Department of the Treasury

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.

2014 Open to Public Inspection

OMB No 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning and ending C. Name of organization D Employer identification number Check if applicable Safe Harbor Animal Rescue Address change Doing business as 27-3086504 SHARK Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 305-743-4800 10550 Aviation Blvd. Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Marathon 33050 378,775 G Gross receipts\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending H(b) Are all subordinates included? If "No." attach a list (see instructions) 501(c)(3) 501(c) ((insert no) 4947(a)(1) or Tax-exempt status 527 www.keysrescue.org Website: H(c) Group exemption number ▶ Year of formation 2010 Form of organization X Corporation Trust Association M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities For the benefit and safe care of animals of the Florida Keys as well as Governance provide quality animal control. 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) ಹ 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 5 10 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 0 8 Contributions and grants (Part VIII, line 1h) 275,527 378. 75 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 275,527 378. 775 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part_IX,_column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 198,1 179,725 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 73 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, Column (D), line 25) ▶ 0 176.24617 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 150,563 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 330,288 374, 419 19 Revenue less expenses: Subtract line 18 from line 12 -54,761 4,356 Beginning of Current Year End of Year 38,906 51,863 20 Total assets (Part X, line 16) 143 744 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 763 26. Signature Block winder 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 ctrue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Sandy President **Hère** Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid self-employed Christian M Zuelch, EA 11/13/15 P00222493 Christian M Zuelch, EA Preparer Zuelch LLC 46-2820268 Zuelch & Firm's EIN ▶ Firm's name Use Only 1704 N. Roosevelt Blvd

Key West, FL

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

For Paperwork Reduction Act Notice, see the separate instructions.

33040-4525

305-295-2900

Yes No

Form 990 (2014)

DAA

Pa	rt III	Statement of Program Servi		A	X
			a response or note to any line in this P	art III	
		escribe the organization's mission.	care of animals of the	Florida Kove as	woll as
				riolida keys as	well as
Ę	provid	e quality animal c	olicioi.		
	Did the o	manization undertake any significant o	rogram services during the year which were not	listed on the	
_		n 990 or 990-EZ?	rogiani services during the year which were not		Yes X No
	•	describe these new services on Sched	ule O.		
3			significant changes in how it conducts, any pro	ogram	
-	services?				Yes X No
	If "Yes,"	describe these changes on Schedule (
4			complishments for each of its three largest progr	ram services, as measured by	
	expenses	s. Section 501(c)(3) and 501(c)(4) orga	nizations are required to report the amount of g	rants and allocations to others,	
	the total	expenses, and revenue, if any, for eac	h program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$,
	<u> </u>) /F	maly disc seeds - 5.0	\ /D==	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$,
		•			
	Other	ogram convece (Donasha in Cahadida	0)		
40		ogram services (Describe in Schedule s \$374,419inclu		Revenue \$,
40	(Expense	gram service expenses ▶	ding grants of \$) (F 374,419	PEACHING A	
46	rotal plo	gram service expenses	J 1 7 1 7 L J		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	<u> </u>	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		Х
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		Х
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	i		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
01	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		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		_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		<u>X</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	· · · · · · · · · · · · · · · · · · ·			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	i		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			17
	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 grants or other assistance to or			v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.	ĺ	v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\dashv	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
	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	40		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	+	Λ.
19	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	1990 (2014) Safe Harbor Animal Rescue 27-3086504		F	age
<u>P</u>	art IV Checklist of Required Schedules (continued)		т	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			١.,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١,,
	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		1	
	employees? If "Yes," complete Schedule J	_23_	-	X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	245		_v
	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		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	045	İ	
	to defease any tax-exempt bonds?	24c	├	_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a				٠,
	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	l		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			٠,
	If "Yes," complete Schedule L, Part I	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			v
	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			v
	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,	ŀ		
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		v
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	1	X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		Χ
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	30	-	
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	 	
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J2		- 21
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		21
34	or IV, and Part V, line 1	34		Х
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
b		355		
20	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-chantable	36		Χ
2-	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	\vdash	Λ
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	and that is treated as a partnership for rederal income tax purposes? If ites, complete schedule R,	27		x

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

Г	Check if Schedule O contains a response or note to any line in this Part V			П
	Check it deflected of contains a response of flote to any line in this rait v		Yes	<u> </u>
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			}
	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
·	reportable gaming (gambling) winnings to prize winners?	1c	ŀ	Х
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-"	 	^
Za	· · · · · · · · · · · · · · · · · · ·			
.	, , , , , , , , , , , , , , , , , , , ,	— <u>"</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		J
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," here it filed in Form 900 T for this year? If "No" to line 3h provide an explanation in Schodule O	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	├
4a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		X
Đ	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).	_		_V
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
Ç	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		6.		l 🗸
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6.		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а		7.		
L	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b		76		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the experience specified division of the property of the experience of the property of the experience of the property of the experience of the property	— , l		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		
f		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
	Did the sponsoring organization make any taxable distributions under section 4966?		i	
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_9a 9b	-	
10	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12		İ	
a 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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
J	against amounts due or received from them)		ľ	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	\dashv	
ь 3	Section 501(c)(29) qualified nonprofit health insurance issuers.	 		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 +	
а	Note. See the instructions for additional information the organization must report on Schedule O	134		
ь	Enter the amount of reserves the organization is required to maintain by the states in which		- 1	
J	the organization is licensed to issue qualified health plans		ł	
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	$\neg \dashv$	41
<u> </u>				

DAA

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ 8a a The governing body? Χ b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b if "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 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 16h organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 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 State the name, address, and telephone number of the person who possesses the organization's books and records: > 1704 N Roosevelt Blvd Zuelch & Zuelch LLC FL 33040 305-295-2900 Key West

Form 990 (2014)	Safe	Harbor	Animal	Rescue	27-3086504

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, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	ame and Title Average hours per week (list any hours for		s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
			Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)Brian Schmitt	1.00	Ų,						0	0	0
Director (2) Catherine Dunn	0.00	Х		-				0	Ų	<u> </u>
Director	5.00 0.00	Х						0	0	0
(3) Cora Baggs Treasurer	7.00 0.00	X						0	0	0
(4) Sandy Tuttle	5.00							0	0	
Vice President (5) Sheila Cook	1.00	Х						0	0	0
Director (6) Christian Zuelch	0.00			X				0	0	0
President	10.00 0.00			Х	:			0	0	0
(7) Carolyn Damon	5.00									
Secretary (8)	0.00			Х				0	0	0
(9)										
(10)										
(11)									, , , , , , , , , , , , , , , , , , ,	
							 _			

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<u>Part</u>	VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mp	loyee	es, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unk	Pos check ess pe	rson	than one of the state of the st	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimated amount of other compensation		
	•	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	ŀ	from the organization of t	ation ated	
(12)														
(13)	<u> </u>													
(14)														_
(15)				-									•	_
(16)														
(17)														
(18)	-				<u> </u>								_	
(19)				<u> </u>										
1b :	Sub-total	J.,	L	<u> </u>	<u> </u>		L	<u> </u>	 		 			
	Total from continuation she	ets to Part VII,	Sect	ion /	4			•						
	Total (add lines 1b and 1c)					- 1-	i	<u> </u>		#400.000 of	<u> </u>			
2	Total number of individuals (in reportable compensation from	the organization	imite 1 ▶	0	เทอร	e iis	ied a	ADOV	e) who received more than	\$100,000 81				
	Did the organization list any fe	amar officer du			to lot	-00	kou i	omn	lovos or highest compans	stad	ſ	-	Yes	No
	employee on line 1a? If "Yes,"	" complete Sche	dule	J for	suc	h in	dıvıdı	ual]	3		X
	For any individual listed on lin organization and related organ													
	ındıvıdual										-	4		X
5	Did any person listed on line for services rendered to the o	1a receive or actinganization? If "Y	crue 'es,"	com	pens plete	sation	n troi hedu	m aı ıle J	ny unrelated organization of for such person	individual		5		Х
Sectio	n B. Independent Contracto	ors												
1	Complete this table for your fi compensation from the organi	ive highest comp ization. Report o	ensa	ated ensat	ınde ion i	pend for th	ient (ne ca	cont alend	ractors that received more to dar year ending with or with	than \$100,000 of in the organization's tax ve	ear			
		(A) d business address							Descript	(B) non of services		Cor	(C) mpensati	aion
									<u> </u>					
								\vdash			\longrightarrow		—–	
				_										
								\vdash						
														
2	Total number of independent	contractors (inclu	ıdıng	but	not	lımıte	ed to	tho	se listed above) who					
DAA	received more than \$100,000	of compensation	fro	m the	e or	ganız	zatior	1 🕨		0	1	Forr	n 990	(2014)

				· ·	note to any line in	(B)	(C)	
					Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax
		•				function revenue	revenue	under sections 512-514
इंद	1a	Federated campaigns	1a					
Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am (С	Fundraising events	1c					
	d	Related organizations	1d					
ري. <u>آي</u>	е	Government grants (contributions)	1e					
i Si	f	All other contributions, gifts, grants,	1 - 1					
		and similar amounts not included above	_1f_					
E D	g	Noncash contributions included in lines	1a-1f \$					
<u> </u>	h	Total. Add lines 1a-1f	_	>				
age				Busn. Code				
` ₹	2a	Program Service Re	evenue		378,775	378,775		
œ	þ							
Ş	С							
ℬ	d							
듦	е							
Program	f	All other program service rev	venue					
<u>~</u>	g	Total. Add lines 2a-2f		<u> </u>	378,775	 		
;	3	Investment income (including	g dividends, in	terest,				
		and other similar amounts)		<u> </u>				
4	4	Income from investment of t	ax-exempt bon	d proceeds ▶				
!	5	Royalties	1	•				
		(ı) Real		(II) Personal]	
- '	6a	Gross rents						
	b	Less rental exps						
-	С	Rental inc or (loss)	l					
1 :	d 7a	Net rental income or (loss) Gross amount from		•				
	_	sales of assets (i) Securiti	ies	(II) Other				
		other than inventory						
ł	þ	Less cost or other						
ł		basis & sales exps						
İ		Gain or (loss)						
١.	d	Net gain or (loss)		P				
힐	Ва	Gross income from fundraising e	events					
<u>ē</u>		(not including \$	4->	İ				
Other Revenue		of contributions reported on line	1					
힐	L .	See Part IV, line 18	a					
ㅎ		Less direct expenses	bd					
Ι.		Net income or (loss) from fu Gross income from garning active		S P				
'	74	See Part IV, line 19	4	+				
Ì	_	Less direct expenses	ab		Ì			
		Net income or (loss) from ga	<u> </u>					
4,		Gross sales of inventory, les						
'	va	returns and allowances	- 1	·				
	h	Less: cost of goods sold	a b					
İ		Net income or (loss) from sa		,				
	<u> </u>	Miscellaneous Revenu		Busn. Code				
1	1a			-33	j			
'	b							
	C							 -
	d	All other revenue						_
	e	Total. Add lines 11a-11d						
1:		Total revenue. See instruct	ions		378,775	378,775	0	0

Part IX Statement of Functional Expenses

<u>secti</u>	on 501(c)(3) and 501(c)(4) organizations must on the Check if Schedule O contains a response			piete column (A)	_
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16		_		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	······			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	180,934	180,934		
7	Other salaries and wages	100,934	100,934		
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits			_	
10	Payroll taxes	17,239	17,239		
11	Fees for services (non-employees)	11,235	11,233	-	
'' a	Management				
b	Legal				·
c	Accounting	24,600	24,600		
d	Lobbying	21,000			 -
e	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g	Other (If line 11g amount exceeds 10% of line 25, column			-	
•	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	150	150		
13	Office expenses	2,862	2,862		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,878	1,878		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26.041	26.043		
23	Insurance	26,941	26,941		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O)	24 252	24 252		
a	Veterinary Care Medical Supplies	24,352 22,007	24,352 22,007		
b	Repairs and Maint	16,399	16,399		
C	Utilities	10,193	10,193		
d e	All other expenses	46,864	46,864		
_	Total functional expenses. Add lines 1 through 24e	374,419	374,419	0	0
25 26	Joint costs. Complete this line only if the	- J/3/31J	2/1/11/		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ If				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				
DAA	<u> </u>				Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year -6.3916,566 1 Cash-non-interest bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 18,246 18,246 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net 7 Inventores for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 27,051 27,051 15 38,906 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 863 17,143 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 17,143 26 Total liabilities. Add lines 17 through 25 25,744 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 0 26,119 27 28 Temporarily restricted net assets 28 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ō complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 š 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 763 33 38,90651,863 Total liabilities and net assets/fund balances

Form 990 (2014)

Form	990 (2014) Safe Harbor Animal Rescue 27-3086504			Pa	age_12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	78,	775
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	74,	419
3	Revenue less expenses Subtract line 2 from line 1	3		4,	356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,	763
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			_	
	33, column (B))	10		26,	119
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	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?		2b	L.	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		į	1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	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				1
	the Single Audit Act and OMB Circular A-133?		3a		↓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	1

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Safe Harbor Animal Rescue

Employer identification number

			Sale_nalbol	Animal Rescue			<u> [27-306</u>	0304			
P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this part.) See instruction	ns			
he	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, o	check only	y one box	()				
1	\Box	A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(1)(A)(i).				
2	П	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)							
3	Н			ce organization described in se	ction 170	0(b)(1)(A)	(iii).				
4	Н		• •	•			• •	iosnital's name			
7	ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
_	\Box	city, and state		-6		مصيط اسم					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
			(b)(1)(A)(iv). (Complete Part								
6	Ш		-	jovernmental unit described in s							
7	X	An organizati	on that normally receives a	substantial part of its support fro	om a gove	ernmental	l unit or from the general public	;			
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II)							
8	П	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II)						
9	П	An organizati	on that normally receives (1	l) more than 33 1/3% of its sup	port from	contribut	ions, membership fees, and gro	oss			
	ш	-	· · · · · · · · · · · · · · · · · · ·	npt functions—subject to certain							
				nd unrelated business taxable in							
			-	0, 1975. See section 509(a)(2)							
40			•	exclusively to test for public safe	-		·				
10	Н	-	_	exclusively to test for public sale exclusively for the benefit of, to				oon of			
11	Ш	-									
				ions described in section 509(a				Clieck			
	$\overline{}$		-	cribes the type of supporting org	-						
а	Ш	• • • • • • • • • • • • • • • • • • • •		ed, supervised, or controlled by		_					
		the supported	d organization(s) the power t	o regularly appoint or elect a ma	ajority of	the direct	ors or trustees of the supporting	g			
		organization	You must complete Part I	V, Sections A and B.							
b		Type II. A su	pporting organization superv	rised or controlled in connection	with its s	supported	organization(s), by having				
		control or ma	inagement of the supporting	organization vested in the same	e persons	that conf	trol or manage the supported				
		organization(s	s) You must complete Par	t IV, Sections A and C.							
С		•	•	orting organization operated in	connectio	n with, ar	nd functionally integrated with.				
_	ш			tions) You must complete Par							
d				supporting organization operate							
~	ш		• •	ganization generally must satisfy			· · ·				
	\Box	·	•	t complete Part IV, Sections A		_					
е	Ш		•	d a written determination from the			ype i, Type ii, Type iii				
_		•		nctionally integrated supporting	organizat	ion					
f			r of supported organizations					L			
g	Pro	vide the follow	wing information about the s		1		r				
(1		e of supported	(n) EIN	(iii) Type of organization	1	organization ur governing	(v) Amount of monetary	(vi) Amount of			
	org	anization		(described on lines 1-9 above or IRC section	-	ment?	support (see instructions)	other support (see instructions)			
				(see instructions))		T	,	,			
	_				Yes	No					
A)		_									
B)											
•						İ					
C)											
-,					-						
٠ <u>٠</u>					t						
D)						1					
			· · · · · · · · · · · · · · · · · · ·		 	 					
E)											
			 			.					
			1		I	I					

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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 378,775 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) 13 organization, check this box and stop here ▶ | Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 % 33 1/3% support test-2014. 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 33 1/3% support test-2013. 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 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 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 10%-facts-and-circumstances test-2013. 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

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

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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.)

	tion A. Public Support						
Calen	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's 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						
	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						
8 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)	_	<u>-</u>		<u> </u>		
Sec	tion B. Total Support	L	<u> </u>	1	<u> </u>	<u> </u>	<u>.L</u>
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6					3	
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 firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her						<u> </u>
<u>Sec</u>	tion C. Computation of Public St						
15	Public support percentage for 2014 (line 8		-	າກ (f))		15	<u>%</u>
16	Public support percentage from 2013 Scho					16	%_
_	tion D. Computation of Investme) ask (D)			
17	Investment income percentage for 2014 (Investment income percentage from 2013		•	o, column (r))		17	%
18 19a	33 1/3% support tests—2014. If the orga			a 14 and line 15 is	more than 33 1/2		%
1 JA	17 is not more than 33 1/3%, check this be						▶ □
b	33 1/3% support tests—2013. If the orga		=	•			, L
	line 18 is not more than 33 1/3%, check th						▶ □
20_	Private foundation. If the organization did		_			-	▶ 🗂

Part IV Supporting Organizations

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

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	No_
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			•
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		ŀ	
	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			l
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		ļ	ľ
	organization made the determination	3b	<u> </u>	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	<u> </u>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	<u> </u>	
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,"			ļ
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		į	
	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			ŀ
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			l
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class		:	
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in]		ļ
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent		1	
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	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)	8	1	1
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 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			i e
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	}	
10~	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			<u> </u>
10a	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		}	1
	organizations)? If "Yes," answer (b) below	10a		1
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
ь	determine whether the organization had excess husiness holdings)	106		

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

3a

1

2

3 4

5

6 Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions)	6	1
7 Check here if the current year is the organization's first as a non-functionally	-integrated Type II	supporting organization (see
instructions)		

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

2 Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)					
Section D - Distributions								
1	Amounts paid to supported organizations to accomplish exempt purp	oses						
2	Amounts paid to perform activity that directly furthers exempt purpose							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of sup	ported 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 organi	zation is responsive						
	(provide details in Part VI) See instructions	·						
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount		·	<u> </u>				
		(i)	(ii)	(iii)				
	Section E - Distribution Allocations (see instructions)	Underdistributions Pre-2014	Distributable Amount for 2014					
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014							
a								
b								
С	- Parallel III							
d								
е	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount							
i_	Carryover from 2009 not applied (see instructions)							
j	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2014 from Section							
	D, line 7 ⁻ \$							
а	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2014, if							
	any Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions)							
6	Remaining underdistributions for 2014. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions)							
7	Excess distributions carryover to 2015. Add lines 3							
-	and 4c.							
8	Breakdown of line 7		·					
a								
<u>~</u> b								
c								
	Excess from 2013							
	Excess from 2014							

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Safe Harbor Animal Rescue 27-3086504 F

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization Employer identification number Safe Harbor Animal Rescue 27-3086504 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1

Schedule D (Form 990) 2014 Safe Han	bor Animal	Rescue	27-3	3086504			_ Page	
Part III Organizations Maintainir					Assets	(continu		
3 Using the organization's acquisition, acces collection item's (check all that apply)								
a Public exhibition	d□	Loan or exchange pro	ograms					
b Scholarly research	ĕΗ	Other	ogianio					
c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
XIII	·	•	·					
5 Dunng the year, did the organization solice	t or receive donations	of art, historical treasu	ires, or other similar			_	_	
assets to be sold to raise funds rather than	to be maintained as	part of the organizatio	n's collection?			Yes	N-	
Part IV Escrow and Custodial A								
Complete if the organization	on answered "Yes'	to Form 990, Pa	rt IV, line 9, or rep	orted an ar	nount o	n Form		
990, Part X, line 21								
1a Is the organization an agent, trustee, custo	dian or other intermed	liary for contributions of	or other assets not			П.,	Π.,	
included on Form 990, Part X?	10 dl-t- db 6					∐ Yes	∐ N	
b If "Yes," explain the arrangement in Part X	III and complete the ro	ollowing table				Amount		
- Decimine helenes				10	+	Amount		
c Beginning balance				1c				
d Additions during the year				1e				
e Distributions during the year f Ending balance				1f	 		-	
2a Did the organization include an amount on	Form 990 Part X line	e 21 for escrow or cur	stodial account liability		—	Yes	ΠN	
b If "Yes," explain the arrangement in Part X			•	•		es	H ''`	
Part V Endowment Funds.								
Complete if the organization	on answered "Yes"	to Form 990, Pai	rt IV, line 10.					
	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three ye	ars back	(e) Four y	ears back	
1a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and							-	
losses	!			1				
d Grants or scholarships								
e Other expenditures for facilities and								
programs								
f Administrative expenses						ļ		
g End of year balance				<u> </u>		L		
2 Provide the estimated percentage of the co	-	e (line 1g, column (a))	held as:					
a Board designated or quasi-endowment ▶	%							
b Permanent endowment ▶ %								
c Temporanly restricted endowment ▶	%							
The percentages in lines 2a, 2b, and 2c sh		-4 45 - 4 1 - 1 - 1 - 1 4						
3a Are there endowment funds not in the pos	session of the organiza	ation that are neid and	agministered for the			<u> </u>	es No	
organization by							es No	
(i) unrelated organizations	-					3a(i)		
(ii) related organizations b If "Yes" to 3a(ii), are the related organization	ne lieted ae mauimal (on Schedule R2				3a(ii)		
4 Describe in Part XIII the intended uses of	•					30 [
Part VI Land, Buildings, and Eq		SWITCHE TURIS						
Complete if the organization		to Form 990. Par	t IV. line 11a. See	Form 990.	Part X	. line 10.		
Description of property	(a) Cost or other			Accumulated		(d) Book val	ue	
	(investment)	(oth	1	lepreciation	İ			
1a Land								
b Buildings								
c Leasehold improvements								
d Equipment								
e Other								
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	t X, column (B), line 10	0c)		>			

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" to	o Form 990, Part IV, line	11b See Form 990, Part 2	X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of value	ation
	(including name of security)		Cost or end-of-year ma	rket value
(1) Financial				
•	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			<u> </u>	<u> </u>
(G)				
(H)				
Total. (Colum Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12) ► Investments—Program Related.			
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	11c. See Form 990, Part 2	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year ma	ation
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	11d. See Form 990, Part 2	X, line 15.
	(a) Description			(b) Book value
(1)	Trailer and Security	Deposits		27,051
(2)				
(3)				
(4)				
(5)				•
(6)				<u> </u>
(7)		1.18		
(8)	- 			
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)	•	•	27,051
Part X	Other Liabilities. Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11e or 11f See Form 990	
1.	line 25 (a) Description of liability	(b) Book value		
		(2) 255% (2.12)		
	income taxes			
(2)		· ·		
(3)				
(4)				
<u>(5)</u>				
(6)				
(7)				
(8)				
(9)	4)			
	nn (b) must equal Form 990, Part X, col. (B) line 25)	for the state of t		
_	r uncertain tax positions in Part XIII, provide the text of the			
organization's	liability for uncertain tax positions under FIN 48 (ASC_740)	Check here if the text of the fo	<u>oumote nas been provided in Pai</u>	IL AIII

4a

4b

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1
 Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

3 Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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

3

4c

5

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Safe Harbor Animal Rescue

Employer identification number 27-3086504

Form 990, Part III, Line 4d - All Other Accomplishment Care of shelter animals.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Treasurer will review and consult with the Board for Approval.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part IX, Line 24e - Other Expenses

Descri	ption		Amount	-	
Animal	Food				
	\$	8,154	\$	0	\$ 0
Auto E	Expense				
	\$	6,880	\$	0	\$ 0
Spay a	and Neuter				
	\$	5,241	\$	0	\$ 0
Animal	Supplies				
	\$	4,566	\$	0	\$ 0
Yard S	Supply				
	\$	3,676	\$	0	\$ 0
Teleph	one Expense				
	\$	3,296	\$	0	\$ 0
Profes	sional Fees				
	\$	2,598	\$	0	\$ 0

lame of the organization Safe Harbor A		cue		nployer identification number 27–3086504	Page_Z
Continuing Ed			 		
•		, 372	\$ 0	\$	0
Cleaning Supl	ies				
;	\$ 1	,847	\$ 0	\$	0
Uniforms					
:	\$ 1	,773	\$ 0	\$	0
Outside Servi	ces				
:	\$ 1	,713	\$ 0	\$	0
Disposal					
:	\$ 1	, 427	\$ 0	\$	0
Licenses and	Permits				
:	\$ 1	, 323	\$ 0	\$	0
Misc					
:	\$	963	\$ 0	\$	0
Animal Dispos	al				
;	\$	587	\$ 0	\$	0
Bank Charges					
:	\$	253	\$ 0	\$	0
Postage					
:	\$	135	\$ 0	\$	0
Adoption Fee					
:	\$	60	\$ 0	\$	0