates 0. 3 gas and the	ا بد ا	10		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- it not applicable Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	1a 1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	0	-+		
C	reportable gaming (gambling) winnings to prize winners?				**	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1c	X	
Lu	Statements, filed for the calendar year ending with or within the year covered by this return	2a	52			
b	If at least one is reported on line 2a, did the organization file all required tederal employment tax retu	-	JE	2b	X	
	Note. It the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				-42	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	o)		За	E00.0000	x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	Λ		3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		tv	10.00		_
	over, a financial account in a foreign country (such as a bank account, securities account, or other fire		·y			
	account)?	nariosca:		48		x
b	If "Yes," enter the name of the foreign country: ▶	1000000		(4) (4)		
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	ıls	****		
	(FBAR).	10000				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	0.00000000	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	33		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	10		****		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			11111		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly tor	goods				100
	and services provided to the payor?			7a	eessonn	X
þ	It "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which It w	as				
	required to file Form 8282?	400000	processor	7c		X
đ	It "Yes," indicate the number of Forms 8282 tiled during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	!?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		0.43.43	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by t	ne			
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds,					
a				9a	_	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b 11	Gross receipts, Included on Form 990, Part VIII, line 12, for public use of club facilities	100			rs.	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	140	ĺ			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	11a				
IJ	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	_	?	12a		
b	It "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	000000000000000000000000000000000000000	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	LIZU				
a	is the organization licensed to issue qualified health plans in more than one state?			13a	1	
-	Note. See the instructions for additional information the organization must report on Schedule Q.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	After a manual modelme. In the name of the land of the land of the late of the	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for Indoor tanning services during the tax year?	00		148		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions, Check if Schedule O contains a response or note to any line in this Part VI ... X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain In Schedule O. 6 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? X 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X a 8a X Each committee with authority to act on behalf of the governing body? 85 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affillates? X 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? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a Describe in Schedule O the process, If any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of Interest policy? If "No," go to line 13 128 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X h Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official. 15a a X Other officers or key employees of the organization 15b 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 X 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filled MI 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

HARBOR HUMANE SOCIETY

14345 BAGLEY ST

State the name, address, and telephone number of the person who possesses the organization's books and records: >

616-399-2119

MI 49460

WEST OLIVE

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

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

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

ta 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.

Check this box if neither the orga	anization nor an	y rela	ted	orga	niza	tion co	mp	ensated any current office	r, director, or trustee.	
(A) Nams and Title	(6) Average hours per week {list eny hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	:elated organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Tempi.	(W-2/1099-MISC)		organization and related organizations
(1) KEN O'ROURKE	9.00									
PRESIDENT	0.00	X		X				0	0	
(2) DEL DOZEMAN	10.00									
VICE PRESIDENT	0.00	X		x				0	o	
(3) DEBRA WESTERHOF	8.00	-								
TREASURER	0.00	X		x				0	o	
(4) NICK DEFOE	1.00							•		
SECRETARY	0.00	X		x				0	0	
(5) GREG DZIEWIT	1.00									
DIRECTOR	0.00	X						0	o	
(6) WENDY SWIFT	1.00	-								
DIRECTOR	0.00	X					- 1	0	0	
(7) LORI BRIZIUS	40.00							Ĭ	·	
OPERATIONS DIRECTOR	0.00	1		X				8,308	0	13
(8)								· ·		
(9)										
5 (4.4 (4.5 (4.5 (4.5 (4.5 (4.5 (4.5 (4.	5555575111555855	0								
(10)									E7	
		2								
(11)										

Pai	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title		(B) Average hours per week (list any hours for	bo No	x, unh licer a	Pos check sss pe nd a d	rson Frecto	than c is both whosi	an Ø9)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	0	(F) Estimate amount of other compensation the	of tion	
		releted organizations below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highes! compensated employee	Former	(W-2/1099-MISC)			organizati and relate organizatio	¢d	
(12)														
(13)														
20000000	TAKBKECKEN DEFENSIONALIKUNG KUMAK													
(14)														
	Santana ana ana ana ana ana ana ana ana a	1200200000	_											
(15)	XX													
(16)														
POLICE	*******************													
(17)														
(18)			_				_	_						
554644	74.15/415.00.00161.500.001659.001.1040.0000.000	450,000,000,000,000 # I												
(19)														
1b	Sub-total							<u> </u>	8,308				•	136
_ d	Total from continuation she Total (add lines 1b and 1c)	ets to Pan VII,						>	8,308				•	136
2	Total number of individuals (ir reportable compensation from				thos	se lle	sted a	apo/	ve) who received more than	1 \$100,000 of				
3	Did the organization list any for								oloyee, or highest compens	ated			Yes	No X
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related organization	e 1a, is the sum	of re	apor	table	con	npen	satio			\$110101	3		
5	individual									r individual		4		X
Sect	for services rendered to the o		es,	con	nplet	e So	hed	ule J	J for such person	er de la desentita de en estado en e	PP4.14.1	5		X
1	Complete this table for your fi	ve highest comp									year.			
	Name and	(A) I business address						L		(B) plion of services		Con	(C) pensati	ion
_														
	×													
2	Total number of independent received more than \$100,000	contractors (incl	udin n fra	g bu m th	t not	limi gani	ted to	o the	ose listed above) who	0				
		- herman				-							000	

	Check if Schedule			(A)	(8)	(C)	(D)
esie .				Total revenue	Related or exempt function	Unrelated busingss revenue	Revenue excluded from fax under sactions
इ इ	1a Federated campaigns	1a			revertise.		512.514
= =	b Membership dues	1b					
D E	c Fundraising events	10	996				
ar A	d Related organizations	1d					
, E	e Government grants (contributions)	1e	9,868				
Sig	f All other contributions, gifts, grants,				F		
her	and similar amounts not included above	1f	654,607	20	100		4.0
Ęŏ	g Noncash contributions included in lines 1a		309,975				
and	h Total. Add lines 1a-1f			665,471			
<u>e</u>			Busn. Code				
ر ا ق	2a OTTAWA COUNTY CONTE	ACTS	900099	196,119	196,119		
. §	b ANIMAL ADOPTIONS		900099	95,014	95,014		
<u>ည</u>	6	**************************************					
2	di	THE PROPERTY OF					
E	8						
5	f All other program service reve						
윤	g Total. Add lines 2a-2f		•	291,133			
	3 Investment income (including					I	
"	and other similar amounts)			75		1	75
4	4 Income from investment of ta	x-exempt bond b	roceeds				
	5 Royalties		—				
'	(i) Heal		Personal				
e	6a Gross rents						
'	b Loss: rental exps.						
	C Rental inc. or (loss)						
	d Net rental income or (loss)		•	· · · · · · · · · · · · · · · · · · ·			**************************************
	7a Gross amount from (i) Securities	s (ii)	Other				112.71
	sales of assets officer than inventory				No.		
	b Less: cost or other						
	hasis & sales exps.						
	c Gain or (loss)						
1111	d Net gain or (loss)		▶				
	8a Gross income from fundraising even						(
å (996					
Š	of contributions reported on line 10	Creation .					
m	See Part IV, line 18		22,812				
Other Revenue	b Less: direct expenses	h	5,895				
ŏ	c Net income or (loss) from fun	draising events	•	16,917			8,068
	9a Gross income from gaming activiti						-,
1.	See Part IV, line 19	а.	2,084				
	b Less: direct expenses	500 B					
	c Net income or (loss) from gar	ming activities	•	2,084	2,084		···
	Oa Gross sales of inventory, less						
111	returns and allowances	· a	156,972				
	b Less: cost of goods sold	h	198,747			7.0	
	c Net income or (loss) from sale	es of inventory	D	-41,775	-41,775		
	Miscellaneous Revenue		Busn. Code	/!-	/		
4	1a MISC FRONT OFFICE		900099	116	116		
une	b		******		******		
	270						
	d All other revenue						
[e Total. Add lines 11a-11d		•	116			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (C) Management and (D) Fundraising (8) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. ехрапава general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, toreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 831 5,815 8,308 1,662 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 421,491 278,949 29,390 113,152 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 12,310 3.175 4,027 5,108 32,185 19,761 3,991 Payroll taxes 8,433 10 Fees for services (non-employees): 22,456 21,306 1,150 Management Legal 5.766 9,321 1,165 2,390 Accounting đ Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 4.373 94 3,810 469 12 Advertising and promotion 2,248 47,221 11,243 33,730 13 Office expenses Information technology 14 15 **Royalties** 74,681 36,257 7.324 31,100 Occupancy 16 3,004 2,252 455 297 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 502 376 76 50 20 21 Payments to affiliates 23,238 31,000 4,693 3,069 Depreciation, depletion, and amortization 22 Insurance 22,326 2,959 5,711 13,656 23 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) VETERINARY EXPENSE 79,274 79,274 72,266 72,266 SHELTER EXPENSE-IN-KIND h 60,641 60,641 KENNEL SHELTER EXPENSE e 3,147 3.831 29,539 22,561 R&M, EQP RENTAL, MISC 4,789 6,374 1,287 12,450 All other expenses 943,348 637,089 87,977 218,282 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Part	X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line	in this Part X		127533127	LILLIAN TO THE REAL PROPERTY AND THE PROPERTY AND THE REAL PROPERTY AND THE REAL PROPERTY AND THE PROPERTY AND
					(A) Beginning of year		(B) End of year
1	1 (Cash-non-Interest bearing		o and a second second	108,644	1	77,133
2		Savings and temporary cash investments	nee novemen more		111,021	2	80,010
3	3 F	Pledges and grants receivable, net	C=30.00 = 0 = 0 + 0 + 0 = 0 = 0 + 0 + 0 = 0 + 0 +		3		
4		Accounts receivable, net			9,188	4	
5		Loans and other receivables from current and former	officers, dire	ctors,			
	t	trustees, key employees, and highest compensated e	mployees.				
		Complete Part II of Scheriule I				5	
€	5 L	Loans and other receivables from other disqualified pe					
	4	4958(f)(1)), persons described in section 4958(c)(3)(B), and contri	buting employers and			
		sponsoring organizations of section 501(c)(9) voluntar		100			
g	¢	organizations (see instructions). Complete Part II of S	chedule L			6	
Assets	7 1	Notes and loans receivable, net				7	
₹ ε	B 1	Inventories for sale or use			52,893	8	91,855
9	9 F	Prepaid expenses and deferred charges				9	
10	Oa l	Land, buildings, and equipment: cost or					
	(other basis. Complete Part VI of Schedule D	10a	1,028,763 610,459			
		Less: accumulated depreciation	10b	610,459	402,132	10c	418,304
11		Investments—publicly traded securities				11	
12	2	Investments—other securities. See Part IV, line 11			15,000	12	15,000
13	3 I	Investments—program-related. See Part IV, line 11				13	
14	4 I	Intangible assets			14		
18	5 (Other assets. See Part IV, line 11	a se a si vesa		900		900
10	6 1	Total assets. Add lines 1 through 15 (must equal line	34)		699,778		683,202
17	7 /	Accounts payable and accrued expenses			51,019	17	46,748
11		Grants payable				18	
19	9 [Deferred revenue				19	
20	0 1	Tax-exempt bond liabilities				20	
21	1 1	Escrow or custodial account liability. Complete Part i\	of Schedul	e D		21	
g 2	2 1	Loans and other payables to current and former office	rs, directors	,			
		trustees, key employees, highest compensated emplo					
Liabilities	(disqualifled persons. Complete Part II of Schedule ${\sf L}_{\scriptscriptstyle \odot}$				22	
7 2	3 (Secured mortgages and notes payable to unrelated the	ird parties			23	
24	4 (Unsecured notes and loans payable to unrelated third	parties			24	
25		Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2	4). Complete	e Part X			
		of Schedule D		(************	15,698		12,720
20		Total Habilities. Add lines 17 through 25	*********		66,717	26	59,468
		Organizations that follow SFAS 117 (ASC 958), ch		X and			
ě		complete lines 27 through 29, and lines 33 and 34	•				
E 2		Unrestricted net assets			577,136		557,552
A 21	8	Temporarity restricted net assets	-0		55,925		66,182
Net Assets or Fund Balances	9	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 9	58), check	here 🕨 💹 and			
tt o		complete lines 30 through 34.					
10 30 30 B		Capital stock or trust principal, or current funds				30	
¥ 3		Paid-in or capital surplus, or land, building, or equipm				31	
		Retained earnings, endowment, accumulated income			COO 0.01	32	600 704
3:				***************	633,061		623,734
3	4	Total liabilities and net assets/fund balances			699,778	34	683,202

arm.	990 (2014) HARBOR HUMANE SOCIETY 38-1623660	#21		D-	- 40
-	rt XI Reconciliation of Net Assete			Pa	ge 12
****	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		34.	021
2	Total expenses (must equal Part IX, column (A), line 25)	2			348
3	Revenue less expenses. Subtract line 2 from line 1	3			327
4	Net assets or fund balances at beginning of year (must equal Part X, tine 33, column (A))	4			061
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	6:	23,	734
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
28	Were the organization's financial stataments compiled or reviewed by an independent accountant?	Verse vers	28		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		20	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an Independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer Identification number

Open to Public Inspection

38-1623660 HARBOR HUMANE SOCIETY

Pe	irti meas	on for Public Chanty	status (Ali organizations	SHRUSECO	inpiete tr	is part.) See instruction	15.		
The	organization is not	a private foundation because	e it is: (For lines 1 through 11,	check only	one box.)				
1	\vdash	·	ciation of churches described	l in section	170(b)(1)(A)(I).			
2	A school described in section 170(b)(1)(A)(II). (Attach Schedule E.)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III) . Enter the hospital's name, city, and state:								
5		CONTRACTOR - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	f a college or university owner	d or operate	d by a gov	ernmental unit described in			
*		b)(1)(A)(Iv). (Complete Part			,				
6	1		overnmental unit described in	section 17	0(b)(1)(A)(v	<i>(</i>).			
7	(marketed)		substantial part of its support t						
	Const	section 170(b)(1)(A)(vi). (Co	• • • • • • • • • • • • • • • • • • • •	•		+ '			
₿	()		70(b)(1)(A)(vI). (Complete Pa	urt II.)					
9	An organizat	on that normally receives: (1) more than 33 1/3% of its su	pport from o	contribution	s, membership fees, and gro	SS		
	receipts from	activities related to its exem	pt functions—subject to certa	in exception	ns, and (2)	no more than 33 1/3% of its			
	support from	gross investment income an	d unrelated business taxable	income (les	s section 5	11 tax) from businesses			
	acquired by t	he organization after June 30), 1975. See section 509(e)(2	2). (Complet	le Part III.)				
10	An organizat	on organized and operated o	exclusively to test for public sa	afety. See s	ection 509	(a)(4).			
11	the same of the sa	**	exclusively for the benefit of, to						
			ons described in section 509				Check		
	1		cribes the type of supporting o						
a			d, supervised, or controlled b		_				
	, ,	•	o regularly appoint or elect a r	majority of t	he directors	or trustees of the supporting	9		
	······	You must complete Part IV							
Þ			ised or controlled in connection						
		• •	organization vested in the sar	me persons	tnat contro	or manage the supported			
_	;	s). You must complete Par	•		n with mod	functionally integrated with			
Ç	Immune 4 1		orting organization operated it						
u.E			tions). You must complete P						
đ	State of the state		supporting organization opera anization generally must satis						
			complete Part IV, Sections			SHOW SHO DE STORM OF CO.			
е	primiting and a second	•	d a written determination from			ne I. Tvoe II. Tvoe III			
·		•	ectionally integrated supportin			bott steast steas			
f	-	r of supported organizations	total transfer transfer and	g organizati					
a		wing information about the su	pported organization(s).	000000000000000000000000000000000000000			******		
	Name of supported	(II) EIN	(N) Type of organization	(lv) Is the c	organization	(v) Amount of monelary	lo traverA (IV)		
	organization		(described on lines 1–9	listed in your governing document?		support (see	other support (see		
			above or IPC section (see instructions))			instructions)	(anoitsurtani		
			(asa manana ay)	Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
_									
Tot	al	Sec.							

Page 2

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

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

Sec	tion A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	542,369	547,434	645,923	662,197	665,471	3,063,394		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge			+					
4	Total, Add lines 1 through 3	542,369	547,434	645,923	662,197	665,471	3,063,394		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1				*			
6	Public support. Subtract line 5 from line 4.						3,063,394		
Sec	tion B. Total Support		····	CONTROL SECTION AND ASSESSMENT					
Caler	dar year (or fiscal year beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	542,369	547,434	645,923	662,197	665,471	3,063,394		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and Income from similar sources	159	59	31	49	75	373		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	132,598	158,601	194,292	166,124	175,973	827,588		
11	Total support, Add lines 7 through 10						3,891,355		
12	Gross receipts from related activities, etc.	1.00				12	291,249		
13	First five years. If the Form 990 is for the	organization's first,	second, third, tour	th, or fifth tax year	as a section 501	(c)(3)	15		
_	organization, check this box and stop her								
Sec	tion C. Computation of Public Su								
14	Public support percentage for 2014 (line 6	i, column (f) divided	by line 11, column	(f))		14	78.72%		
15	Public support percentage from 2013 Sch					15	79.14%		
16a	33 1/3% support test-2014. If the organ				3 1/3% or more, cl	neck this	\$5.50 mg		
	box and stop here. The organization qual						X		
b	33 1/3% support test—2013. If the organ								
	check this box and stop here. The organi	·							
17a	10%-facts-and-circumstances test-201	_							
	10% or more, and if the organization meet Part VI how the organization meets the "fa						ş		
	organization	******	****	************	004 004 004 004 004 004 004	001000700410041004004	96590000 BOX		
b	10%-facts-and-circumstances test-201	**				line			
	15 is 10% or more, and If the organization meets the "facts-and-circumstances" test, check this box and stop here.								
	Explain in Part VI how the organization me supported organization	eets the "tacts-and-c		•		•	▶ 🗀		
18	Private foundation. If the organization di instructions	d not check a box or	n line 13, 16a, 16b	, 17a, or 17b, che	ck this box and se	e			
			A T T T T T T T T T T T T T T T T T T T	THE THE RESIDENCE OF STREET	THE RESIDENCE OF THE PROPERTY	0.000 (0.0	*C102*CC**CC**CC**CC		

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

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

Sec	tion A. Public Support	1		*****		,	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				3		
Ç	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				**************************************		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
¢	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						72
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	st, second, third, fo	-		1(c)(3)	
Sec	ction C. Computation of Public Su		tage	brade amedican absorbed			
15	Public support percentage for 2014 (line 8,			nn (fi)		15	%
16	Public support percentage from 2013 Sche			MI WIT BELLEVINE		16	%
	ction D. Computation of Investme				*************		
17	Investment income percentage for 2014 (li			3, column (fi)	Oth street to be a second	17	%
18	Investment income percentage from 2013						%
19a				e 14, and line 15 i	s more than 33 1/3	MARKET STREET,	
	17 is not more than 33 1/3%, check this bo						▶ .
b							Colored Colore
_	line 18 is not more than 33 1/3%, check th						•
20	Private foundation. If the organization did						D

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) 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.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - 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.)

	Yes	No
1		
2		
_		
За		***********
	1	
3b		
_		
3c		
4a		
	E	
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
	464	
9a	100 MELLON	
9b		
9¢	£	
<i>5</i> 4		
10a		
10b		

Sched	ule A (Form 990 or 990-EZ) 2014 HARBOR HUMANE SOCIETY	38-1623660		Page 5
Par	t IV Supporting Organizations (continued)			- ugo v
-			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)			
	below, the governing body of a supported organization?	11a	West State	
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part \	/i. 11c		
Secti	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1	Yes	No
	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	-11	
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			
<u> </u>	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, (1) a written notice describing the type and amount of support provided during the pri	0000000000		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 h			
	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			
Secti	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations	3		
1		(man kanaharan k		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year The organization satisfied the Activities Test. Complete Ilne 2 below.	(see instructions);		
a b				
c	The organization is the parent of each of its supported organizations. Complete Ilne 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government	antitu (ean instructions)		
·	The organization supported a governmental entity, beautipe in ran 41 now you supported a government	entity (see instructions).		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
***	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	100		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		***********
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mon			
-	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		MOTO SANO
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	***************************************	141114111111111111111111111111111111111
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	# ************************************		

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizatio	ons					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or	1 Nov. 20, 197	0. See instructions. Al					
other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income	Section A - Adjusted Net Income (A) Prior Year						
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)				
Aggregate fair market value of all non-exempt-use assets (see			1-				
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						
7 Check here if the current year is the organization's first as a non-functionally integra		upporting organization (see				
instructions).	***	• • • • • • • • • • • • • • • • • •					

Schedule A (Form 990 or 990-EZ) 2014

Pari	Type III Non-Functionally Integrated 509(a) (3) Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
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 the organ	nization is responsive		
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
C				
d				
e	From 2013	=======================================		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			The state of the s
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D. line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if		·	
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
ų.	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3			
f	and 4c.			7 6 6
		9.00		
8	Breakdown of line 7:			
a				
b				
с				
	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanation Part III, line 12. Also complete this part for any additional complete the explanation of the explanation o	ons required by Part II, line 10; Part II, line 17a or 17b; and
PART II, LINE 10 - OTHER INCOME DETAI	The state of the s
	\$ 827,588
SUPPLEMENTAL INFORMATION	
SALE OF THRIFT STORE MERCHANDISE	\$ 746,501
FUNDRAISING EVENTS	\$ 81,087
TOTAL	\$ 827,588
	usermisen mantumen mantanna anno anno anno anno anno anno an
	en Dezet en eta erre eta esta esta esta esta esta esta esta

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

_			22
******	ARBOR HUMANE SOCIETY		38-1623660
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Othar Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" to F	ri	
		(a) Donot advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or done		Π Π
De	200000000000000000000000000000000000000		Yes No
ra	rt II Conservation Easements. Complete if the organization answered "Yes" to F	orm 990 Part IV line 7	
1	Purpose(s) of conservation eesements held by the organization (check		
•	Preservation of land for public use (e.g., recreation or education)		
	Protection of natural habitat	Preservation of a historically imp Preservation of a certified historic	
	Preservation of open space	rieservation of a certified history) SUBCLUE
2	Complete lines 2a through 2d if the organization held a qualified conse	musting contribution in the form of a conce	proption
-	easement on the last day of the tax year.	Vascii comboson in the loint of a conse	Held at the End of the Tax Year
a	700 k. I II Z		***************************************
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure inc	hidad in (a)	20
d	Number of conservation easements included in (c) acquired after 8/17/		
-	historic structure listed in the National Register	vo, and not with	2d
3	Number of conservation easements modified, transferred, released, ex	dinguished or terminated by the organiza	(0)
•	tax year >	angularia a tomanala ay ma organiza	
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mon		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce		
	•	•	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	▶\$	• ,	
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statemer	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	lescribes the
	organization's accounting for conservation easements.	70.0	
Pa	organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to F		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r		
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIII, the text of the footnote to its finance		
þ		-	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in turth	erance of
	public service, provide the following amounts relating to these Items:		
	(I) Revenues Included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treasures, or	* ''	ovide the
-	following amounts required to be reported under SFAS 116 (ASC 958)	•	3 14.
a	Revenue included in Form 990, Part VIII, line 1		NUTTE STATE STATE OF THE STATE
. 0	Assets Included In Form 990, Part X		

Pa	rt III Organizations Maintaining	Collections of	Art, Historical Tre	easures, or	Other Simil	ar Assets (continued)
3	Using the organization's acquisition, accession collection Items (check all that apply):	n, and other records	, check any of the folk	owing that are a	significant use	of Its	
а	Public exhibition	d 🔲 L	oan or exchange prog	rams			
þ	Scholarly research	e 📗 C	Other	****		200000	
¢	Preservation for future generations						
4	Provide a description of the organization's coll	ections and explain	how they further the o	rganization's ex	empt purpose	in Part	
	XIII.						
5	During the year, did the organization solicit or						
27.000000	assets to be sold to raise funds rather than to	be maintained as pa	art of the organization	s collection?			Yes No
Pa	rt IV Escrow and Custodial Arra Complete if the organization a 990, Part X, line 21.		to Form 990, Part	t IV, line 9, o	r reported a	n amount or	ı Form
1a	Is the organization an agent, trustee, custodial	n or other intermedia	ary for contributions or	other assets n	ot		
	included on Form 990, Part X?	# ####################################					Yes No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	lowing table:				
							Amount
¢	Beginning balance					10	
d	Additions during the year					1d	
e	Distributions during the year				**********	1e	
f	Ending balance					11	
2a	Did the organization include an amount on For	m 990, Part X, Ilne	21, for escrow or cust	odial account lia	ability?		Yes No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been pro	ovided in Part X	an		ALIMANNIA I
Pa	irt V Endowment Funds.	19(19)20(0) 02	100 Mar 20000011 Apr 10	W			
	Complete if the organization						
		(a) Current year	(b) Prior year	(c) Two years b		ree years back	(e) Four years back
ia	Beginning of year balance	15,000	15,000	15	,000	15,000	15,000
	Contributions						
¢	Net investment earnings, gains, and	1					
	losses						
	Grants or scholarships						
e	Other expenditures for facilities and					1	
	programs						
1	Administrative expenses		47.000				
g	End of year balance	15,000	15,000		,000	15,000	15,000
2	Provide the estimated percentage of the curre		e (line 1g, column (a))	held as:			
	Board designated or quasi-endowment ▶ 10	0.00%					
Þ	Permanent endowment > %						
Ç	Temporarily restricted endowment	% ************************************					
<i>A</i>	The percentages in lines 2a, 2b, and 2c should	•			44		
38	Are there endowment funds not in the posses	sion of the organiza	tion that are held and	administered to	r the		[w.] w.
	organization by:						3a(i) X
i.	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	linted an enculred a	n Cahadula D2				3a(ii) X 3b
	Describe in Part XIII the intended uses of the						30
De	art VI Land, Buildings, and Equip		Willell (Ulius,				
. IF 6	Complete if the organization		to Form 990 Par	t IV line 11a	See Form	ggn Part Y	line 10
_	Description of property	(a) Cost or other b			(c) Accumulat		(d) Book value
	accompany or property	(investment)	dasis (b) cost or o		depreciation		AN MOON VAIDE
12	Land		(****	1,472			1,472
101 h	Land Buildings		Q.	26,945	456	,192	370,753
~	Buildings Leasehold improvements				" V	,	
H	Equipment		2	00,346	154	,267	46,079
	Other			/	MI 75 M	, '	-0,0,0
	i. Add lines ta through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 10)c.)		>	418,304

Part VII	Investments—Other Securities.		30 1023 003	rage.
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 1	lb. See Form 990, Part X, line	12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
(1) Financial (derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)	O. H. O. T.			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		and the second s	
Part VIII	Investments—Program Relsted.			-1450
	Complete if the organization answered "Yes" to I			13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or and-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
_(8)				
(9)	W			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		The second secon	
Part IX	Other Assets.	Emma 000 Flore IV line 4	td Cas Form 900 Bort V line	16
	Complete if the organization answered "Yes" to	romi 990, Fait IV, line i		
741	(a) Description		(0) 6	nok value
(1)				
(2)				
(4)				-
(5)				
<u>(6)</u> <u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.		Market Ma	
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 1	te or 11f. See Form 990. Part	X.
	line 25.	, , , , , , , , , , , , , , , , , , , ,		" " 1
1.	(a) Description of Rability	(b) Book value		
	income taxes			
	TAL LEASE LIABILITY	12,720		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	in (b) must equal Form 990, Part X, col. (B) line 25.)	12,720		
. z tani Jooidini	The state of the sand is seen to be the sand in			

che	dule D (Form 990) 2014 HARBOR HUMANE SOCIETY	38	-1623660	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St		nue per Return.	
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		isonatorionen	934,021
2	Amounts included on tine 1 but not on Form 990, Part VIII, line 12:	1 1		
a	Net unrealized gains (tosses) on Investments	2a		
þ	Donated services and use of facilities	2b		
¢	Recoveries of prior year grants	20		
d		2d		
ę	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	934,021
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, tine 12.)		5	934,021
Pa	rt XII Reconciliation of Expenses per Audited Financial S		enses per Return.	
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements			943,348
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
8	Donated services and use of facilities	28		
b	Prior year edjustments	2b		
¢	Other losses			
d	Other (Describe in Part XIII.)	2d		
0	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	943,348
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10	3.)	5	943,348
Pa	art XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part tV, lines 1b and 2b; I	Part V, line 4; Part X, line	
: Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional infor	mation.	
P.	ART V, LINE 4 - INTENDED USES FOR ENDOV	MENT FUNDS		
T	O SUPPORT THE ORGANIZATION'S MISSION AN	ND ACTIVITIES		***************

PART X - FIN 48 FOOTNOTE

UNCERTAIN TAX POSITIONS

THE SOCIETY EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION 450, CONTINGENCIES. ACCORDINGLY, A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS GAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED. THE ORGANIZATION

chedule D (Form 990) 2014 HARBOR HUMANE SOCIETY Part XIII Supplemental Information (continued)	38-1623660	Page 5
CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATE	IONS, AUDITS,	PROPOSED
SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITAT	IVE RULINGS.	NO LOSS
CONTINGENCY HAS BEEN RECOGNIZED IN THESE FINANCIAL	STATEMENTS.	KERAHARI ANIMETI JIJIT.

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Department of the Treasury

internal Revenue Service

Name of the organization

SCHEDULE G (Form 990 or 990-EZ)

990-EZ) Co

Supplementel Information Regerding Fundraising or Geming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6s.

Attach to Form 990 or Form 990-EZ.

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

2014

Employer Identification number

Open to Public Inspection

HARBOR HUMANE SOC					38-16236	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required	if the organization to complete this	on ans s part	swer	ed "Yes" to Form 9	990, Part IV, line 1	7,
1 Indicate whether the organization raised funds through	any of the following	g activ	ties. (Check all that apply.		
a Mail solicitations	e Solicitation	of no	1-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	/emm	ent grants		
c Phone solicitations	g Special fur	ıdraisiı	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement	with any individual (includi	na off	icers directors trustee	28	
or key employees listed in Form 990, Part VII) or entit b If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization.	y in connection with	profes	siona	I fundraising services?		Yes No
		(iii) Di			(v) Amount paid to	(vI) Amount paid to
(I) Name and address of individual or entity (fundraiser)	(B) Activity	raise: have custedy or control of contributions?		(Iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (II)	(or retained by) organization
		Yes	No			
1						
2		10				
3						
4						
5						
6						
7						
8						
9						
10						
Total			. •			
3 List all states in which the organization is registered or registration or licensing.	r licensed to solicit	contrib	ulions	s or has been notified i	t is exempt from	

		0000000				

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PUTTS FOR PAWS YARD SALE NONE (add col. (a) through col. (c)) (event type) (total number) (equit type) Revenue 9,928 9,657 19,585 1 Gross receipts 231 231 2 Less: Contributions 3 Gross income (line 1 minus 9,928 9,426 19,354 line 2) 4 Cash prizes 5 Noncash prizes 5,318 577 5,895 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 5,895 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Politabs/instant (d) Total gaming (add (a) Bingo (c) Other garning col. (a) through col. (c)) bingo(progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from fine 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2014 HARBOR HUMANE SOCIETY	38-1623660	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	and religion to the least	
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	4.04	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >	. ((e.e.) = Y.
	Address	0 + 3 + 4 + 6 + 6 + 6 + 7 + 7 + 7 + 8 + 9 + 9 + 9	TANK!
15a	Does the organization have a contract with a third party from whom the organization receives gaming	Proc.	
	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and to		Yes No
b	if "Yes," enter the amount of gaming revenue received by the organization > \$ and t	ne .	
	amount of gaming revenue retained by the third party ▶ \$		
¢	If "Yes," enter name and address of the third party:		
	Name >		
	Address >	******************	inate:
16	Gaming manager information:		E
	Name >	******	
	Gaming manager compensation ▶ \$		
	Description of services provided ▶	35683 not 555 555 5650	
	Director/officer		
4 ***	his make have dinauline est name.		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes No
_	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or	417775441111111111	res no
þ	spent in the organization's own exempt activities during the tax year		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition instructions).		
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SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

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(d)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

HARBOR HUMANE SOCIETY

(a)

(b)

Types of Property

Employer identification number 38-1623660

(c)

Noncash contribution

		Check if	Number of contributions or	Noncesh contribution amounts reported on				f determining ribution amou	nto		
		applicable	items contributed	Form 990, Part VIII, line 1g		190810	ase con	HOURION ASSIDE			
1	Art — Works of art										
2	Art Historical treasures										
	Art — Fractional interests										
4	Books and publications										
5	Clothing and household goods	х		210,630	AVG	COST	OF	COMP	PRO	PEF	TY
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities — Publicly traded										
10	Securities — Closely held stock										
11	Securities - Partnership, LLC,										
	or trust interests										
12	Securities Miscellaneous										
13	Qualified conservation contribution — Historic										
14	structures Qualified conservation										
179	contribution — Other										
15	Real estate — Residential										
16	Real estate — Commercial										
17	Real estate — Other										-
18	Collectibles										
19	Food inventory	х	0	74,509	AVG	COST	OF	COMP	PRO	PEF	YTS
20	Drugs and medical supplies		-								
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										_
	Archaelagical artifacts										
24	Archeological artifacts Other > (ANIMAL ITEMS)	Х	0	24,836	AVC	COST	OF	COMP	PRO	PEI	ΥTS
25 26		- 1	-	24,000	X17 G	~~~	-	COLIL	* ***	/L ML	<u> </u>
26	Other ► (
27	Other ►(
28	Other ▶(
29	Number of Forms 8283 received by t		•		29						
	which the organization completed Fo	XM 8283,	Part IV, Donee Acknowl	eagement	29				_	Yes	No
aa_	Domina the year aid the eventination		u anniethutian ancorna	the concepted in Doct I. lines	t dhroud					103	
30a	During the year, did the organization 28, that it must hold for at least three			•							
									30a		х
h	to be used for exempt purposes for t		nolding period?		100001100				JUG		
b	If "Yes," describe the arrangement in		malia, shasanan dana shaa a	and a market of the state of th							
31	Does the organization have a gift accontributions?	000-2000	usundan suurindan kolundan keel				555555	1005550005	31		х
32a	Does the organization hire or use thi contributions?			to solicit, process, or sell r			y 1000ec	6100001300140A	32a		x
b	If "Yes," describe in Part II.										
33	If the organization did not report an a	amount In	column (c) for a type of	property for which column	(a) is che	cked,					
	describe in Part II.										
For P	perwork Reduction Act Notice, see the instruc	tions for Fo	rm 990.					Sched	duis M (F	orm 990) (2014)

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.

2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

HARBOR HUMANE SOCIETY

Employer identification number 38-1623660

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED BY THE ENTIRE BOARD OF DIRECTORS.
HOWEVER, THE EXECUTIVE DIRECTOR AND/OR TREASURER REVIEWS THE FORM 990 PRIOR
TO SIGNING THE RETURN AND FILING.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION'S OFFICERS, DIRECTORS/TRUSTEES, KEY EMPLOYEES, STAFF, AND
VOLUNTEERS ARE EXPECTED TO ADDRESS CONFLICTS OF INTEREST IMMEDIATELY AS
THEY ARISE.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE WAGES WERE DISCUSSED BY THE PRESIDENT AND VICE PRESIDENT OF THE BOARD
OF DIRECTORS AFTER RESEARCH WAS DONE INTO WHAT OTHER SIMILAR ORGANIZATIONS
OFFERED FOR THESE ROLES, AND THEN VOTED ON AND APPROVED BY THE BOARD.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST FROM THE PUBLIC. IN ADDITION,
FORM 990 IS AVAILABLE ON OUR WEBSITE.