

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2014 calendar year, or tax year beginning 09/01/14, and ending 08/31/15


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">HUMANE SOCIETY FOR BOONE COUNTY INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 708 City or town, state or province, country, and ZIP or foreign postal code LEBANON IN 46052	D Employer identification number <p align="center">26-1122066</p> E Telephone number <p align="center">765-485-8888</p> G Gross receipts \$ 446,421
F Name and address of principal officer: MIKE HANCOCK P.O. BOX 708 LEBANON IN 46052		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.HSFORBC.ORG		L Year of formation: 2007
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">SEE SCHEDULE O</p>																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	3 Number of voting members of the governing body (Part VI, line 1a)	3 10																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 0																		
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 0																		
	6 Total number of volunteers (estimate if necessary)	6 35																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0																		
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0																		
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">41,705</td> <td align="right">339,354</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">8,459</td> <td align="right">9,318</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">276</td> <td align="right">348</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">43,992</td> <td align="right">84,660</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">94,432</td> <td align="right">433,680</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	41,705	339,354	9 Program service revenue (Part VIII, line 2g)	8,459	9,318	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	276	348	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,992	84,660	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,432	433,680
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Expenses																				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0																		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0																		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0																		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0																		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,314																			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,729																		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,729																		
	19 Revenue less expenses. Subtract line 18 from line 12	58,703																		
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Beginning of Current Year</th> <th align="center">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td align="right">341,286</td> <td align="right">736,975</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td align="right">0</td> <td align="right">0</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td align="right">341,286</td> <td align="right">736,975</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	341,286	736,975	21 Total liabilities (Part X, line 26)	0	0	22 Net assets or fund balances. Subtract line 21 from line 20	341,286	736,975						
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Date _____ Type or print name and title _____	
Paid Preparer Use Only	Print/Type preparer's name: GREGORY D. SIGMAN Preparer's signature:  Date: 7/11/14 Check <input type="checkbox"/> if self-employed PTIN: P00652035 Firm's name: L. M. HENDERSON & COMPANY, LLP Firm's address: 450 E 96TH ST STE 200 INDIANAPOLIS, IN 46240 Firm's EIN: 20-5520612 Phone no.: 317-566-1000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.