

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
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , and ending

B Check if applicable:	☐ Application pending
☐ Amended return	
☐ Terminated	
☐ Initial return	
☐ Name change	
☐ Address change	
C Name of organization	HARBOR HUMANE SOCIETY
D Employer identification number	38-1623660
E Telephone number	616-399-2119
F Name and address of principal officer:	KEN O'ROURKE 14345 BAGLEY STREET WEST OLIVE MI 49460
G Gross receipts	1,367,432
H(a) Is this a group return for subsidiaries?	☒ Yes ☐ No
H(b) Are all subsidiaries included?	☐ Yes ☐ No
I Tax-exempt status:	☒ 501(c)(3) ☐ 501(c) ☐ 527
J Website:	WWW.HARBORHUMANE.ORG
K Form of organization:	☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation:	1956
M State of legal domicile:	MI

Part I Summary

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 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.

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	5
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	59
	6	Total number of volunteers (estimate if necessary)	250
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	0

Revenue	8	Contributions and grants (Part VIII, line 1h)	665,471
	9	Program service revenue (Part VIII, line 2g)	291,133
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-22,658
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	934,021
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	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)	474,294
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	16b	Total fundraising expenses (Part IX, column (D), line 25)	237,494
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	469,054
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	943,348
	19	Revenue less expenses. Subtract line 18 from line 12	-9,327
	20	Total assets (Part X, line 16)	683,202
	21	Total liabilities (Part X, line 26)	59,468
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	623,734

Part II Signature Block	
Signature of officer	KEN O'ROURKE
Type or print name and title	PRESIDENT/EXEC DIR
Print/Type preparer's name	CHARLES A. BROWER
Preparer's signature	<i>Charles A. Brower</i>
Date	6/28/16
Check ☐ if PTIN	P00151658
self-employed ☐	
Firm's EIN	38-2831981
Firm's address	238 HOOVER BLVD., SUITE 10 HOLLAND, MI 49423
Phone no.	616-396-0500
Use Only	
Preparer	
Paid	
Sign Here	

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.

May the IRS discuss this return with the preparer shown above? (see instructions)	☒ Yes ☐ No
Form 990 (2015)	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE A SAFE HARBOR FOR ANIMALS ENTRUSTED TO OUR CARE AS WE STRIVE TO SECURE THE ANIMALS' FUTURE THROUGH OUR ADOPTION, OUTREACH, AND EDUCATIONAL PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 619,112 including grants of \$ 306,218) (Revenue \$)

AS THE ONLY ANIMAL SHELTER IN OTTAWA COUNTY, HARBOR HUMANE SOCIETY HOUSES, CARES FOR, AND FEEDS NEARLY 4,500 LOST OR UNWANTED ANIMALS EACH YEAR. HARBOR HUMANE SOCIETY HAS BEEN HELPING PEOPLE HELP ANIMALS SINCE 1956. BY INCREASING THE LITERACY OF THE HUMANE TREATMENT OF ANIMALS, PROMOTING RESPONSIBLE PET OWNERSHIP AND SERVING AS A CARE FACILITY FOR LOST AND UNWANTED PETS, HARBOR HUMANE SOCIETY HELPS TO ENSURE THAT PEOPLE AND ANIMALS MAKE A CONNECTION. HARBOR HUMANE SOCIETY EDUCATES THE PUBLIC ABOUT THE EMOTIONAL AND FINANCIAL IMPACT ON THE COMMUNITY THAT COMES FROM UNWANTED ANIMALS, WHICH IS CRUCIAL TO SOLVING THE PROBLEM. HARBOR HUMANE SOCIETY IS DEDICATED TO SPAYING AND NEUTERING ALL ADOPTED ANIMALS PRIOR TO JOINING THEIR NEW FAMILIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ 619,112) (Revenue \$)
4e Total program service expenses

Form 990 (2015) HARBOR HUMANE SOCIETY
Part IV Checklist of Required Schedules

38-1623660

Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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(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," complete Schedule C, Part III	5	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	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	11d	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	11f	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)(iii)? 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, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15	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 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 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 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	20a	X	Yes	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
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	21	X		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	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	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b	X		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X		
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28a	X		
29	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		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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 meaning of section 512(b)(13)?	35a	X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X		

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

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6	1b	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	59		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X		
b	If "Yes," enter the name of the foreign country:				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X		
8	Sponsoring organizations maintaining donor advised funds.				
a	Sponsoring organization have excess business holdings at any time during the year?	8			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	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			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
b	Note. See the instructions for additional information the organization must report on Schedule O.				
c	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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?	14a	X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 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 ☒

Section A. Governing Body and Management

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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.	1b	5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		
3	any other officer, director, trustee, or key employee?		
4	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?		
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		
6	Did the organization become aware during the year of a significant diversion of the organization's assets?		
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?		
8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
9	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	7b	X
b	Each committee with authority to act on behalf of the governing body?	8a	X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8b	X
9		9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10a	X
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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11b	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers or key employees of the organization	15c	
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?	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?	16b	X

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed MI		
18	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 ☐ Upon request ☐ Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records: HARBOR HUMANE SOCIETY 14345 BAGLEY ST MI 49460		

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

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; 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 related organizations below dotted line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee			
(1) KEN O'ROURKE PRESIDENT/EXEC DIR	41.00	X		X			34,615	0	0
(2) DEL DOZEMAN VICE PRESIDENT	1.00	X		X			0	0	0
(3) DEBRA WESTERHOF TREASURER	1.00	X		X			0	0	0
(4) JEFFRA GROENDYK SECRETARY	1.00	X		X			0	0	0
(5) NICK DEFOE DIRECTOR	1.00	X					0	0	0
(6) GREG DZIEWIT DIRECTOR	1.00	X					0	0	0
(7) WENDY SWIFT DIRECTOR	1.00	X					0	0	0
(8) LINDSEY LEHMAN DIRECTOR	1.00	X					0	0	0
(9) LORI BRIZIUS OPERATIONS DIRECTOR	41.00			X			8,172	0	443
(10)									
(11)									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for organizations below dotted line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director			

1b Sub-total	42,787				
c Total from continuation sheets to Part VII, Section A					
d Total (add lines 1b and 1c)	42,787				443

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
----------------------------------	--------------------------------	---------------------

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII

Statement of Revenue

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts				
1a Federated campaigns				
b Membership dues				
c Fundraising events				
d Related organizations				
e Government grants (contributions)				
f All other contributions, gifts, grants, and similar amounts not included above				
g Noncash contributions included in lines 1a-f:				
1f	839,272			
Total, Add lines 1a-1f	\$ 267,143			
h				
2a OTTAWA COUNTY CONTRACTS	900099	211,213	211,213	
b ANIMAL ADOPTIONS	900099	95,005	95,005	
c				
d				
e				
f All other program service revenue				
g Total, Add lines 2a-2f		306,218		
3 Investment income (including dividends, interest, and other similar amounts)		196		196
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6a Gross rents				
b Less: rental exps.				
c Rental inc. or (loss)				
d Net rental income or (loss)				
7a Gross amount from				
i Securities				
(ii) Other				
b Less: cost or other				
c Gain or (loss)				
d Net gain or (loss)		-10,691	-10,691	
8a Gross income from fundraising events (not including \$ 18,936 of contributions reported on line 1c.)				
a See Part IV, line 18	28,655			
b Less: direct expenses	6,218			
c Net income or (loss) from fundraising events		22,437		22,437
9a Gross income from gaming activities.				
a See Part IV, line 19	4,490			
b Less: direct expenses				
c Net income or (loss) from gaming activities		4,490		4,490
10a Gross sales of inventory, less returns and allowances				
a 167,873				
b Less: cost of goods sold	216,608			
c Net income or (loss) from sales of inventory		-48,735		-48,735
Miscellaneous Revenue				
Busrn. Code				
11a MISC FRONT OFFICE	900099	1,792	1,792	
b				
c				
d All other revenue				
e Total, Add lines 11a-11d		1,792		
12 Total revenue. See instructions.		1,133,915	297,319	-21,612

Part X Balance Sheet

Form 990 (2015)

HARBOR HUMANE SOCIETY

38-1623660

Page 11

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

		(A)		(B)	
		Beginning of year		End of year	
1	Cash—non-interest bearing	77,133	1	222,148	1
2	Savings and temporary cash investments	80,010	2	150,403	2
3	Pledges and grants receivable, net		3		3
4	Accounts receivable, net		4	1,451	4
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.		5		5
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6		6
7	Notes and loans receivable, net		7		7
8	Inventories for sale or use		8	91,855	8
9	Prepaid expenses and deferred charges		9		9
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	1,054,486	10a		
b	Less: accumulated depreciation	628,575	10b		
11	Investments—publicly traded securities		11	418,304	10c
12	Investments—other securities. See Part IV, line 11		12	15,000	12
13	Investments—program-related. See Part IV, line 11		13		13
14	Intangible assets		14		14
15	Other assets. See Part IV, line 11		15	900	15
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	683,202	16
17	Accounts payable and accrued expenses		17	46,748	17
18	Grants payable		18		18
19	Deferred revenue		19		19
20	Tax-exempt bond liabilities		20		20
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		21
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		22
23	Secured mortgages and notes payable to unrelated third parties		23		23
24	Unsecured notes and loans payable to unrelated third parties		24		24
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	12,720	25
26	Total liabilities. Add lines 17 through 25		26	59,468	26
	Organizations that follow SFAS 117 (ASC 958), check here ☒ and ☐				
27	Unrestricted net assets		27	557,552	27
28	Temporarily restricted net assets		28	66,182	28
29	Permanently restricted net assets		29		29
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and ☐				
30	Capital stock or trust principal, or current funds		30		30
31	Paid-in or capital surplus, or land, building, or equipment fund		31		31
32	Retained earnings, endowment, accumulated income, or other funds		32		32
33	Total net assets or fund balances		33	623,734	33
34	Total liabilities and net assets/fund balances		34	683,202	34

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1,133,915
2	Total expenses (must equal Part IX, column (A), line 25)	930,271
3	Revenue less expenses. Subtract line 2 from line 1	203,644
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	623,734
5	Net unrealized gains (losses) on investments	-103
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	827,275

Part XII Financial Statements and Reporting

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

1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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?	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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?	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.	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HARBOR HUMANE SOCIETY

Employer identification number
38-1623660

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

2015

OMB NO. 1545-0047

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)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 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 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ 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.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 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.
- a ☐ **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.
- 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.
- 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.
- d ☐ **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.
- e ☐ 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.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶					
(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
547,434	645,923	662,197	665,471	858,208	3,379,233
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
3 The value of services or facilities furnished by a governmental unit to the organization without charge					
4 Total. Add lines 1 through 3					
547,434	645,923	662,197	665,471	858,208	3,379,233
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 1, column (f)					
6 Public support. Subtract line 5 from line 4.					
					10,505
Public support. Subtract line 5 from line 4.					
					3,368,728

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶					
(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
547,434	645,923	662,197	665,471	858,208	3,379,233
7 Amounts from line 4					
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					
59	31	49	75	196	410
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.)					
158,601	194,292	166,124	175,973	194,756	889,746
11 Total support. Add lines 7 through 10					
					4,269,389
12 Gross receipts from related activities, etc. (see instructions)					
				12	944,859
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	78.90%
15	Public support percentage from 2014 Schedule A, Part II, line 14	15	78.72%

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					
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					
8	Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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					
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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked 1a of Part I, complete Sections A and B. If you checked 1b of Part I, complete Sections A and C. If you checked 1c of Part I, complete Sections A, D, and E. If you checked 1d 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 1a or 1b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part IV Supporting Organizations (continued)

11	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 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.	11a			
		11b			
		11c			

Section B. Type I Supporting Organizations

1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2			

Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
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Section D. All Type III Supporting Organizations

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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). 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.	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3			

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	1			
----------	--	----------	--	--	--

2	Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 been engaged in these activities but for the organization's involvement.	2a			
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. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	2b			
		3a			
		3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See Instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year
1 Net short-term capital gain		(optional)
2 Recoveries of prior-year distributions		
3 Other gross income (see instructions)		
4 Add lines 1 through 3		
5 Depreciation and depletion		
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)		
7 Other expenses (see instructions)		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)		

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		(optional)
a Average monthly value of securities		
b Average monthly cash balances		
c Fair market value of other non-exempt-use assets		
d Total (add lines 1a, 1b, and 1c)		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets		
3 Subtract line 2 from line 1d		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)		
6 Multiply line 5 by .035		
7 Recoveries of prior-year distributions		
8 Minimum Asset Amount (add line 7 to line 6)		

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-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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 organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)			(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
a					
b					
c					
d	From 2013				
e	From 2014				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2015 distributable amount				
i	Carryover from 2010 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section D, line 7:				
	\$				
a	Applied to underdistributions of prior years				
b	Applied to 2015 distributable amount				
c	Remainder. Subtract lines 4a and 4b from 4.				
5	Remainding underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).				
6	Remainding underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).				
7	Excess distributions carryover to 2016. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a					
b					
c	Excess from 2013				
d	Excess from 2014				
e	Excess from 2015				

Part VI

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 889,746

SUPPLEMENTAL INFORMATION

SALE OF THRIFT STORE MERCHANDISE

\$ 781,776

FUNDRAISING EVENTS

\$ 107,970

TOTAL

\$ 889,746

Schedule of Contributors

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

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

2015

OMB No. 1545-0047

Employer identification number

38-1623660

HARBOR HUMANE SOCIETY

Name of the organization

Organization type (check one):

File(s) of:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. See instructions.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
HARBOR HUMANE SOCIETY

Employer identification number
38-1623660

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

1	(a) No.	(b) Name, address, and ZIP + 4 4 PAWS FOR A CAUSE 45 BLUE STAR HWY PO BOX 189 DOUGLAS MI 49406	(c) Total contributions \$ 23,833	(d) Type of contribution Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	(a) No.	(b) Name, address, and ZIP + 4 VARIOUS DONATIONS <\$5,000 EACH 14345 BAGLEY STREET WEST OLIVE MI 49460	(c) Total contributions \$ 259,626	(d) Type of contribution Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	(a) No.	(b) Name, address, and ZIP + 4 VARIOUS DONATIONS <\$5,000 EACH 14345 BAGLEY STREET WEST OLIVE MI 49460	(c) Total contributions \$ 202,799	(d) Type of contribution Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4	(a) No.	(b) Name, address, and ZIP + 4 VARIOUS DONATIONS <\$5,000 EACH 14345 BAGLEY STREET WEST OLIVE MI 49460	(c) Total contributions \$ 32,874	(d) Type of contribution Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
5	(a) No.	(b) Name, address, and ZIP + 4 WINTER, MARCIA 14345 BAGLEY STREET WEST OLIVE MI 49460	(c) Total contributions \$ 95,893	(d) Type of contribution Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	(a) No.	(b) Name, address, and ZIP + 4 PETCO FOUNDATION 9125 REHCO ROAD SAN DIEGO CA 92121	(c) Total contributions \$ 21,425	(d) Type of contribution Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Part I		Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
No.	(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		BARBARA J HETTINGA TRUST MACATAWA BANK TRUST DEPT 141 E 8TH STREET HOLLAND MI 49423	\$ 47,720	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		CATHERINE I CAUSEY TRUST CUNNINGHAM DALMAN, PC 321 SETTLERS ROAD HOLLAND MI 49422	\$ 40,291	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		BISSELL PET FOUNDATION 2345 WALKER AVE NW GRAND RAPIDS MI 49544	\$ 32,438	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a)	No.	(b)	(c)	(d)
(a)	No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a)	No.	(b)	(c)	(d)
(a)	No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a)	No.	(b)	(c)	(d)
(a)	No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a)	No.	(b)	(c)	(d)
(a)	No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number
38-1623660

Name of organization
HARBOR HUMANE SOCIETY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	CLOTHING & HOUSEHOLD GOODS	\$ 202,799	
4	ANIMAL RELATED ITEMS/CLEANERS	\$ 32,874	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

HARBOR HUMANE SOCIETY

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

38-1623660

Employer identification number

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

2015

OMB No. 1545-0047

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 the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No
6	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?	☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on 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) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, 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 on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	1c	1d	1e	1f
Amount				

☐ Yes ☐ No

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,000	15,000	15,000	15,000	15,000
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	15,000	15,000	15,000	15,000	15,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment **100.00** %

b Permanent endowment %

c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,472	845,148	469,913	1,472
b Buildings				375,235
c Leasehold improvements				49,204
d Equipment		207,866	158,662	
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				
				425,911

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Part VII Investments—Other Securities.		
(1) Financial derivatives	(a) Description of security or category (including name of security)	(b) Book value
(2) Closely-held equity interests		(c) Method of valuation: Cost or end-of-year market value
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Part VIII Investments—Program Related.		
(1) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Part IX Other Assets.		
(1) Description	(b) Book value	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶		

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Part X Other Liabilities.		
(1) Description of liability	(b) Book value	
(2) CAPITAL LEASE LIABILITY	9,636	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1,133,812	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	-103	2e
3	Subtract line 2e from line 1	1,133,915	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
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.)	1,133,915	5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	930,271	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	930,271	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	930,271	5

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

TO SUPPORT THE ORGANIZATION'S MISSION AND ACTIVITIES.

Supplemental information (continued)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HARBOR HUMANE SOCIETY

Employer identification number

38-1623660

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

2015

OMB NO. 1545-0047

Open to Public Inspection

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to fundraiser listed in col. (i) (or retained by organization)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	17,872	15,099	43,351
	2 Less: Contributions	7,607	7,089	14,696
	3 Gross income (line 1 minus line 2)	10,265	8,010	28,655
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs		1,040	1,040
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	4,265	713	5,178
10 Direct expense summary. Add lines 4 through 9 in column (d)	6,218			
11 Net income summary. Subtract line 10 from line 3, column (d)	22,437			

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	%
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ 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)				

9 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 ☐ No
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
b If "Yes," explain:

Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

Mandatory distributions:

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Name	Gaming manager compensation	Description of services provided
	\$	

Name Address

Gaming manager information:

5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ◀ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party:

records: _____
Name ▶ _____
Address ▶ _____

17	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	Yes ☐ No ☐
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	

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.

Employer identification number

HARBOR HUMANE SOCIETY

Part I	Types of Property
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(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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27			
28			
29			

38-1623660

Open To Public Inspection

2015

OMB No. 1545-0047

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 questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		Open to Public Inspection OMB No. 1545-0047 2015	
Department of the Treasury Internal Revenue Service		Employer identification number 38-1623660		Name of the organization 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
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST FROM THE PUBLIC. IN ADDITION,
FORM 990 IS AVAILABLE ON OUR WEBSITE.

Form 4562		Department of the Treasury Internal Revenue Service (99)	
Name(s) shown on return HARBOR HUMANE SOCIETY		Identifying number 38-1623660	
OMB No. 1545-0172 2015			
Attachment Sequence No. 179			

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.

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	500,000
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	
	(b) Cost (business use only)	
	(c) Elected cost	
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	
15	Property subject to section 168(f)(1) election	
16	Other depreciation (including ACRS)	
Part III MACRS Depreciation (Do not include listed property.) (See instructions.)		
17	MACRS deductions for assets placed in service in tax years beginning before 2015	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	☐

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property						
h Residential rental property			25 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System						
20a Class life			12 yrs.		S/L	
b 12-year						
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	500
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	32,441
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property

used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No

(a) Type of property (first vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

TRUCK	07/01/08	100.00 %	7,500	7,500	5.0	200DBHY		
TRUCK-2010 DODGE	10/06/15	100.00 %	10,000	10,000	5.0	S/L-		500

27 Property used 50% or less in a qualified business use:

		%						
		%						

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles)	31	Total commuting miles driven during the year	32	Total other personal (noncommuting) miles driven	33	Total miles driven during the year. Add lines 30 through 32	34	Was the vehicle available for personal use during off-duty hours?	35	Was the vehicle used primarily by a more than 5% owner or related person?	36	Is another vehicle available for personal use?
(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6								

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
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?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2015 tax year (see instructions):

43	Amortization of costs that began before your 2015 tax year	43
----	--	----

44 Total. Add amounts in column (f). See the instructions for where to report

SCHEDULE G (Form 990 or 990-EZ)		For calendar year 2015, or tax year beginning , and ending	
Fundraising Other Events		2015	

Name		HARBOR HUMANE SOCIETY	
Employer Identification Number		38-1623660	

Revenue				Direct Expenses			
(a) Other event	YARD SALE	8,593	6,506	1	Gross receipts	4	Cash prizes
		583	6,506	2	Less: Charitable contributions	5	Noncash prizes
				3	Gross income (line 1 minus line 2)	6	Rent/facility costs
						7	Food/beverages
(b) Other event	PUTTTS FOR PAWS			8	Entertainment		
(c) Other event							
(d) Total other events (add col. (a) through col. (c))		15,099	7,089				

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or fiscal year beginning 2015, and ending

Employer identification number

HARBOR HUMANE SOCIETY

Name and title of officer

PRESIDENT/EXEC DIR

Type of Return and Return Information (Whole Dollars Only)

Check the box 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 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. Do 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	T,133,915
2a	Form 990-EZ check here	☐	Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	☐	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	☐	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	☐	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II	Declaration and Signature Authorization of Officer
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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 2015 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 acknowledgment 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 refund. 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 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) date. I also authorize the financial institution 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

☒ I authorize _____ **DELONG & BROWER, P.C.** to enter my PIN **30608** as my signature

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO 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 on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Part III	Certification and Authentication
----------	----------------------------------

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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.

Information for Authorized IRS e-file Providers for Business Returns.

06/24/16

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

RENEWAL SOLICITATION FORM

Full legal name of organization		HARBOR HUMANE SOCIETY	
All other names under which you intend to solicit			
Attorney General File Number	7835	Telephone number	616-399-2119
		Fax number	616-399-0374
Employer Identification No. (EIN)		Organization email address	
38-1623660		EXECUTIVE@HARBORHUMANE.ORG	
		Organization website	
		WWW.HARBORHUMANE.ORG	

All items must be answered. Provide additional sheets if necessary. If you have questions, see the instructions.

1. 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.

C. Provide the address of all other offices in Michigan.

2. 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.

3. You must designate a resident agent located in Michigan authorized to receive official mail sent to your organization.

Name DEBRA WESTERHOF

Address (Michigan street address, not PO box)
14345 BAGLEY STREET
WEST OLIVE MI 49460

4. Methods of solicitation. Check all that apply.

☒ Mail ☒ Personal contact ☒ Special events ☐ Other (specify) _____
☒ Telephone ☒ Radio / television ☒ Newspaper/magazines ☐ None (explain) _____
☒ Internet ☐ Email

5. Has there been a change in the organization's tax status with the IRS since your last filing?
If yes, explain and document.

☐ Yes
☒ No

6. 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		Name		Name	
Officer	Director	Officer	Director	Officer	Director

7. Is there any officer or director who cannot be reached at the organization's mailing address?
Yes ☐ No ☒

8. Since your last registration form, has the organization or any of its officers, directors, employees or fundraisers:

- A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? ☒ Yes ☐ No
- B. Had its solicitation registration or license denied or revoked by any jurisdiction? ☒ Yes ☐ No
- C. Been the subject of a proceeding regarding any license, registration, or solicitation? ☒ Yes ☐ No
- D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency? ☒ Yes ☐ No

If any "yes" box is checked, provide a complete explanation on a separate sheet.

9. Has the organization engaged a professional fundraiser or fundraising consultant for Michigan fundraising activity for either the financial accounting period reported in item 10 or the current period?
Yes ☐ No ☒ If no, go to question 10.

Under Michigan law, fundraising consultants are considered professional fundraisers (PFRs). See instructions for definition.

If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provide additional 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:	A ☐ B ☐
			Y ☐ N ☐	End date:	A ☐ B ☐
			Y ☐ N ☐	End date:	A ☐ B ☐

HARBOR HUMANE SOCIETY

38-1623660

CHECKLIST:

- ☒ Have all parts of the form been fully completed unless instructed otherwise?
- ☒ Have you provided the name and Michigan street address of a resident agent in item 3?
- ☒ Is a list of the officers and directors provided or included with the IRS return?
- ☒ 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?
- ☒ 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.)
- ☒ 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?
- ☒ Have you typed or printed your name, date, and title in item 15 to certify the form?

Return the completed registration form by:	
Email (preferred method)	ct_email@michigan.gov
Mail	Attorney General Charitable Trust Section PO Box 30214 Lansing, MI 48909
	Overnight mail
Fax	(517)241-7074