990

Return of Organization Exempt From Income Tax

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2014 calend	lar year, or tax ye	ar begi	nning		, 2014, and	ending		- 44	, 20
В с	heck if ap	plicable:	C Name of organizat	ion IOW	A COUNTY HUMA	NE SOCIETY	INC		- Alle Man	D	Employer identification no.
] A	ddress ch	ange	Doing business as								39-1976679
_	lame char		Number and street	t (or P.O. b	ox if mail is not delivered t	to street address)		Room/s	suite	E	Telephone number
=	nitial retur		305 COUNT								(608) 935-1381
=		n/terminated			e, country, and ZIP or fore	ign postal code			107/2012		344,013
T A	mended r	return	DODGEVILI	20		2000				G	Gross receipts\$
=	pplication		F Name and address		-						
-00								H(a)	Is this a gro subordinate	oup retur	m for Yes X No
1 1	ax-exemp	t status: X	501(c)(3) 50	1(c) () 4 (insert no.)	4947(a)(1) or	527	H(b)	Are all sub	ordinate	s included? Yes No
(d) (d)	Vebsite:		.ICHS.NET	7,571	7 - 4-10-11-11			H(c)	If "No	" attach	a list. (see instructions)
-		The second secon		ust A	ssociation Other	8	L Year of formation:	777878757	M State	41182	ENTROPIA ESSAS
Pai	-	Summar				Service States and the service service		2000	1.00		
	-			on's miss	sion or most significa	ant activities: #	UMANE SOCIETY	FOR A	NTMAT.	CARE	
es.							OVERNIE DOGEDE				
nce	1 3						-17340-12460			100	
Tua									000		
Vel	2	Check this h	ov Difthe or	anizatio	n discontinued its op	perations or disnos	ed of more than 259	% of its net	assets		
ő			7777 P		eming body (Part VI,	7. (A)				3	5
Activities & Governance					ers of the governing t					4	5
tie	755 8		사이 아이를 살았다면 되었다면 되었다면 하다.		n calendar year 201				res recei	5	22
φ	80.0		r of volunteers (es					ensy rate	99 19893	6	- 22
Ac	H 82 . 2				Part VIII, column (C		200000 000000 000		are areas	7a	36,975
	1987,00				e from Form 990-T, li				361 WORE	7b	30,373
_	- 10	Net uniciale	a business taxable	e income	5 II OIII FOIIII 550-1, II	116 04		T	Prior Year		Current Year
	8	Contribution	e and grante /Pad	V/III line	a 1h)				121	064	
0		8 Contributions and grants (Part VIII, line 1h)									\$20000 COSCO
Revenue	18-w										199,735
90	11 80.55 8										26.075
œ	11/2/200	30 - 1 (4) (4) (1) (1) (1) (1) (1) (1									
-	_			1000	The state of the s				299	,435	
			100		IX, column (A), lines						0
					IX, column (A), line 4			-			0
Se											
Expenses	The View	b Total fundraising expenses (Part IX, column (A), line 11e) 26,284									0
хре	N						26,284	1			
ш	U 1965335 - 2		장면에 경찰에 가장되는 것 같다고 있다.		ines 11a-11d, 11f-24	3576			- 7777	,105	
	7-30-7				t equal Part IX, colur	mn (A), line 25)			0.00	,303	
7074	-	Revenue les	s expenses. Subl	tract line	18 from line 12 •			•	Market Line Co.	,868	025010000000
Net Assets or								Beginnin	ng of Current	20 E-350 e-74	End of Year
200	20		(Part X, line 16)						37.0300	,758	
A.A.	21		es (Part X, line 26)							,455	
_				Subtrac	line 21 from line 20			•	62	,303	96,710
Pa	ACCUSED ON		ire Block	and Males and	us feel for account	an ask add as and state.	and and to the best of	a lose dada	and before to	1	
					um, including accompanyin ficer) is based on all inform			пу кложеада	and belief, it	15	
				9	0						
Sign	n		CVENGROS	du	a Cuenga						5-08-2015
		Signatu	re of officer		4					Date	
Her	е		The state of the s	TREAS	UER						
		Type or	print name and title				-1-			-	
		Print/Type pr	eparer's name		Preparer's signature		Date		Check	if P	PTIN
Paid		Rebecca	a L Johnson	CPA	Ribecca L. Jo	Nama, CPA	05-08-2015	5	self-employe	d	P00833951
	parer	Firm's name	▶ Jo	hnson	Accounting			Firm's	EIN >	N	
Use	Only	Firm's address	40	4 Cur	ve Street			Phone	no.		
			Bl	ancha	rdville WI 53	3516			60	8-52	23-1114
May	the IRS	discuss this	return with the pro	eparer s	hown above? (see in	nstructions) · ·					· · · Yes X No
For	Panenw	ork Reducti	on Act Notice, se	e the s	eparate instruction	9					Form 990 (2014)

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		. 17	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	28905		
	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		
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	W		
	"Yes," complete Schedule D, Part I	6	200	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	17 1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		310	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
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	Luc-	Х
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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
10000	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
24	The same want are the administrative wall at the second interior assertion in this later the			

Part IV

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 249 X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

	Check if Schedule O contains a response or note to any line in this Part V			
	1.1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		THE REAL PROPERTY.
	reportable gaming (gambling) winnings to prize winners?	1c	0(0,0)	Pro-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	718		
	State ments, nied for the calcifold year enough with or within the year covered by the telestic	2b	Х	(1633)0
b	If at least the is reported on line 2a, did the organization line all required receive employment tax returns .	20	Λ	
-2:::::::::::::::::::::::::::::::::::::	Note. If the sum of lines to and 2a is greater than 250, you may be required to e-fire (see instructions)	3a	alle Ira	Х
3a	Did the organization have difference business gross mounts of the terms are year.	3b		A
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		X
3	account)?	40		- 27
D	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	36.8		
		7.5		
	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
Ь	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		21
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
0a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		a de	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1000		
100	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		CSTO
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-	154	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	10	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Reme to	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		140	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		0.00	SE
а	Initiation fees and capital contributions included on Part VIII, line 12		0.00	Ma
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders	- W		1
b	Gross income from other sources (Do not net amounts due or paid to other sources		100	
	against amounts due or received from them.)		1000	100
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			TV.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		-
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		100	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		1
120	the organization is licensed to issue qualified health plans	133	lun;	-
440		14a	20.00	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		1
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	1 140	L	1

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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. 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 2 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 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X 6 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Each committee with authority to act on behalf of the governing body? 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 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. 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? X 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? X X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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. Upon request Other (explain in Schedule O) Another's website Own website 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: LISA CVENGROS (608)935-1381, 305 COUNTY HIGHWAY YZ, DODGEVILLE, WI 53533

om 990 (2014)	IOWA COUNTY HUMANE SOCIETY INC	39-1976679 Pa
01111 000 (2014)	TOWA COUNTY HOPIANE SOCIETY AND	00 20.00.2

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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	Repo compens	E) stable ation from ated	(F) Estimated amount of other
		Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organi (W-2/109	zations 9-MISC)	compensation from the organization and related organizations
(1) SHARON SHEA DIRECTOR	10.00	X								0	0
(2) JANIS TABOR DIRECTOR	4.00_	Х		. = .						0	0
(3) MARCIA THOPMSON	10.00			Х						0	0
(4) LISA CVENGROS TREASURER	8.00			Х						σ	0
(5) PAM RICHARDSON SECRETARY	_3.00_			X						0	0
<u>(6)</u>							4 8				
(7)						o za				25 25 25 25 25 25 25 25 25 25 25 25 25 2	
(8)								Ja alle Million Delega			
(9)										AF- 110 TH	
(10)											
(11)											
(12)											
(13)											
(14)											

39-1976679

	VII Section A. Officers, Directors, Trustees, I (A) Name and title	(B) Average hours per	(do no	ot che	Pasi ck ma pers	tion ore the	an one both an rustee)		(D) Reportable compensation from	(E) Reportat compensation	n from	5985	(F) timated nount of other	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-N	ons	fr org an	pensation rom the anization d relate anization	on d
(15)										-				
(16)														
(17)														
(18)				////										
(19)									102 100				in the	ntire-n
(20)														D.L. C.
(21)											A111 X.V.O.			
(22)_				and the second										
(23)														
(24)									and the second					
(25)														
1b c d	Sub-total	on A · ·						>			0			0
2	Total number of individuals (including but not limited				_							I.		<u> </u>
-	reportable compensation from the organization			_							0		Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J			oloye	e, o	r hig	hest c	omp	ensated			3	2	X
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati										A PROPERTY.	
	organization and related organizations greater than individual		"Yes,"	com	iplet	e Sc	hedul	e J to	or such			4		X
5	Did any person listed on line 1a receive or accrue or	THE RESERVE OF THE PROPERTY OF THE												
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	ompiete Sch	eaule .	J IOI	suc	n pe	rson	- 6				5		X
1	Complete this table for your five highest compensation from the organization. Report compe													
	year. (A)			-	-				(B)			(C)	
	Name and business address	Testomilianis							Description o	fservices	-	Comp	ensatio	in
	The second secon										-1-			
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose I	isted	d abo	ove) w	ho				13.19		

Form 990 (2014) IOWA COUNTY HUMANE SOCIETY INC 39-1976679 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D)

				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under section 512-514
1	la Federated campaigns	1a		19/10/10			
	b Membership dues	1b	3,631				
	c Fundraising events	1c	11,548				
	d Related organizations	1d					
	Government grants (contributions)	1e	47,543				
	f All other contributions, gifts, grants,	-	11/010		A CONTRACTOR OF THE PARTY OF TH		
	and similar amounts not included above	1f	37,240				
	g Noncash contributions included in lines 1a	-	37,240				
	h Total. Add lines 1a-1f · · · · · · ·			99,962	A STATE OF		
+	11 Total. Pad illics (a-1)		Business Code	33,302	Mark No.		
	a DONATIONS PUBLIC		900099	162,166	162,166		
1	b FEE ANIMAL ADOPTONS		900099	18,895	18,895		
	- Control of the cont		900099		6,007		
	C FEE SURRENDER REDEMPTIO		descriptions of the last	6,007	The second secon		
	d MEMORIAL		900099	11,418	11,418		
	e STORE PURCHASE		900099	1,249	1,249		
	f All other program service revenue · · · ·						ORIGINAL PROPERTY.
	g Total. Add lines 2a-2f			199,735		WALLEY ALL	
3	Investment income (including dividends, int						
200	and other similar amounts)			6	6		
1 60	Income from investment of tax-exempt bon						
3	5 Royalties		7.00 (5.00 (7				
l.,	(i) Rea	d	(ii) Personal				
	Sa Gross rents			2 70 30			Photo Co.
	b Less: rental expenses · · · ·						
	c Rental income or (loss)	5					ALTO YEAR
	d Net rental income or (loss)						
1	7a Gross amount from sales of (i) Securit assets other than inventory	iles	(ii) Other				
	b Less: cost or other basis						
	and sales expenses						
	c Gain or (loss)	4					
	d Net gain or (loss)		▶				
8	Ba Gross income from fundraising				2012030000		
18	events (not including \$ 11,54	48					
	of contributions reported on line 1c).	LICENCIAN.					
	See Part IV, line 18 · · · · · · · · ·	. a	44,310		ALC: UNK		
	b Less; direct expenses		7,335				100
	c Net income or (loss) from fundraising event			36,975	Valential term	36,975	
9	9a Gross income from gaming activities.						
	See Part IV, line 19 · · · · · · · · ·	. a			0.00		E M T
	b Less: direct expenses			30/15/01/01			
	c Net income or (loss) from gaming activities						
1	0a Gross sales of inventory, less						
	returns and allowances						
	b Less: cost of goods sold			Water Bridge			
-	c Net income or (loss) from sales of inventory	у		202	AFTER STREET		
	Miscellaneous Revenue		Business Code		Mark Hall Co.		
1	1a			-			
	b						
	c		-				
	d All other revenue						
	e Total. Add lines 11a-11d					HE LINE OF THE PARTY OF THE PAR	1

39-1976679

Part IX Statement of Functional Expenses

50 13	Check if Schedule O contains a response or note to ar	ny line in this Part IX			
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		0.000	garren and and	ER ERYTERS
	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				BRYS HOLDER
5	Compensation of current officers, directors,				
	trustees, and key employees			- e congres curries	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	164,009	95,125	49,203	19,681
8	Pension plan accruals and contributions (include	- N-10-2-10-28-27-			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,846	8,850	4,284	1,712
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	857		857	entra hara de la companya della companya della companya de la companya della comp
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	637		637	
g	Other. (If line 11g amount exceeds 10% of line 25, column	2000 400 0040		3.5 3.5.8.00	
	(A) amount, list line 11g expenses on Schedule O.) · ·	1,209		1,209	
12	Advertising and promotion	2,256	562	1,648	46
13	Office expenses	5,390	2,508	497	2,385
14	Information technology	20	20		
15	Royalties				
16	Occupancy	49,184	42,790	6,394	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,353	135	2,218	
21	Payments to affiliates	50 202	22.72.20	2002020	
22	Depreciation, depletion, and amortization	44,588	41,291	3,297	
23	Insurance	3,527	2,116	1,058	353
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If			O'N' BANDON	
	line 24e amount exceeds 10% of line 25, column				
10-12-0	(A) amount, list line 24e expenses on Schedule O.)	0.107			0.100
a	FUNDRAISING EXPENSE	2,107			2,107
b	VET EXPENSE	26,284	26,284		
c	VEHICLE MAINTENANCE	1,155	1,155		
d	GENERAL SHELTER EXPENSE	9,768	9,768	0.000	
0	All other expenses	3,325	1,244	2,081	
25	Total functional expenses. Add lines 1 through 24e .	331,515	231,848	73,383	26,284
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash - non-interest-bearing 18,640 56,446 1 2 715 5,961 2 3 3 100 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 538,777 Less: accumulated depreciation 10b 10c b 75.080 506,003 463,697 11 11 12 12 13 13 14 14 15 15 300 16 16 525,758 526,104 19,910 17 3,205 17 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, labilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 38,983 37,070 23 24 24 Unsecured notes and loans payable to unrelated third parties 386,623 377,419 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 11,700 17,939 26 26 463,455 429,394 Organizations that follow SFAS 117 (ASC 958), check here > and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 96,710 32 62,303 33 33 96,710 62,303 34 34 Total liabilities and net assets/fund balances . 525,758 526,104

orm		9-197667	9	Pa	age 12
Par	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				-
1	Total revenue (must equal Part VIII, column (A), line 12)		3	36,6	578
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	31,5	515
3	Revenue less expenses. Subtract line 2 from line 1	3		5,1	L63
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		62,3	303
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		-17-5	
7	Investment expenses	7			
8	Prior period adjustments	8		29,2	244
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				1000
	33, column (B))	10		96,	710
Par	t XII Financial Statements and Reporting	danie da		1000000	
	Check if Schedule O contains a response or note to any line in this Part XII				. \Box
			Separation of the separation o	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
-	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		176	3F-91	100
	reviewed on a separate basis, consolidated basis, or both:		10.3	3	
	Separate basis Consolidated basis Both consolidated and separate basis		15		1
b	Were the organization's financial statements audited by an independent accountant?		2b		X
- 57	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:			M	
	Separate basis Consolidated basis Both consolidated and separate basis			3733	100
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			900	
	Schedule O.				114
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			-	1
~			3b		
EΕΔ	required about 5. Country or profession of an appointed any elegation to an earlier about		1	000	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.

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ

Open to Public Inspection

 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Employer identification number Name of the organization 39-1976679 IOWA COUNTY HUMANE SOCIETY INC Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives; (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization (v) Amount of monetary (i) Name of supported organization (iii) EIN (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

39-1976679

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						7/14 C - 1411 Section 1
Cale	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.")	280,932	388,135	299,264	231,562	252,154	1,452,047
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	55,318	56,933	57,107	50,193	47,543	267,094
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	336,250	445,068	356,371	281,755	299,697	1,719,141
5	The portion of total contributions by	The same of the sa					
	each person (other than a		STORY OF STREET				
	governmental unit or publicly	I Continue					
	supported organization) included on	N. C. Carlot			Teally air		
	line 1 that exceeds 2% of the amount	March 1997	S. 1. 10 10 10 10 10 10 10 10 10 10 10 10 10	All Line		N. Contraction	
	shown on line 11, column (f)	MODEL STATE				18 (7.60)	
6	Public support. Subtract line 5 from line 4						1,719,141
-	tion B. Total Support					1.1.0044	40 T-4-1
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	336,250	445,068	356,371	281,755	299,697	1,719,141
8	payments received on securities loans, rents, royalties and income from similar sources	133	87	1		6	227
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,805	13,650	24,273	18,447		72,175
11	Total support. Add lines 7 through 10 -						1,791,543
12	Gross receipts from related activities, etc. (se	ee instructions) -				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here			or fifth tax year as	a section 501(c)(3) 	▶□
Sec	tion C. Computation of Public Su		-				
14	Public support percentage for 2014 (line 6, c						95.96 %
15	Public support percentage from 2013 Sched						94.00 %
16a	33 1/3% support test - 2014. If the organiza						▶ ☒
4	box and stop here. The organization qualifie						····
b							ь П
47-	check this box and stop here. The organizat						🗆
1/a	10%-facts-and-circumstances test - 2014. 10% or more, and if the organization meets t	A CONTRACTOR OF THE PARTY OF TH					
	Part VI how the organization meets the "fact:				The New York		
	organization · · · · · · · · · · · · · · · · · · ·			1.5			▶ □
b	10%-facts-and-circumstances test - 2013.						
5	15 is 10% or more, and if the organization me	35					
	Explain in Part VI how the organization meet					,	
	supported organization						▶ □
18	Private foundation. If the organization did n					25-50 1/603	U
	instructions · · · · · · · · · · · · · · · · · · ·						▶ □

39-1976679

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

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

Sec	ction A. Public Support		35	Silver and the second			
Cale	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 bus. under sec 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				4		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · ·						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		Maria Maria			-,	
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6 · · · · · · · · · ·					-	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)					0	
14	First five years. If the Form 990 is for the org organization, check this box and stop here		(요즘) 설명하는 경기 요즘 사용하게 되는 바람이 되고 있습니다.	중에 대통령하는 경기를 하면 없었다면 하는 사람이 없다.	as a section 501(c)(3	· ·	▶ □
Se	ction C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2014 (line 8, co	lumn (f) divided				15	%
16	Public support percentage from 2013 Schedu	AND RESIDENCE OF THE PARTY OF T	Colonia de la Co			16	%
Se	ction D. Computation of Investmen						
17	Investment income percentage for 2014 (line					17	%
18	Investment income percentage from 2013 Sch		[[전시] [[[전시] [[[[[] [[] [[] [[] [[] [[] [[] [] [] [18	%
19a	33 1/3% support tests - 2014. If the organiza 17 is not more than 33 1/3%, check this box a						▶□
	33 1/3% support tests - 2013. If the organization 18 is not more than 33 1/3%, check this b	ox and stop her	re. The organization	qualifies as a pub	licly supported orga		
20	Private foundation. If the organization did no	it check a box or	Time 14, 198, or 19	o, cneck this box a	and see instructions		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

IOWA COUNTY HUMANE SOCIETY INC 39-1976679 Organization type (check one): Filers of Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

IOWA COUNTY HUMANE SOCIETY INC

Employer identification number

39-1976679

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$ 15,420	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$11,758	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 5,500	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ \$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_5		\$ 20,000	Person A Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_6		\$\$	Person A Payroll Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

2014

OMB No. 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2014

Employer identification number

39-1976679 IOWA COUNTY HUMANE SOCIETY INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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: 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: Revenue included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	ile D (Form 990) 2014 IOWA COUNTY HUM	MANE SOCIETY INC	:		39-1976	
Par						ets (continued)
3	Using the organization's acquisition, accession,	and other records, check	any of the follo	wing that are a signif	icant use of its	
	collection items (check all that apply):					
a	Public exhibition	d Loan or	exchange prog	rams		
b	Scholarly research	e Other_				
С	Preservation for future generations	2				
4	Provide a description of the organization's collect	tions and explain how th	ey further the or	ganization's exempt	purpose in Part	
	XIII.	77				
5	During the year, did the organization solicit or red	ceive donations of art. hi	storical treasure	s, or other similar		
	assets to be sold to raise funds rather than to be					· Tyes No
Par	t IV Escrow and Custodial Arrang					
-	Complete if the organization ar	swered "Yes" to F	orm 990. Par	rt IV. line 9. or re	ported an amour	nt on Form
	990, Part X, line 21.	.0110.00				
10	Is the organization an agent, trustee, custodian of	or other intermedians for	contributions or	other assets not		
1a		ACCUSED SECUNDARY CONTRACTOR MEDITOR	CONTRIBUTIONS OF	Office descris not		. Tyes TNe
	included on Form 990, Part X?					🗆 169 🗀 14
b	If "Yes," explain the arrangement in Part XIII and	complete the following	able:			
	98 98 38 88 88 88			-		ount
C	Beginning balance				1c	
d	Additions during the year				1d	
0	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on Form					· · · · Yes N
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explanati	on has been pro	vided in Part XIII		
Par	t V Endowment Funds.	998 (ADDRESS / 1990) - 90	Francisco Contractor	SECTION AND A SECTION		
	Complete if the organization ar	nswered "Yes" to F	orm 990, Pa	rt IV, line 10.		
	A COLOR COMPANION DE LA COLOR	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
~	Net investment earnings, gains, and					
C	losses					
	Grants or scholarships			-		
а						
0	Other expenditures for facilities and					
	programs				-	
f	Administrative expenses					
9	End of year balance					
2	Provide the estimated percentage of the current		lg, column (a)) i	neld as:		
a	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %					
c	Temporarily restricted endowment	%				
	The percentages in lines 2a, 2b, and 2c should	equal 100%.				
3a	Are there endowment funds not in the possession	on of the organization the	at are held and a	administered for the		2011/15/00
	organization by:					Yes No
	(i) unrelated organizations · · · · · ·					. 3a(i)
	(ii) related organizations · · · · · · · · ·					. 3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sche	dule R?			. 3b
4	Describe in Part XIII the intended uses of the on	A STANDARD OF THE STANDARD OF				
Pa	rt VI Land, Buildings, and Equipm		10.100			
ı aı	Complete if the organization ar		orm 990 Pa	rt IV line 11a Se	e Form 990 Pa	rt X line 10
	The second secon					
	Description of property	(a) Cost or other b	asis (b) Cos	200 H 18	c) Accumulated	(d) Book value
	Doddipson or property			(ather)	depreciation	
	acceptant a property	(investment)		Januari.		
1a	Land	(investment)		100.001		
1a b		(investment)	000	Janes	20,084	379,916
1a b	Land	•••	000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,084	379,916
b	Land	•••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,084	379,916 83,781

Schedule D (Form 990) 2014

Part VII	Investments - Other Securities. Complete if the organization answ	vered "Yes" to Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial d	erivatives		
(2) Closely-hel	d equity interests		
(3) Other			
(A)			
(B)			
(C)	V		
(D)			
(E)			
(F)			
(G)			
(H)	Western Committee of the Committee of th		
Total. (Column (b)	must equal Form 990, Part X. col. (B) line 12.)	>	
Part VIII	Investments - Program Related Complete if the organization answ		line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets.	wered "Ves" to Form 990 Part IV	line 11d. See Form 990, Part X, line 15.
	Complete if the organization and	(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)	- 1 - 00000 Windows Win		
(5)	11-12-12-12-12-12-12-12-12-12-12-12-12-1	NOMES AND THE STATE OF THE STAT	
(6)			
(7)			
(8)			
(9)	William Control of the Control of th		
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) lin	ie 15.)	
Part X	Other Liabilities. Complete if the organization ansiline 25.	wered "Yes" to Form 990, Part IV,	line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2) LOAN	PAYABLE THORESON	6,700	
(3) LOAN	PAYABLE ANONYMOUT	5,000	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b	must equal Form 990, Part X, col. (B) line 25.)	► 11,700	

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

WA COUNTY HUMANE SOCIETY	INC				39-19	
Fundraising Activities Form 990-EZ filers are no	 Complete if 	the organ implete this	ization an: part.	swered "Yes" to	Form 990, Part IV,	line 17.
Indicate whether the organization rais				ties. Check all that ap	ply.	
a Mail solicitations		e 🗌		f non-government gra		
b Internet and email solicitations		f 🗌	Solicitation of	of government grants		
c Phone solicitations		g	Special fund	raising events		
d In-person solicitations						
 Did the organization have a written or or key employees listed in Form 990, 	Part VII) or entity	in connectio	n with profes	sional fundraising serv	vices? Ye	es 🗌 No
b If "Yes," list the ten highest paid indivi- compensated at least \$5,000 by the or		fundraisers)	pursuant to a	greements under whi	ch the fundraiser is to b	•
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 100						
tal				ions or has been notif	fied it is exempt from	
						10
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	8111/2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-					
						200-000-000-000
		C. 1117 YES				
		SESSION T				

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through STAY AT HOME FIREHOUSE BU 12 col. (c)) (total number) (event type) (event type) 44,310 5,118 20,872 Gross receipts 18,320 Less: Contributions Gross income (line 1 minus 44,310 5,118 20,872 18,320 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages Entertainment 879 7,335 5,412 Other direct expenses 1,044 Direct expense summary. Add lines 4 through 9 in column (d) 7,335 10 Net income summary. Subtract line 10 from line 3, column (d) 36,975 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo 1 Cash prizes - - -Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes % Volunteer labor 6 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

90-EZ or to provide any additional informa
▶ Attach to Form 990 or 990-EZ.

► 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.

2014

Open to Public Inspection

Employer identification number

39-1976679 IOWA COUNTY HUMANE SOCIETY INC Amended return infomation ENTITY IS A CASH BASIS REPORTER AND THE ORIGINAL RETURN WAS INADVERTENTLY FILED USING INFORMATION COMPILED ON AN ACCRUAL BASIS. 02. Form 990 governing body review (Part VI, line 11) FORM 990 IS REVEIEWED BY TREASURERE BEFORE SUBMISSION 03. Conflict of interest policy compliance (Part VI, line 12c) BOARD OF DIRECTORS REVIEW TRANSACTIONS AND FOLLOW UP ON ANY FINDINGS 04. Form 990 availability to public (Part VI, line 18) FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST 05. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

2014

Department of the Treasury Internal Revenue Service (99)

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. 179

) shown on return			r activity to which				
	A COUNTY HUMANE	SOCIETY II	NC FOR	M 990	- 1			39-1976679
Par			The second secon	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I			-	
	Note: If you have any I							
1							1	
2	Maximum amount (see instructions)							
3	Threshold cost of section 179 proper	[하다 보다 하다					3	
	Reduction in limitation. Subtract	-	4					
4				O If married	films	_	-	
5	Dollar limitation for tax year. Sub				ming		5	
_	separately, see instructions .		1 2002335534		1	William III	3	VICTOR OF THE PARTY OF THE PART
6	(a) Description	of property	(b) Cost (b	usiness use only) (c) Elec	cted cost	-	
					-	1010-00	-	
-	1	at from the 20		7			-	
7	Listed property. Enter the amou						8	
8	Total elected cost of section 179					-	9	
9	Tentative deduction. Enter the s					70 70 CHC	10	
0	Carryover of disallowed deducti					100		
11	Business income limitation. Ent					-	11	
12	Section 179 expense deduction						12	
13	Carryover of disallowed deducti	A STATE OF THE PARTY OF THE PAR		► 1:	3			
_	Do not use Part II or Part III be			ointian				
Par			and Other Depre			sted proper	ty.)	(See instructions.)
14	Special depreciation allowance				service			
	during the tax year (see instruct					0.622200	14	
15	Property subject to section 168				• • • • • • •	-	15	
16	Other depreciation (including AC					• • • '	16	
Par	t III MACRS Depreci	ation (Do not inc	lude listed property.) (Se	ee instructions	s.)			
			Section A					11 151
47	MACRS deductions for assets p	alaesal in asserias in to	be always buffer					
11						* * * .	17	44,430
	If you are electing to group any	assets placed in sen	vice during the tax year i	nto one or mo	ore general		1/	44,450
	If you are electing to group any asset accounts, check here	assets placed in sen	vice during the tax year i	nto one or mo	ore general			44,450
	If you are electing to group any asset accounts, check here	assets placed in sen	vice during the tax year i	nto one or mo	ore general			
	If you are electing to group any asset accounts, check here	assets placed in sen	vice during the tax year i	nto one or mo	ore general		yste	
18	If you are electing to group any asset accounts, check here Section B - Ass	assets placed in sen	ce During 2014 Tax Ye (c) Basis for depreciation (business/investment use only-see instructions)	ar Using the	General Depr	eciation Sy	yste	m (g) Depreciation deduction
18	If you are electing to group any asset accounts, check here Section B - As: (a) Classification of property	assets placed in sen	ce During 2014 Tax Ye (c) Basis for depreciation (business/investment use	ar Using the	ore general General Depr	eciation Sy	yste	m
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Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

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Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.			2014		
Name of exempt organization			Emp	oloyer identification number	
IOWA COUNTY HUMAN Name and title of officer	E SOCIETY INC		39-	-1976679	
LISA CVENGROS, TR	EASUER				
Part Type of R	eturn and Return Information	n (Whole Dollars Only)	0-11-1	
check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, of the applicable line below. I	on for which you are using this Form 88 ta, 3a, 4a, or 5a, below, and the amour or 5b, whichever is applicable, blank (do not complete more than 1 line in Pa	nt on that line for the return be to not enter -0-). But, if you ent art I.	ing filed with this form w tered -0- on the return, the	as blank, then hen enter -0- on	
 1a Form 990 check here 2a Form 990-EZ check he 3a Form 1120-POL check 4a Form 990-PF check he 5a Form 8868 check here 	ere b b Total revenue, if any	(Form 990-EZ, line 9) - 1120-POL, line 22) tment income (Form 990-PF	, Part VI, line 5)	2b	
Part II Declaration	on and Signature Authorizat	ion of Officer			
organization's 2014 electroare true, correct, and comporganization's electronic reto send the organization's the transmission, (b) the reauthorize the U.S. Treasur financial institution accountretum, and the financial ins Agent at 1-888-353-4537 rinvolved in the processing resolve issues related to the	I declare that I am an officer of the aboric return and accompanying scheduliplete. I further declare that the amount sturn. I consent to allow my intermedial return to the IRS and to receive from the eason for any delay in processing the rey and its designated Financial Agent to trindicated in the tax preparation softwat indicated in the tax preparation softwat indicated in the tax preparation to the stitution to debit the entry to this account to later than 2 business days prior to the off the electronic payment of taxes to repayment. I have selected a personal plicable, the organization's consent to delay the polyment of the electronic payment of taxes to repay the process of the organization's consent to delay the process of the payment.	es and statements and to the in Part I above is the amount e service provider, transmitter the IRS (a) an acknowledgeme eturn or refund, and (c) the data initiate an electronic funds with are for payment of the organizant. To revoke a payment, I mude payment (settlement) date. eceive confidential information I identification number (PIN) a	best of my knowledge a shown on the copy of the r, or electronic return orient and of receipt or reason for all of any refund. If applied (thdrawal (direct debit) e action's federal taxes ow st contact the U.S. Treal I also authorize the final on necessary to answer in	nd belief, they ginator (ERO) or rejection of icable, 1 ntry to the ed on this sury Financial ncial institutions equiries and	
X lauthorize John	nson Accounting ERO firm name	to enter my PIN	65478 as Enter five numbers, but	s my signature	
being filed with a s ERO to enter my l	n's tax year 2014 electronically filed restate agency(ies) regulating charities a PIN on the return's disclosure consent e organization, I will enter my PIN as my within this return that a copy of the return program, I will enter my PIN on the return that a copy of the copy of the return that a copy of the	turn. If I have indicated within s part of the IRS Fed/State pro screen. by signature on the organization curn is being filed with a state a	ogram, I also authorize t on's tax year 2014 electr gency(ies) regulating ch	the aforementioned onically filed return.	
Officer's signature			Date ▶ 0	5-06-2015	
	tion and Authentication				
[18] [18] [18] [18] [18] [18] [18] [18]	ur six-digit electronic filing identification y your five-digit self-selected PIN.	1	396004	19871 do not enter all zeros	
indicated above. I confirm	neric entry is my PIN, which is my sign that I am submitting this return in acco IRS e-file Providers for Business Retu	rdance with the requirements			
		1113.			

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