efi	ile G	RAPHIC prir	nt - DO NOT PROCESS As Filed Data -	DLN:	934	92216009225
			OMBNo 1545-1150			
_	QC	90-EZ	Short Form Return of Organization Exempt From Income T	ax		0044
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except p			2014
Ð			foundations) ▶ Do not enter social security numbers on this form as it may be made publi	c.		
			 Information about Form 990-EZ and its instructions is at <u>www.irs.gov/f</u> 		0	pen to Public
•		the Treasury				Inspection
		ue Service	r year, or tax year beginning 01-01-2014 , and ending 12-31-2014			
		applicable	r year, or tax year beginning 01-01-2014 , and ending 12-31-2014 C Name of organization	D Emplo	yer id	entification number
	ddress	change	WESTERN HILLS HUMANE SOCIETY	46-038	1354	
	ame cl	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telepho		mber
_	nitial re inal	turn	324 INDUSTRIAL DR		(605)	642-1576
	n/term	inated	City or town, state or province, country, and ZIP or foreign postal code	F Group E	xemp	tion
		d return	SPEARFISH, SD 57783	Number		
A	pplicati	ion pending				
			H Check	🕨 🔽 if the	e ora	anızatıon ıs not
G A d	coun	tıng Method 🛛	Cash 🔽 Accrual Other (specify) 🕨 require	d to attach	Sche	dule B
тw	ehsite	e: 🕨 N/A	l (Form 9	90,990-E	Z, or	990-PF)
			nly one) - 🔽 501(c)(3) 🖅 501(c)() 🛋 (insert no) 🔽 4947(a)(1) or 🔽 527			
			Corporation FTrust FAssociation FOther			
			7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, oi) or more, file Form 990 instead of Form 990-EZ	if total ass F\$1		
_	rt I		, Expenses, and Changes in Net Assets or Fund Balances (see the		,	
		Check If the	e organization used Schedule O to respond to any question in this Part I			<u></u>
	1	Contributions	, gifts, grants, and similar amounts received		1	44,255
	2	Program serv	ice revenue including government fees and contracts		2	88,550
	3	Membership d	lues and assessments		3	
	4	Investment in	ncome	4	11,837	
	5a	Gross amount	t from sale of assets other than inventory			
e I	b	Less costor	other basis and sales expenses			
Revenu	с	Gaın or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
ъ	6	Gaming and fu	undraising events			
	а	Gross income	from gaming (attach Schedule G if greater than \$15,000) . 6a			
	Ь	Gross income	from fundraising events (not including \$of contributions			
			ng events reported on line 1) (attach Schedule G if the			
		sum of such g	ross income and contributions exceeds \$15,000) 6b	6,408		
	С	Less directe	expenses from gaming and fundraising events 6c	918		
	d	Net income or	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6	c)	6d	5,490
	7a	Gross sales o	f inventory, less returns and allowances			
	b	Less costof	goods sold			
	С	•	r (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	O ther revenue	e (describe in Schedule O)		8	
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	150,132
	10	Grants and si	mılar amounts paıd (lıst ın Schedule O)		10	
	11	Benefits paid	to or for members		11	
	12	Salarıes, othe	r compensation, and employee benefits		12	82,647
ses	13	Professional f	ees and other payments to independent contractors		13	72,731
Expenses	14		ent, utilities, and maintenance		14	14,319
Ě	15	Printing, publi	ications, postage, and shipping		15	
	16	O ther expens	es (describe in Schedule O)		16	5,666
	17	Total expense	es.Add lines 10 through 16	•	17	175,363
9	18	, , , , , , , , , , , , , , , , , , ,	ficit) for the year (Subtract line 17 from line 9)		18	-25,231
et Assets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree with			
¢t A		end-of-year fi	gure reported on prior year's return)		19	231,963
ž	20	O ther change	s in net assets or fund balances (explain in Schedule O)		20	-1,007
	21	Net assets or	fund balances at end of year Combine lines 18 through 20	•	21	205,725
For	Paper	work Reductio	n Act Notice, see the separate instructions. Cat No 10642I		Form	990-EZ (2014)

Form 990-EZ (2014)		Page 2						
Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II								
	(A) Beginning of year	(B) End of year						
22 Cash, savings, and investments	231,817	22 205,555						
23 Land and buildings		23						
24 Other assets (describe in Schedule O)	170	24 170						
25 Total assets	231,987	25 205,725						
26 Total liabilities (describe in Schedule O)	24	26						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	231,963	205,725						

Part III Statement of Check if the organ	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others)					
What is the organization's prin CARE OF ABANDONED, SUR REGION						
Describe the organization's pro measured by expenses In a c benefited, and other relevant in						
<pre>28 CARE OF ABANDONED, S (Grants \$)</pre>	URRENDERED, OR IMPOUNDED DOMESTIC ANIMALS FOR ADOPTION If this amount includes foreign grants, check here	28a	175,363			
29 CARE OF ABANDONED, S (Grants \$)	URRENDERED, OR IMPOUNDED DOMESTIC ANIMALS FOR ADOPTION If this amount includes foreign grants, check here	29a				
30						
(Grants \$)	If this amount includes foreign grants, check here 🏾 . 🔹 🕨 🦵	30a				
31 Other program services (de						
(Grants \$)	If this amount includes foreign grants, check here 🛛 🕨 🦵	31a				
32 Total program service expe	nses (add lines 28a through 31a) 🛛 🕨	32	175,363			
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV.						

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PENNEY WILLIAMS TREASURER	1 00	0		
TAMARA LAWSON VICE PRESIDE	1 00	0		
CYNTHIA CHANDLER PRESIDENT	1 00	0		

	Other Information (Note the Schedule A and personal benefit contract statement requirem instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part			୮	
33	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v			
33					
33			Yes	No	
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy	- 33			
74	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	35b			
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 37a				
b	Did the organization file Form 1120-POL for this year?	37Ь		No	
38a	Dıd the organızatıon borrow from, or make any loans to, any officer, dırector, trustee, or key employee or were				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? $$. $$.	38a		No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities 39b				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 🕨, section 4912 🕨, section 4955 🍽				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No	
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization				
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T				
41	List the states with which a copy of this return is filed 🕨				
42a	The organization's books are in care of 🕨 BRENDA HENDRICKS Telephone no	▶ <u>(</u> 60	5)642	1576	
	Located at 🕨 324 INDUSTRIAL DR SPEARFISH, SD ZIP + 4	► <u>57</u>	783		
b	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	42b	Yes	No No	
	account)?	420		NU	
	If "Yes," enter the name of the foreign country 🕨				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
с	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No	
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. ►	Г	
			Var	NI-	
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Yes	No	
44a		44-		No	
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		N o	
	Did the organization receive any payments for indoor tanning services during the year?	440 44c			
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	-+++C		No	
a	explanation in Schedule O	44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No	
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No	

Form **990-EZ** (2014)

Form	n 990-EZ (2014)		Page 4
		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
Pa	rt VI Section 501(c)(3) organizations only		

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 ration used Schedule O to respond to a estion in this Part VI

	Check if the organization used Schedule O to respond to any question in this Part VI						
			Yes	No			
47	Dıd 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	47		No			
48	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	48		No	_		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No			
Ь	If "Yes," was the related organization a section 527 organization?	49b					

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
f Total number of other employees pa	ı aıd over \$100,000 .			▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE			

.

Total number of other independent contractors each receiving over \$10 d 52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3

completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

. .	F —	***				
Sign Here						
		ELISSA KAUL TREASURER				
	F 'Y	be or print name and title				
Paid		Print/Type preparer's name CAROL K HICKS	Preparer's signature			
Prepare	r	Firm's name 🕨 PADGETT BUSINESS SER	VICES			
Use Onl		Firm's address Þ 1230 NORTH AVENUE SUITE 8				
		SPEARFISH, SD 577831572				

May the IRS discuss this return with the preparer shown above? See instruction

efil	e GF	RAPHIC pr	int - DO I	NOT PROCE	SS As Filed Da	ta -		DLN: 9	3492216009225
SCI	ΗFΓ	DULE A		Dublic	Charity State	ie and Du	hlia Sunn	ort	OMBNo 1545-0047
		or 990EZ)	Comple		Charity Statu nization is a section 5				2044
			comple	ete il the olga		charitable trust		ction 4947(a)(1)	2014
Depart	ment	of the			Attach to Form	990 or Form 9	90-EZ.		Open to Public
reasu		enue Service		Information a	bout Schedule A (For		2) and its insti	ructions is at	Inspection
					<u>www.irs.g</u>	<u>ov/form990</u> .			
		he organizat ILLS HUMANE S						Employer ident if i	cation number
								46-0381354	
Pa	rt I	Reason	for Publi	c Charity S	Status (All organiza	ations must co	omplete this	part.) See instruct	ions.
he o	rganı	ization is not	a private fo	oundation beca	auseıtıs (Forlines 1	through 11, ch	ieck only one	box)	
1	Γ	A church,	convention	of churches, o	r association of churc	hes described	in section 170	(b)(1)(A)(i).	
2	Γ	A schoold	escribed in	section 170(b)(1)(A)(ii). (Attach S	chedule E)			
3	Γ	A hospital	or a cooper	atıve hospıtal	service organization	described in se	ction 170(b)(1	L)(A)(iii).	
4	Γ	A medical	research or	ganization ope	erated in conjunction v	with a hospital o	described in s	ection 170(b)(1)(A)(i ii). Enter the
_	_		name, city,						<u> </u>
5	ļ	-	•		nefit of a college or un	iversity owned	or operated by	a governmental unit	described in
_	_			(iv). (Complet					
6					t or governmental unit				
7	ন			,	ves a substantial part vi). (Complete Part II		rom a governm	nental unit or from the	general public
8	Г				tion 170(b)(1)(A)(vi)		rt II)		
9	Ē				ves (1) more than 33			rıbutıons, membershii	p fees, and gross
	,				s exempt functions—s				
					ncome and unrelated b				
					une 30, 1975 See sec				
10	Г				ated exclusively to tes				
11	Ē				ated exclusively for th				out the purposes of
	,				nızatıons described in				
	_			-	at describes the type		-		
а	ļ				perated, supervised, o to regularly appoint o				
					rt IV, Sections A and		ity of the difec	tors of trustees of th	e supporting
b	Γ				upervised or controlle		n with its supp	orted organization(s)	, by having control or
					nization vested in the	same persons t	hat control or	manage the supporte	d organization(s) Yo
с	_	-		V, Sections A a	a nd C. supporting organizatio	n operated in c	opportion wit	h and functionally int	ograted with its
C	ļ			-	uctions) You must co				egrated with, its
d	Γ				d. A supporting organi				rganızatıon(s) that ıs
					nızatıon generally mu			rement and an attent	veness requirement
е					ete Part IV, Sections A eccived a written deter			is a Type I Type II	Type III functionally
-	,				ally integrated suppor			is a rype i, rype ii,	rype III functionany
f					nizations				·
g		Provide the	e following i	nformation abo	out the supported orga	anızatıon(s)			
	(i)N	ame of supp	orted	(ii) EIN	(iii) Type of	(iv) Is the or	ganization	(v) A mount of	(vi) A mount of
		organizatior			organization	listed in your	governing	monetary support	other support (see
					(described on lines			(see instructions)	instructions)
					1 - 9 above or IRC				
					section (see instructions))		•	_	
						Yes	No		
							+		
					1		1	1	1

Total

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 **1** Gifts, grants, contributions, and membership fees received (Do not 91,895 101,883 275,204 111,467 151,049 731,498 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 91,895 101,883 275,204 111,467 151,049 731,498 4 Total. Add lines 1 through 3 The portion of total contributions 5 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 731,498 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 91,895 101,883 275,204 111,467 151,049 731,498 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 116 433 132 1,807 11,837 14,325 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) Total support Add lines 7 through 11 745,823 1.0 Gross receipts from related activities, etc (see instructions) 12 12 106,795 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 98 080 % Public support percentage for 2013 Schedule A, Part II, line 14 15 15 16a 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 b 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 17a 10%-facts-and-circumstances test-2014. 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 ►Γ b 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 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.)

	ction A. Public Support		ading and of the				
_	ndar year (or fiscal year beginning						
Jule	in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and			1	1		
-	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	A mounts 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						
~	Add lines 7a and 7b						
	Public support (Subtract line 7c						
8	from line 6)						
50	ction B. Total Support					1	
	ndar year (or fiscal year beginning						
oure	in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated						
11	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,						
14	11, and 12) First five years. If the Form 990 is for	r the organizati	on's first second	thurd fourth or	l fifth tay year as a	Lesection 501	(c)(3) organization
1 7	check this box and stop here	in the organizati		, enna, iouren, or	men eax year as e		
Se	ction C. Computation of Publi	c Support P	ercentage				· · · ·
15	Public support percentage for 2014			13, column (f))		15	
16	Public support percentage from 2013			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						16	
_	ction D. Computation of Inve				· · · (5))		
17	Investment income percentage for 20				in (f))	17	
18	Investment income percentage from	2013 Schedule	A, Part III, line 1	7		18	
19a	33 1/3% support tests-2014. If the						
	more than 33 $1/3\%$, check this box a						▶
b	33 1/3% support tests—2013. If the						
20	18 is not more than 33 1/3%, check						
20	Private foundation. If the organization	m ulu not check	α μυχ υπ ππе 14	, 198, 01 19D, CD	eek uns box and	see instructio	ons 🕨

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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 II of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).
- 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) below, the governing body of a supported organization?
 - **b** A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

No

Yes

1

2

3a

Зb

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

11a 11b

11c

Part IV Supporting Organizations (continued)

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.
- 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.

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).

	Yes	No
1		

Yes

No

Yes

1

2

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 3 in this regard.

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)
- 2 <u>Activities Test</u> 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 engaged in these activities but for the organization's involvement.
- 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.

No

2a

2b

3a

Зb

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

 $1 \prod$ 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 (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

- 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- **a** Average monthly value of securities
- **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

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- Check here if the current year is the organization's first as a non-functionally-integrated
 Type III supporting organization (see instructions)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

	Current Year
1	
2	
3	
4	
5	
6	

Schedule A (Form 990 or 990-EZ) 2014

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 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
 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 \$			
 a Applied to underdistributions of prior years 			
b Applied to 2014 distributable amount			
c 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 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			
e From 2014			

Schedule A (Form 990 or 990-EZ) (2014)

Page **8**

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).

Facts And Circumstances Test

Return Reference

Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC prin	nt - DO NOT PROCESS	As Filed Data -		DLN: 93492216009225
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.			омв № 1545-0047 2014
Department of the Treasury Internal Revenue Service				Open to Public Inspection
Name of the organization WESTERN HILLS HUMANE SOC			Employe 46-038	r identification number

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 251 OFFICE 3,015 TRAVEL 60 INSURANCE 2,340 TOTAL 5,666
FORM 990-EZ, PART I, LINE 20	SALES TAX CORRECTION -1,007
FORM 990-EZ, PART II, LINE 24	GRANTS RECEIVABLE 170 170 TOTAL 170 170
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAY ABLE AND ACCRUED EXPENSES 24 0
FORM 990-EZ, PART III	CARE OF ABANDONED, SURRENDERED OR IMPOUNDED DOMESTIC ANIMALS FOR ADOPTION IN THE REGION
FORM 990-EZ, PART III, LINE 31	CARE OF ABANDONED, SURRENDERED, OR IMPOUNDED DOMESTIC ANIMALS FOR ADOPTION

TY 2014 Reasonable Cause Explanation

Name: WESTERN HILLS HUMANE SOCIETY EIN: 46-0381354

Explanation: FILED EXTENSION