		1	Short Form	1		OMB No. 1545-1150			
	0	90-EZ		0110 10. 1949-1100					
For	m 🚽		Return of Organization Exempt From Incom			2014			
		Und	der section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pri	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					Open to Pu				
	enal Rev		Inspection						
Α	For the		ear, or tax year beginning January 1 , 2014, and endir	ng De	cembe	r 31 , 20 14			
В			Name of organization	D Em	ployer ic	lentification number			
	Address	Vali	ey Animal Haven & Adoption Center		4	6-5080982			
	Name ch Initial ret	J III	nber and street (or P.O. box, if mail is not delivered to street address) Room/suit	te E Tele	ephone n	phone number			
		990	E. D St.		55	9-997-3601			
	Amendeo		or town, state or province, country, and ZIP or foreign postal code	F Gro	oup Exe	mption			
		Constraints of	noore, CA 93245		mber I				
	Accour Website	•	Cash Accrual Other (specify) ▶			if the organization is not			
			eyanimalhaven.org nly one) – ✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527			ach Schedule B			
1000000000		f organization:		(Form	990, 99	0-EZ, or 990-PF).			
			Corporation Trust Association Other						
(Pa	rt II. co	lumn (B) below) are	s file s to determine gross receipts. If gross receipts are \$200,000 or more, or if the \$500,000 or more, file Form 990 instead of Form 990-EZ	total assets	5 m.				
100000000000000000000000000000000000000	artI		expenses, and Changes in Net Assets or Fund Balances (see	the inetw	\$	for Deat N			
-		Check if the	organization used Schedule O to respond to any question in this Pa		ICTIONS				
	1	Contributions	gifts, grants, and similar amounts received .	<u>.</u>	11				
	2		e revenue including government fees and contracts	1 I. A	2	12664			
	3		ues and assessments		3	0			
	4	Investment inco		• • •	4				
	5a	Gross amount	from sale of assets other than inventory 5a			0			
	b		ther basis and sales expenses	4					
	c	Gain or (loss) fr	om sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0			
	6	Gaming and fu	ndraising events			0			
	a		from garning (attach Schedule G if greater than						
nu			6a 0						
Revenue	b		rom fundraising events (not including \$ 5,287 of contribution						
ĝ		from fundraisin	g events reported on line 1) (attach Schedule G if the						
			oss income and contributions exceeds \$15,000)	5,287					
	C	Less: direct exp	penses from gaming and fundraising events	529					
	d	ling Gol	(loss) from gaming and fundraising events (add lines 6a and 6b and	subtract					
	7a			• • •	6d	4758			
	b	Less: cost of g	inventory, less returns and allowances	4,298					
	c		loss) from sales of inventory (Subtract line 7b from line 7a)	0					
	8	Other revenue (describe in Schedule O) .		7c	4,298			
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		8	0			
	10	Grants and sim	ilar amounts paid (list in Schedule O)		10	21720			
	11	Benefits paid to	or for members		11	0			
98	12	Salaries, other of	compensation, and employee benefits		12	0			
Suc	13	Professional fee	es and other payments to independent contractors		13	0			
Expenses	14	Occupancy, ren	t, utilities, and maintenance		14	3,577			
Ш	15	Printing, publica	ations, postage, and shipping		15	626			
	16	Other expenses	(describe in Schedule O)		16	12563			
	17	Total expenses	Add lines 10 through 16		17	16767			
ts	18	Excess or (defic	it) for the year (Subtract line 17 from line 9)		18	4953			
Net Assets	19	inet assets or fi	und balances at beginning of year (from line 27, column (A)) (must ag	ree with					
t A	00		re reported on prior year's return)		19	0			
Ne	20	Other changes i	n net assets or fund balances (explain in Schedule O)		20	0			
	21	ivet assets or fu	nd balances at end of year. Combine lines 18 through 20		21	4953			
ror	raperv	work Heduction A	ct Notice, see the separate instructions. Cat. No. 106421			Form 990-EZ (2014)			

mailed on 4/7/15 PBS-

Construction of	990-EZ (2014) Balance Sheets (see the instructions	for Part II)		e		Page 2
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[0	22	3,295
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		[the second s	25	3,295
26	Total liabilities (describe in Schedule O)		[ter and the second s	26	0,200
27	Net assets or fund balances (line 27 of colum	n (B) must aaree wit	h line 21)	<u> </u>	27	3,295
Par				Part III)		3,233
La constitución de	Check if the organization used Schedule					Expenses
What	t is the organization's primary exempt purpose?	Charitable	ny quodion in this		(Re	guired for section
		a grant data part to the state of the state				(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompl	ishments for each c	f its three largest p	rogram services,		anizations; optional for ers.)
as II	neasured by expenses. In a clear and concise r	nanner, describe th	e services provided	, the number of	Oute	:15.)
and the second second				,		
28	Spay/Neuter of cats and dogs to make them available	e for re-homing and a	Idoption			
	(Grants \$ 0) If this amount	includes foreign gra	ants, check here .	🕨 🗌	28a	3,286
29	Animal & kennel supplies to allow for proper care an	d housing of animals	awaiting adoption			
	(Grants \$ 0) If this amount	includes foreign gra	ints check here		29a	0.170
30	Lease payments for shelter facility. Allows higher v	cibility of animals to	inco, oncor nere .		230	3,178
		the managed with the				
	Increases volunteer opportunities made available to	the general public.				
	(Cronto ¢					
04		includes foreign gra			30a	2,000
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	🕨 🔲 🛛	31a	
	Total program service expenses (add lines 28a				32	
Pari	······································	y Employees (list eacl	n one even if not comp	pensated-see the in	stru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part IV		🗋
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		ther compensation
Pame	la Brasil	Transferration of the second second				
Execu	utive Director/Board President	40			0	0
	i Leader				-	<u> </u>
	I Vice President/ Board Secretary	30				
	Miller	30			0	0
Board	1 Treasurer	5	0		0	0
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a for a close to the						
-			A REAL PROPERTY AND			

Form 9	990-EZ (2014)		F	Page 3
Par		s in th	ne	*****
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V	
20			Yes	No
33	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			
34		33		
04	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	04		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	250		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		V
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		¥
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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		1
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?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			100
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Gross receipts, included on line 9, for public use of club facilities			
Tou	section 4911		1	
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		\checkmark
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	-100		
	on organization managers or disqualified persons during the year under sections 4912,			
	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 California	40e		\checkmark
42a				
	Located at ▶ 990 E. D St. Lemoore, CA	59-99		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	932	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	V
	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		\checkmark
40	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		. D	▶ 🗌
	and enter the amount of tax-exempt interest received or accrued during the tax year	r		0
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	444		-
	completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		T	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			in A
	Form 990-EZ (see instructions)	45b		\checkmark

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Form 990-EZ (2014)

Service of the Service of	90-EZ (2014)		and the second second second second				P
46	Did the organization on some diverties	ar indirectly in the little t					Yes
40	Did the organization engage, directly o to candidates for public office? If "Yes	a" complete Schedule (campaign activities or	n behalt of c	or in opposi	tion	
Part	VI Section 501(c)(3) organizatio	ons only	,, a.c		· · · ·	• 46	1
Current of the second	All section 501(c)(3) organizat		estions 47–49b and	52, and co	omplete th	e tables	for line
	50 and 51.						
	Check if the organization used	Schedule O to respon	d to any question in t	this Part VI	<u>· · ·</u>	· · · .	
47	Did the organization engage in lobby	ing activities or have a	section 501(b) electic	on in offoct	during the	tax [Yes
	year? If "Yes," complete Schedule C, I						
48	Is the organization a school as describe	ed in section 170(b)(1)(A)	(ii)? If "Yes," complete	Schedule E		. 48	
49a	Did the organization make any transfer	rs to an exempt non-cha					
ь 50	If "Yes," was the related organization a	a section 527 organization	on?			. 49b	
50	Complete this table for the organization employees) who each received more the	han \$100.000 of compe	nsated employees (otr	ner than offi	bere is non	tors, truste	ees and
		(b) Average	(c) Reportable		n benefits,		vone.
	(a) Name and title of each employee	hours per week	compensation		to employee , and deferred	(e) Estimate other cor	
		devoted to position	(Forms W-2/1099-MISC)		nsation		
NONE							
	<u> </u>					·	
		N.	,, _,	ļ			
f	Total number of other employees paid						
51	Complete this table for the organizati	on's five highest comp	ensated independent	contractors	s who each	n received	more
	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is no	ensated independent one, enter "None."				
	Complete this table for the organizati	on's five highest comp rganization. If there is no	ensated independent			Compensati	
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is no	ensated independent one, enter "None."				
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is no	ensated independent one, enter "None."				
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is no	ensated independent one, enter "None."				
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is no	ensated independent one, enter "None."				
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is no	ensated independent one, enter "None."				
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is no	ensated independent one, enter "None."				
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is no	ensated independent one, enter "None."				
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is no	ensated independent one, enter "None."				
51 NONE	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv		(c)		
51 NONE	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv		(c)	0 Compensati	
51 NONE	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep Total number of other independent cor Did the organization complete Sche completed Schedule A	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv (b) Type of serv over \$100,000 ection 501(c)(3) organ	nice	(c)	0 0 0 1 a .▶√ Yes	ion
51 NONE d 52	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name address of each indep (c) Nam	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (nice	(c)	0 0 0 1 a .▶√ Yes	ion
51 NONE d 52	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep Total number of other independent cor Did the organization complete Sche completed Schedule A	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (nice	(c)	0 0 0 1 a .▶√ Yes	ion
51 NONE d 52 Juder per rue, com	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (a) Name and business address of each indep (b) Name and business address of each indep (c) Name and business address of e	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (nice	(c) hust attach best of my kn dge. 4 - 7 - 1	0 0 0 1 a .▶√ Yes	ion
51 NONE d 52 Jnder per rue, com	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (a) Name and business address of each indep (b) Name and business address of each indep (c) Name and business address of each indep (c) Name and business address of each indep (c) Name address of each ind	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (nizations m	(c) hust attach best of my kn dge. 4 - 7 - 1	0 0 0 1 a .▶√ Yes	ion
51 NONE d 52 Jnder perrue, con	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (a) Name and title (a) Name and title	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv (b) Type of serv over \$100,000 ection 501(c)(3) organ sying schedules and stateme ormation of which preparer h	nice	(c) hust attach best of my kn dge. 4 - 7 - 1	0 0 1 a 	ion
51 NONE d 52 Jnder pe rue, con Sign Here Paid	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (a) Name and business address of each indep (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name and title (c) Name and title	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (nice	(c)	0 0 1 a .▶√ Yes if PTIN	ion
51 NONE d 52 Juder per rue, com Sign Here Paid Prepa	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (a) Name and business address of each indep (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name and the organization complete Sche (c) Name and c) Name and title (c) Name and	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv (b) Type of serv over \$100,000 ection 501(c)(3) organ sying schedules and stateme ormation of which preparer h	nizations m ents, and to the has any knowle	(c)	0 0 1 a .▶√ Yes if PTIN	ion
51 NONE d 52 Juder per rue, com	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (a) Name and business address of each indep (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name and the organization complete Sche (c) Name and c) Name and title (c) Name and	on's five highest comp rganization. If there is no endent contractor	ensated independent one, enter "None." (b) Type of serv (b) Type of serv over \$100,000 ection 501(c)(3) organ sying schedules and stateme ormation of which preparer h	nice	(c)	0 0 1 a .▶√ Yes if PTIN	ion

SCHEDULE A (Form 990 or 990-EZ)		Pi	Public Charity Status and Public Support					
			omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2014
Departr	ment of the Treasurv			ach to Form 990 or For				Open to Public
Internal	Revenue Service	► Information abo	ut Schedule A (For	rm 990 or 990-EZ) and it	s instructio	ons is at w	ww.irs.gov/form990.	Inspection
	of the organization	56 P01		AL -			Employer identificati	on number
Par	Animal Haven &		1	· · ·		46-5	080982	
and the second s	ANY	t a private found	ation because it	l organizations mus		ete this p	part.) See instruct	ions.
1	rganization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
	section 170	(b)(1)(A)(iv). (Corr	plete Part II.)	college or university				ntal unit described in
6 7	An organizat	ate, or local gover ion that normally section 170(b)(1	receives a subs	nmental unit describe stantial part of its sup te Part II.)	d in secti oport fror	i on 170(b n a govei)(1)(A)(v). mmental unit or fro	m the general public
8					Part II.)			
9								e than 331/3% of its
10 11	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check 							tion 509(a)(3). Check
а	 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	control or n	nanagement of th	e supporting or	d or controlled in cor ganization vested in the Sections A and C.	nection w he same j	vith its su persons t	pported organizatic hat control or mana	on(s), by having ge the supported
С	🗌 Type III fur	nctionally integra	ated. A supportin	ng organization opera s). You must compl e	ated in co ete Part I	nnection V, Sectio	with, and functiona ns A, D, and E.	lly integrated with,
đ	that is not f	unctionally integr	ated. The organi	porting organization o ization generally must mplete Part IV, Sect	t satisfy a	distributi	ion requirement and	rted organization(s) d an attentiveness
e	Check this	box if the organiz	ation received a	written determination	n from the	e IRS that	it is a Type I, Type	II, Type III
f g	Enter the numb Provide the foll	per of supported oving information	organizations . n about the supp	ported organization(s)	· · ·	•••		[]
	(i) Name of supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in yo	organization ur governing iment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)		• · · · · · · · · · · · · · · · · · · ·						
(C)								
(D)								
(E)					ļ			
Total								

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Schedule A (Form 990 or 990-EZ) 2014

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Parl		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked th	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
Cash	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support						
	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.")	0	0	0	0	12664	12664
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0		0	12664	12664
5	The portion of total contributions by				<u>×</u>	12004	12004
5	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).						
6	Public support. Subtract line 5 from line 4.						0
	ion B. Total Support			L			12664
	ndar year (or fiscal year beginning in)	(a) 2010	(-) 0011	(1) 0010	()) 0040	() 0011	
7	Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
		0	0	0	0	12664	12664
8	Gross income from interest, dividends,	Y X					
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	0	0	0	0	0	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or	12					
	loss from the sale of capital assets		•				
	(Explain in Part VI.)	0	0	0	0	4758	4758
11	Total support. Add lines 7 through 10						17422
12	Gross receipts from related activities, etc.	(see instructio	ons)			12	4,298
13	First five years. If the Form 990 is for th	e organization	's first, secon	d, third, fourth	or fifth tax ve	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	re			0		
Secti	on C. Computation of Public Suppor	t Percentage	3	and an an and an an analysis	06		
14	Public support percentage for 2014 (line 6	, column (f) div	ided by line 1	1. column (f)		14	%
15	Public support percentage from 2013 Sch		and second source and			15	%
16a							neck this
	box and stop here. The organization qual	ifies as a publi	cly supported	organization			
b	331/3% support test-2013. If the organ						
	check this box and stop here. The organi	zation qualifies	as a publicly	supported ora	anization	10 10 00 /3/0	· ▶ □
17a							
174	10% or more, and if the organization mee	te the "facto o	nization did ho	DI CHECK a DOX	on line 13, 16	a, or 16b, and 1	ine 14 is
	Part VI how the organization meets the "fa	cts and circu	metanooo" too	t The organize	tion qualifica	a stop nere. E	xpiain in
	organization		instances tes	a. The organiza	auon quaines a	as a publicly st	× —
					• • • • • •	1. 1	. 🕨 📋
b	10%-facts-and-circumstances test-20	13. If the orga	nization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organizati	ion meets the	Tacts-and-cir	rcumstances"	test, check th	is box and sto	op here.
	Explain in Part VI how the organization me	eets the "facts	-and-circumst	ances" test. Th	ne organizatior	n qualifies as a	publicly
40	supported organization						. 🕨 🗌
18	Private foundation. If the organization did	i not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see
	instructions						. 🕨 🗆

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information.	Z on	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. 	irs.gov/form990.	Open to Public Inspection
Name of the organization	1	mployer identifica	ation number
Valley Animal Haven		46-	5080982
Animal Supplies (vacci	nations, antibiotics, veterinary costs, kennel supplies, cat litter, pet food) \$5,226	.42	
Spay/Neuter surgeries	\$3,286.00		
Vehicle expense and m	aintenance \$640.00		
Insurance \$2,198			
Office and Cleaning Su	pplies \$ 686.00		
Security System \$53.0	00		
Dues paid to others (ch	namber of commerce) \$150.00		
Food and Incidentals	\$322.00		
Banking Fees \$2.00			
	C		
	Q		
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