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CLIENT'S COPY

LMHS, P.C.
80 WASHINGTON ST., BUILDING S
NORWELL, MASSACHUSETTS 02061
(781) 878-9111

OCTOBER 16, 2015

NEW ENGLAND WILDLIFE CENTER, INC.
500 COLUMBIAN STREET
SOUTH WEYMOUTH, MA 02190

NEW ENGLAND WILDLIFE CENTER, INC.:

ENCLOSED ARE THE ORGANIZATION'S 2014 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 16, 2015.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

MASSACHUSETTS FORM M-990T RETURN:

MAIL TO - MASS. DEPARTMENT OF REVENUE
P.O. BOX 7067
BOSTON, MA 02204

PLEASE SIGN AND MAIL FORM M-990T ON OR BEFORE NOVEMBER 16, 2015.

NO PAYMENT IS REQUIRED.

MASSACHUSETTS FORM PC RETURN:

PLEASE SIGN AND MAIL FORM PC AS SOON AS POSSIBLE.

MAIL TO - NON-PROFIT ORG/PUBLIC CHARITIES DIV
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MA 02108

ENCLOSE A CHECK FOR \$500 MADE PAYABLE TO COMMONWEALTH OF MASSACHUSETTS.

INCLUDE THE ORGANIZATION'S MASSACHUSETTS ATTORNEY GENERAL SIX-DIGIT ACCOUNT NUMBER AND "2014 FORM PC" ON THE REMITTANCE. ALSO INCLUDE THE ORGANIZATION'S FISCAL YEAR END DATE IN THIS FORMAT (12/14).

FORM PC MUST BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ALSO BE SURE THAT ALL THE NECESSARY ATTACHMENTS ARE INCLUDED WITH FORM PC BEFORE FILING.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

BRUCE W. HENRIKSEN

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____, 20____

2014

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.**

Name of exempt organization

Employer identification number

NEW ENGLAND WILDLIFE CENTER, INC.

04-2907561

Name and title of officer

**GREG MERTZ
CHAIRMAN**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,114,529.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04477900990

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **10/16/15**

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

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 and ending

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 NEW ENGLAND WILDLIFE CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 COLUMBIAN STREET City or town, state or province, country, and ZIP or foreign postal code SOUTH WEYMOUTH, MA 02190 F Name and address of principal officer: GREGORY MERTZ 500 COLUMBIAN STREET, SOUTH WEYMOUTH, MA 02	D Employer identification number 04-2907561 E Telephone number 781-682-4878 G Gross receipts \$ 1,114,529. 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) H(c) Group exemption number ▶
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 J Website: ▶ WWW.NEWWILDLIFE.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1983 M State of legal domicile: MA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTION OF POSITIVE VALUES, BEHAVIORS, AND POLICIES TOWARD WILDLIFE & THE ENVIROMENT THRU 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 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 26 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 155,231. 7b Net unrelated business taxable income from Form 990-T, line 34 7b -27,023.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 709,144. Current Year 813,603. 9 Program service revenue (Part VIII, line 2g) 221,148. 270,785. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 202. 34. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,592. 30,107. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 964,086. 1,114,529.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 705,378. 726,757. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 123,831. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 386,010. 436,887. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,091,388. 1,163,644. 19 Revenue less expenses. Subtract line 18 from line 12 -127,302. -49,115.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 6,064,707. End of Year 6,006,120. 21 Total liabilities (Part X, line 26) 44,989. 35,517. 22 Net assets or fund balances. Subtract line 21 from line 20 6,019,718. 5,970,603.	

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 GREGORY MERTZ, CHAIRMAN Type or print name and title	Date _____		
Paid Preparer Use Only	Print/Type preparer's name BRUCE W. HENRIKSEN	Preparer's signature _____	Date 10/16/15	Check <input type="checkbox"/> if self-employed PTIN P00581728
	Firm's name ▶ LMHS, P.C.	Firm's EIN ▶ 04-2971374		
	Firm's address ▶ 80 WASHINGTON ST., BUILDING S NORWELL, MA 02061		Phone no. 7818789111	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: NONE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 405,391. including grants of \$) (Revenue \$) ANIMAL CARE & TEACHING HOSPITAL: ANNUAL TREATMENT OF 1,000-2,000 INJURED WILD ANIMALS TEACHING HOSPITAL PROVIDERS INTERNSHIPS TO APPROX. SIXTY UNDERGRADUATE AND HIGH SCHOOL STUDENTS PER YEAR

4b (Code:) (Expenses \$ 299,888. including grants of \$) (Revenue \$) PUBLIC EDUCATION AND INFORMATION: IN-CLASSROOM EDUCATIONAL PROGRAMS FOR APPROX. 15,000 GRADESCHOOLERS AND ON-SITE EDUCATION TO SEVERAL THOUSAND VISITERS AND VOLUNTEERS PER YEAR ALONG WITH ANSWERING APPROX. 15,000 TELEPHONE CALLS A YEAR CONCERNING PROBLEM WILDLIFE AND PUBLIC HEALTH.

4c (Code:) (Expenses \$ 210,171. including grants of \$) (Revenue \$ 155,231.) THE ODD PET VET: IN-HOUSE VETERINARIAN SERVICES FOR EXOTIC ANIMALS INCLUDING EDUCATION TO PUBLIC INTERNS AND VOLUNTEERS ABOUT PET CARE AND PUBLIC HEALTH

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 915,450.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (7), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOANNE SANDERS, FINANCE DIRECTOR - 781-682-4878 500 COLUMBIAN STREET, WEYMOUTH, MA 02190

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN DELAHUNT PRESIDENT	0.00	X		X				0.	0.	0.
(2) PETER BROWN TREASURER	0.00	X		X				0.	0.	0.
(3) TERESA HILL VICE PRESIDENT	0.00	X		X				0.	0.	0.
(4) BEVERLY SMITH CLERK	0.00	X		X				0.	0.	0.
(5) JOSEPH FLAHERTY DIRECTOR	0.00	X		X				0.	0.	0.
(6) KEITH WELLS DIRECTOR	0.00	X						0.	0.	0.
(7) MICHELE JALBERT DIRECTOR	0.00	X						0.	0.	0.
(8) KATRINA M BANAGIS EXECUTIVE DIRECTOR	40.00	X						115,534.	0.	0.
(9) GREGORY MERTZ CHAIRMAN	40.00	X						147,111.	0.	0.
(10) THOMAS SHIELDS DIRECTOR	0.00	X						0.	0.	0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	813,603.				
	g Noncash contributions included in lines 1a-1f: \$		61,437.				
	h Total. Add lines 1a-1f		813,603.				
Program Service Revenue	2 a THE ODD PET	Business Code 900099	155,231.		155,231.		
	b EDUCATION & PROJECT FE	900099	115,554.	115,554.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		270,785.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		34.			34.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	30,107.				
		b Less: direct expenses	b	0.			
c Net income or (loss) from fundraising events			30,107.			30,107.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			1,114,529.	115,554.	155,231.	30,141.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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 and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	628,576.	476,397.	77,912.	74,267.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	41,874.	41,261.		613.
10 Payroll taxes	56,307.	42,675.	6,979.	6,653.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology	8,510.	6,734.	909.	867.
15 Royalties				
16 Occupancy				
17 Travel	707.	707.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	165,358.	130,830.	17,678.	16,850.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	65,514.	65,514.		
b UTILITIES	62,493.	49,443.	6,682.	6,368.
c REPAIRS & MAINTENANCE	32,434.	25,662.	3,467.	3,305.
d INSURANCE	31,039.	24,557.	3,319.	3,163.
e All other expenses	70,832.	51,670.	7,417.	11,745.
25 Total functional expenses. Add lines 1 through 24e	1,163,644.	915,450.	124,363.	123,831.
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)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	109,890.	1	186,237.
	2 Savings and temporary cash investments	48,018.	2	10,943.
	3 Pledges and grants receivable, net		3	61,000.
	4 Accounts receivable, net	15,543.	4	18,529.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,292.	9	19,449.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,212,387.		
	b Less: accumulated depreciation	10b 1,528,509.		
	11 Investments - publicly traded securities	5,845,672.	10c	5,683,878.
	12 Investments - other securities. See Part IV, line 11	5,292.	11	84.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	26,000.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,064,707.	15	26,000.	
		16	6,006,120.	
Liabilities	17 Accounts payable and accrued expenses	23,391.	17	29,236.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,598.	25	6,281.
	26 Total liabilities. Add lines 17 through 25	44,989.	26	35,517.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,940,636.	27	5,766,206.
	28 Temporarily restricted net assets	71,582.	28	196,897.
	29 Permanently restricted net assets	7,500.	29	7,500.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,019,718.	33	5,970,603.	
34 Total liabilities and net assets/fund balances	6,064,707.	34	6,006,120.	

Part 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)	1	1,114,529.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,163,644.
3	Revenue less expenses. Subtract line 2 from line 1	3	-49,115.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,019,718.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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 33, column (B))	10	5,970,603.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2014)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar 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.")	730,300.	889,904.	978,986.	709,144.	813,603.	4,121,937.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	730,300.	889,904.	978,986.	709,144.	813,603.	4,121,937.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						4,121,937.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	730,300.	889,904.	978,986.	709,144.	813,603.	4,121,937.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,557.	379.	51.	202.	34.	4,223.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,557.	379.	51.	202.	34.	4,223.
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.)	26,556.	3,081.	14,254.	33,592.	30,107.	107,590.
13 Total support. (Add lines 9, 10c, 11, and 12.)	760,413.	893,364.	993,291.	742,938.	843,744.	4,233,750.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	97.36 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	97.62 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	.10 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	.16 %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2014

Name of the organization

NEW ENGLAND WILDLIFE CENTER, INC.

Employer identification number

04-2907561

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 totaling \$5,000 or more during the year ▶ \$ _____

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization NEW ENGLAND WILDLIFE CENTER, INC.	Employer identification number 04-2907561
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALLISON FAMILY CHARITABLE FDN 69 PINEHURST ROAD BELMONT, MA 02478	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT & MARIA REISMAN CHARITABLE TRUST 131 WINDING RIVER ROAD NEEDHAM, MA 02494	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AHIMSA FOUNDATION 60 STATE STREET BOSTON, MA 02109	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FOUNDATION M P.O. BOX 3219 ANDOVER, MA 01810	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROBERT & KAREN HALE 8 OLMSTEAD DRIVE HINGHAM, MA 02043	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MARTHA MORSE FOUNDATION 45 MILK STREET BOSTON, MA 02109	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW ENGLAND WILDLIFE CENTER, INC.	Employer identification number 04-2907561
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MCKIM FAMILY CHARITABLE FND 74 SCHOOL ST HINGHAM, MA 02043	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE E.D. FOUNDATION 414 DEVON ST KEARNY, NJ 07032	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	EMILSON FAMILY FUND P.O. BOX 770001 CINCINNATI, OH 45277	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CURTLO LLC 400 LINCOLN STREET HINGHAM, MA 02043	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	NORFOLK COUNTY SHERIFFS OFFICE 200 WEST ST DEDHAM, MA 02026	\$ 41,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW ENGLAND WILDLIFE CENTER, INC.	Employer identification number 04-2907561
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ARBELLA 101 ARCH STREET BOSTON, MA 02110	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	EASTERN BANK CHARITABLE FOUNDATION 195 MARKET STREET LYNN, MA 01901	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE M.S. WORTHINGTON FOUNDATION INC 21 VESTAL STREET NANTUCKET, MA 02554	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER STREET BOSTON, MA 02116	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	BAFFLIN FOUNDATION 50 KENNEDY PLAZA PROVIDENCE, RI 02903	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	RAIMUND & ANNE VANDERWEIL 500 JERUSALEM ROAD COHASSET, MA 02025	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW ENGLAND WILDLIFE CENTER, INC.	Employer identification number 04-2907561
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SALAH FOUNDATION 227 WEST TRADE STREET CHARLOTTE, NC 28202	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	THE WEEZIE FOUNDATION 270 PARK AVE NEW YORK, NY 10017	\$ 122,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	ENTERGY CHARITABLE FOUNDATION 639 LOYOLA AVE NEW ORLEANS, LA 70113	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	KERRY PANOS 600 ATLANTIC AVE BOSTON, MA 02210	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	YAWKEY FOUNDATION 990 WASHINGTON STREET DEDHAM, MA 02026	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW ENGLAND WILDLIFE CENTER, INC.	Employer identification number 04-2907561
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization NEW ENGLAND WILDLIFE CENTER, INC.	Employer identification number 04-2907561
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization NEW ENGLAND WILDLIFE CENTER, INC. **Employer identification number** 04-2907561

Part I 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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 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) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 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.
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,500.	7,500.	7,500.	7,500.	7,500.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,500.	7,500.	7,500.	7,500.	7,500.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held 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 of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,440,000.			1,440,000.
b Buildings	5,173,159.		1,099,297.	4,073,862.
c Leasehold improvements	118,462.		63,083.	55,379.
d Equipment	480,766.		366,129.	114,637.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,683,878.

Part VII Investments - Other Securities.

Complete if the organization answered "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 derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	6,281.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,281.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,283,106.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	107,140.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	61,437.
e	Add lines 2a through 2d	2e	168,577.
3	Subtract line 2e from line 1	3	1,114,529.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,114,529.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,332,221.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	107,140.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	61,437.
e	Add lines 2a through 2d	2e	168,577.
3	Subtract line 2e from line 1	3	1,163,644.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,163,644.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONATED MATERIALS 61,437.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONATED MATERIALS 61,437.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NEW ENGLAND WILDLIFE CENTER, INC.

Employer identification number

04-2907561

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X		61,437.	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

NEW ENGLAND WILDLIFE CENTER, INC.

Employer identification number

04-2907561

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION, RESEARCH & MEDICAL TREATMENT & REHAB OF WILDLIFE.

FORM 990, PART VI, SECTION B, LINE 11:

THE AUDITOR PREPARES THE FORM 990. THE DIRECTOR OF FINANCE REVIEWS THE
FORM 990 THEN SENDS THE FORM 990 TO THE TREASURER AND CEO FOR THEIR REVIEW
AND FINAL SIGNATURES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THIER CONFLICT OF
INTEREST POLICY THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF OFFICERS OR KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY
THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	LEASEHOLD IMPROVEMENTS	063089	SL	40.00	16	3,690.			3,690.	2,488.		92.
2	LEASEHOLD IMPROVEMENTS	063090	SL	40.00	16	2,159.			2,159.	1,371.		54.
3	LEASEHOLD IMPROVEMENTS	063091	SL	40.00	16	4,660.			4,660.	2,809.		117.
4	LEASEHOLD IMPROVEMENTS	063094	SL	40.00	16	3,306.			3,306.	1,615.		83.
5	FIRE ALARM & WIRING	040695	SL	20.00	16	3,714.			3,714.	3,484.		186.
6	DONATED FENCING	062195	SL	20.00	16	69.			69.	61.		3.
7	MISC IMPROVEMENTS	063095	SL	40.00	16	362.			362.	168.		9.
8	NEW SHELVING	123095	SL	10.00	16	200.			200.	200.		0.
9	INTERN HOUSE RENOVATIONS	121596	SL	40.00	16	9,027.			9,027.	3,858.		226.
10	INTERN HOUSE RENOVATIONS	022897	SL	40.00	16	1,671.			1,671.	708.		42.
11	CLINIC FLOOR RENOVATION	062197	SL	20.00	16	5,975.			5,975.	4,956.		299.
12	GRANITE BENCH	063098	SL	5.00	16	200.			200.	200.		0.
13	ROOF ON INTERN HOUSE	090498	SL	20.00	16	4,350.			4,350.	3,339.		218.
14	HEATING OIL TANK	011098	SL	10.00	16	600.			600.	550.		0.
15	REFRIGERATOR	050799	SL	10.00	16	840.			840.	840.		0.
16	FENCING	100200	SL	10.00	16	421.			421.	421.		0.
17	INTERN HOUSE RENOVATIONS	093001	SL	40.00	16	13,905.			13,905.	4,290.		348.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	MAMMAL HOUSE - ELECTRICAL IMPROVEM	042802	SL	10.00	16	638.			638.	638.		0.
19	INTERN HOUSE RENOVATIONS	051502	SL	30.00	16	24,334.			24,334.	9,462.		811.
20	ANIMAL RECOVERY WARD	061402	SL	10.00	16	735.			735.	735.		0.
21	BIRD AVIARY	062602	SL	10.00	16	800.			800.	800.		0.
22	NILES BUILDING AND CAGING	120702	SL	20.00	16	23,746.			23,746.	13,157.		1,187.
23	PLUMBING AND OTHER IMPROVEMENTS	030103	SL	10.00	16	3,259.			3,259.	3,259.		0.
160	BUILDING	042606	SL	40.00	16	5,173,159.			5,173,159.	969,968.		129,329.
	* 990 PAGE 10 TOTAL BUILDINGS					5,281,820.		0.	5,281,820.	1,029,377.	0.	133,004.
	MACHINERY & EQUIPMENT											
24	X-RAY MACHINE	123191	SL	10.00	16	885.			885.	885.		0.
25	APPLIANCES	081494	SL	10.00	16	1,650.			1,650.	1,650.		0.
26	DISHWASHER	081994	SL	10.00	16	2,614.			2,614.	2,614.		0.
27	GARBAGE DISPOSAL	091594	SL	10.00	16	220.			220.	220.		0.
28	MICROSCOPE VIDEO SYSTEM	022094	SL	10.00	16	3,442.			3,442.	3,442.		0.
29	SMALL REFRIGERATOR	032895	SL	10.00	16	50.			50.	50.		0.
30	BENCHTOP CHEMISTRY PEPECTOR/DILUT	041595	SL	20.00	16	11,900.			11,900.	11,156.		595.
31	ANALYST BENCHTOP CHEMISTRY SYSTEM	041595	SL	20.00	16	5,500.			5,500.	5,156.		275.
32	ORTHOPEDIC EQUIPMENT	052595	SL	10.00	16	495.			495.	495.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	1994 B/D CBC AUTO READER	061595	SL	20.00	16	6,995.			6,995.	6,501.		350.
34	PARAKEET CAGES (3)	062695	SL	10.00	16	75.			75.	75.		0.
35	LIFE CARE PUMP	063095	SL	10.00	16	500.			500.	500.		0.
36	HEMATOCRIT CENTRIFUGE	063095	SL	10.00	16	500.			500.	500.		0.
37	DOG KENNEL	063095	SL	10.00	16	250.			250.	250.		0.
38	CHEST FREEZER	063095	SL	10.00	16	100.			100.	100.		0.
39	UPRIGHT FREEZER	063095	SL	10.00	16	100.			100.	100.		0.
40	CANOPY	063095	SL	10.00	16	400.			400.	400.		0.
41	IV POLE	070595	SL	10.00	16	50.			50.	50.		0.
42	RABBIT CAGE WAGON	071995	SL	10.00	16	50.			50.	50.		0.
43	CAT CARRIER	100995	SL	10.00	16	30.			30.	30.		0.
44	AQUARIUM	100995	SL	10.00	16	15.			15.	15.		0.
45	MSPCA	101395	SL	10.00	16	500.			500.	500.		0.
46	KENNEL CRATE	011895	SL	10.00	16	50.			50.	50.		0.
47	X-RAY MACHINE	063096	SL	10.00	16	5,000.			5,000.	5,000.		0.
48	FISH TANK	063096	SL	10.00	16	200.			200.	200.		0.
49	STAINLESS STEEL DOG & OPOSSUM CAGES	063096	SL	10.00	16	14,000.			14,000.	14,000.		0.
50	PET CARRIER	063096	SL	10.00	16	25.			25.	25.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	MICROWAVE OVEN	063096	SL	10.00	16	100.			100.	100.		0.
52	PET CRATE	063096	SL	10.00	16	100.			100.	100.		0.
53	CBC MACHINE	063096	SL	10.00	16	7,300.			7,300.	7,300.		0.
54	ELECTRO CAUTERIZING UNIT	063096	SL	10.00	16	3,000.			3,000.	3,000.		0.
55	CRATE CAGE	063096	SL	10.00	16	150.			150.	150.		0.
56	ANIMAL CARRIERS	063096	SL	10.00	16	500.			500.	500.		0.
57	PET CARRIER	063096	SL	10.00	16	15.			15.	15.		0.
58	CAGING	063096	SL	10.00	16	12,000.			12,000.	12,000.		0.
59	PET CARRIER	063096	SL	10.00	16	100.			100.	100.		0.
60	SNAKE CAGE	093096	SL	10.00	16	600.			600.	600.		0.
61	DART PISTOLS	100896	SL	10.00	16	488.			488.	488.		0.
62	X-RAY MACHINE	111596	SL	10.00	16	4,298.			4,298.	4,298.		0.
63	FREEZER (SEARS	0111097	SL	10.00	16	380.			380.	380.		0.
64	ANESTHESIA DART RIFLE	041697	SL	10.00	16	707.			707.	707.		0.
65	X-RAY MACHINE	120197	SL	10.00	16	5,657.			5,657.	5,657.		0.
66	PULSE OXYMETER & THERMOMETER	120297	SL	10.00	16	1,005.			1,005.	1,005.		0.
67	ANESTHESIA MACHINE	020498	SL	10.00	16	3,041.			3,041.	3,041.		0.
68	DIGITAL SCALE	021098	SL	5.00	16	266.			266.	266.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
69	CAGING	040198	SL	10.00	16	749.			749.	749.		0.
70	STEEL CAGES	063098	SL	10.00	16	12,000.			12,000.	12,000.		0.
71	NEBULIZER	063098	SL	5.00	16	475.			475.	475.		0.
72	HEATING PADS	091198	SL	5.00	16	148.			148.	148.		0.
73	X-RAY MACHINE	022398	SL	5.00	16	16,398.			16,398.	16,398.		0.
74	X-RAY MACHINE	010199	SL	5.00	16	2,936.			2,936.	2,936.		0.
75	BLOOD CHEMISTRY ANALYZER	022399	SL	5.00	16	7,675.			7,675.	7,675.		0.
76	BRINKMAN AUTOCLAVE	063099	SL	5.00	16	6,000.			6,000.	6,000.		0.
77	STAINLESS STEEL SURGICAL TABLE	063099	SL	5.00	16	3,500.			3,500.	3,500.		0.
78	PRE-RELEASE AVIARY	120199	SL	10.00	16	5,208.			5,208.	5,208.		0.
79	SURGICAL INSTRUMENTS	040400	SL	5.00	16	1,500.			1,500.	1,500.		0.
80	FREEZER	042900	SL	10.00	16	446.			446.	446.		0.
81	ANIMAL CRATES	063000	SL	10.00	16	1,750.			1,750.	1,750.		0.
82	CAGING AND SHEDS	063000	SL	10.00	16	1,420.			1,420.	1,420.		0.
83	SURGICAL INSTRUMENTS	110500	SL	5.00	16	1,282.			1,282.	1,282.		0.
84	COMMUNICATION EQUIPMENT (DONATED)	080101	SL	7.00	16	1,200.			1,200.	1,200.		0.
85	MAMAL ENCLOSURE (ALISON GRANT)	093001	SL	10.00	16	10,425.			10,425.	10,425.		0.
86	WASHER AND DRYER	100102	SL	7.00	16	1,260.			1,260.	1,260.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
87	I-STATE MACHINE	120104	SL	7.00	16	4,000.			4,000.	4,000.		0.
88	TUB TABLE	011706	SL	10.00	16	2,070.			2,070.	1,656.		207.
89	TUB TABLE	011706	SL	10.00	16	2,070.			2,070.	1,656.		207.
90	TUB TABLE	011706	SL	10.00	16	2,069.			2,069.	1,656.		207.
91	BATHING TUB	031206	SL	10.00	16	729.			729.	572.		73.
92	BATHING TUB	031206	SL	10.00	16	729.			729.	572.		73.
93	X-RAY MACHINE	033106	SL	5.00	16	1,974.			1,974.	1,974.		0.
94	VIDEO RECORDER	063095	SL	10.00	16	230.			230.	230.		0.
95	SONY TV	063096	SL	5.00	16	50.			50.	50.		0.
96	PARK BENCHES	063097	SL	10.00	16	160.			160.	160.		0.
97	NATURE TRAIL CAGES	063097	SL	5.00	16	500.			500.	500.		0.
98	SONY DIGITAL CAMERA	020399	SL	5.00	16	1,040.			1,040.	1,040.		0.
99	REFRIGERATOR AT INTERN HOUSE	062900	SL	10.00	16	720.			720.	720.		0.
100	STOVE FOR INTERN HOUSE	072700	SL	10.00	16	681.			681.	681.		0.
101	WASHER AND DRYER	071401	SL	10.00	16	920.			920.	905.		0.
102	TV, ETC. FOR INTERN HOUSE	092601	SL	5.00	16	970.			970.	970.		0.
103	COMPUTER	102000	SL	5.00	16	725.			725.	725.		0.
104	OFFICE EQUIPMENT	123188	SL	7.00	16	9,971.			9,971.	9,971.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
105	COPIER	123188	SL	7.00	16	4,735.			4,735.	4,735.		0.
106	COMPUTER	123188	SL	7.00	16	2,174.			2,174.	2,174.		0.
107	CABINET	070194	SL	10.00	16	500.			500.	500.		0.
108	GATEWAY	031595	SL	5.00	16	3,000.			3,000.	3,000.		0.
109	FACSIMILE	063095	SL	10.00	16	315.			315.	315.		0.
110	FAX & ANSWERING MACHINE	011796	SL	10.00	16	966.			966.	966.		0.
111	FILE CABINET	063096	SL	10.00	16	25.			25.	25.		0.
112	NORTHGATE COMPUTER & PRINTER	063096	SL	5.00	16	750.			750.	750.		0.
113	GE MICROWAVE	063096	SL	10.00	16	100.			100.	100.		0.
114	COMPUTER NETWORKING	063096	SL	5.00	16	1,125.			1,125.	1,125.		0.
115	FAX MACHINE	063096	SL	5.00	16	250.			250.	250.		0.
116	OFFICE CHAIR	063096	SL	10.00	16	150.			150.	150.		0.
117	PRESSURE WASHER	070596	SL	5.00	16	492.			492.	492.		0.
118	PRINTER	120596	SL	5.00	16	320.			320.	320.		0.
119	PRINTER	121296	SL	5.00	16	814.			814.	814.		0.
120	PANASONIC A/C	123097	SL	5.00	16	100.			100.	100.		0.
121	ELECTRIC TYPEWRITER	063097	SL	5.00	16	100.			100.	100.		0.
122	XEROX, TABLETOP	063097	SL	5.00	16	500.			500.	500.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
123	486 PC'S (2)	063097	SL	5.00	16	500.			500.	500.		0.
124	DELL PENTIUM PC'S (3) AND PRINTERS	110797	SL	5.00	16	9,700.			9,700.	9,700.		0.
125	COUNTER TOP DESKS	020698	SL	10.00	16	634.			634.	634.		0.
126	MISC OFFICE - SCANJET; LABELER	063098	SL	5.00	16	1,195.			1,195.	1,195.		0.
127	COMPUTER EQUIPMENT	060499	SL	5.00	16	5,329.			5,329.	5,329.		0.
128	COMPUTER EQUIPMENT	092299	SL	5.00	16	5,920.			5,920.	5,920.		0.
129	DESK	040600	SL	10.00	16	347.			347.	347.		0.
130	COPIER FOR CLINIC	072600	SL	5.00	16	500.			500.	500.		0.
131	OFFICE EQUIPMENT	020301	SL	5.00	16	1,061.			1,061.	1,061.		0.
132	COMPUTERS, PRINTERS & OTHER	063001	SL	5.00	16	5,605.			5,605.	5,605.		0.
133	PRINTER	020102	SL	5.00	16	247.			247.	247.		0.
134	FAX/COPIER MACHINE	020402	SL	5.00	16	529.			529.	529.		0.
135	AIR CONDITIONER	071002	SL	7.00	16	630.			630.	630.		0.
136	DESKJET 960CS PRINTER	091202	SL	5.00	16	214.			214.	214.		0.
137	LASERJET 1200	091202	SL	5.00	16	372.			372.	372.		0.
138	INSPIRON 8200 LAPTOP	091202	SL	5.00	16	2,617.			2,617.	2,617.		0.
139	HP COLOR LASER PRINTER	110102	SL	5.00	16	1,930.			1,930.	1,930.		0.
140	DELL LAPTOP (KATRINA)	010903	SL	5.00	16	2,725.			2,725.	2,725.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
141	DELL INSPIRON 5150 NOTEBOOK COMPUTER	063004	SL	5.00	16	1,490.			1,490.	1,490.		0.
142	DELL DIMENSION DESKTOP (GREG)	102204	SL	5.00	16	1,268.			1,268.	1,268.		0.
143	HOBART DISHWASHER	031306	SL	10.00	16	4,300.			4,300.	3,368.		430.
144	X-RAY LIGHT BOX	031406	SL	5.00	16	723.			723.	723.		0.
145	GE WASHING MACHINES (2)	032306	SL	10.00	16	1,300.			1,300.	1,018.		130.
146	GE ELECTRIC DRYERS	032306	SL	10.00	16	900.			900.	705.		90.
147	METAL EXAM TABLES	061206	SL	10.00	16	699.			699.	531.		70.
148	WINDOW BLINDS	061506	SL	10.00	16	4,782.			4,782.	3,625.		478.
149	NEC PHONE SYSTEM	080706	SL	10.00	16	9,621.			9,621.	7,135.		962.
150	NETWORK SUPPLIES	080706	SL	5.00	16	9,671.			9,671.	9,671.		0.
151	RECYCLING BINS	091206	SL	10.00	16	1,150.			1,150.	843.		115.
152	DONATED FURNITURE	123106	SL	10.00	16	27,925.			27,925.	19,784.		2,793.
157	X-RAY LIGHT BOX	031406	SL	5.00	16	288.			288.	288.		0.
158	DESK	111596	SL	10.00	16	210.			210.	210.		0.
161	PRO SOUND	070107	SL	5.00	16	2,692.			2,692.	2,692.		0.
162	BOILER	010408	SL	7.00	16	9,800.			9,800.	8,400.		1,400.
165	AUTOCLAVE	021909	200DB	5.00	17	1,969.		1,969.				0.
166	VIDEO CAMERA	121211	200DB	5.00	17	3,000.			3,000.	1,974.		410.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
167	XRAY EQUIPMENT	101112	SL	5.00	16	34,500.			34,500.	8,625.		6,900.
168	ANESTHESIA SYSTEM	102412	SL	5.00	16	6,490.			6,490.	1,514.		1,298.
169	RAPTOR FLIGHT PEN	121513	SL	10.00	16	65,335.			65,335.	544.		6,534.
170	ULTRASOUND EQUIPMENT	030813	SL	5.00	16	19,240.			19,240.	3,207.		3,848.
171	COMPUTER EQUIPMENT	090613	SL	5.00	16	13,092.			13,092.	873.		2,618.
172	IPAD	060513	SL	5.00	16	529.			529.	62.		106.
173	IPADS & COVERS	091213	SL	5.00	16	9,827.			9,827.	655.		1,965.
174	PROJECTOR	101314	SL	5.00	16	450.			450.			23.
175	CAGING	022614	SL	10.00	16	1,563.			1,563.			130.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					488,568.		1,969.	486,599.	331,807.	0.	32,287.
	TRANSPORTATION EQUIPMENT											
153	BICYCLES (3) DONATED	063095	SL	10.00	16	225.			225.	225.		0.
154	TRAILER	010795	SL	10.00	16	250.			250.	250.		0.
155	BICYCLES (2)	063097	SL	5.00	16	100.			100.	100.		0.
156	JEEP (DONATED)	123103	SL	5.00	16	2,170.			2,170.	2,170.		0.
176	FORD F250	102914	SL	5.00	16	2,000.			2,000.			67.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					4,745.		0.	4,745.	2,745.	0.	67.
	OTHER											

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
159	CAPITALIZED FINANCING	100106		30M	43	74,682.			74,682.	74,682.		0.
163	NON COMPETE O.P.V.	010208		24M	43	14,000.			14,000.	14,000.		0.
164	GOODWILL	010208	NC	.000		26,000.			26,000.			0.
	* 990 PAGE 10 TOTAL OTHER					114,682.		0.	114,682.	88,682.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					5,889,815.		1,969.	5,887,846.	1,452,611.	0.	165,358.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2014

For calendar year 2014 or other tax year beginning _____, and ending _____

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NEW ENGLAND WILDLIFE CENTER, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 500 COLUMBIAN STREET City or town, state or province, country, and ZIP or foreign postal code SOUTH WEYMOUTH, MA 02190	D Employer identification number (Employees' trust, see instructions.) 04-2907561 E Unrelated business activity codes (See instructions.) 900099
--	---	----------------------	--	---

C Book value of all assets at end of year 6,006,120.	F Group exemption number (See instructions.)	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---	--

H Describe the organization's primary unrelated business activity. ▶ **VETERINARIAN SERVICES FOR EXOTIC ANIMALS.**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JOANNE SANDERS, FINANCE DIRECTOR** Telephone number ▶ **781-682-4878**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>155,231.</u>			
b Less returns and allowances			
c Balance ▶	1c 155,231.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 155,231.		155,231.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 155,231.		155,231.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		123,039.
16 Repairs and maintenance	16		5,476.
17 Bad debts	17		
18 Interest (attach schedule) SEE STATEMENT 1	18		1,458.
19 Taxes and licenses	19		11,022.
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21	27,917.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	27,917.	22b 0.
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		17,569.
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) SEE STATEMENT 2	28		23,690.
29 Total deductions. Add lines 14 through 28	29		182,254.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-27,023.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 3	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-27,023.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-27,023.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2013 overpayment credited to 2014	44a	
b 2014 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	CHAIRMAN	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	
Paid Preparer Use Only	BRUCE W. HENRIKSEN		10/16/15		P00581728
	Firm's name LMHS, P.C.	80 WASHINGTON ST., BUILDING S			Firm's EIN 04-2971374
	Firm's address NORWELL, MA 02061				Phone no. 7818789111

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T INTEREST PAID STATEMENT 1

DESCRIPTION	AMOUNT
	1,458.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	1,458.

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
INSURANCE	5,240.
OFFICE EXPENSES	1,667.
POSTAGE & PRINTING	1,434.
PROFESSIONAL FEES	3,362.
TELEPHONE	1,437.
UTILITIES	10,550.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	23,690.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	31,753.	0.	31,753.	31,753.
12/31/09	15,721.	0.	15,721.	15,721.
12/31/10	8,308.	0.	8,308.	8,308.
12/31/11	3,152.	0.	3,152.	3,152.
12/31/12	18,191.	0.	18,191.	18,191.
12/31/13	53,971.	0.	53,971.	53,971.
NOL CARRYOVER AVAILABLE THIS YEAR			131,096.	131,096.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NEW ENGLAND WILDLIFE CENTER, INC.	Employer identification number (EIN) or 04-2907561
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 COLUMBIAN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SOUTH WEYMOUTH, MA 02190	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOANNE SANDERS, FINANCE DIRECTOR

• The books are in the care of **500 COLUMBIAN STREET - WEYMOUTH, MA 02190**

Telephone No. **781-682-4878**

Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015**.

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title

Date

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
	LEASEHOLD											
1	IMPROVEMENTS	063089	SL	40.00	16	3,690.			3,690.	2,488.		92.
	LEASEHOLD											
2	IMPROVEMENTS	063090	SL	40.00	16	2,159.			2,159.	1,371.		54.
	LEASEHOLD											
3	IMPROVEMENTS	063091	SL	40.00	16	4,660.			4,660.	2,809.		117.
	LEASEHOLD											
4	IMPROVEMENTS	063094	SL	40.00	16	3,306.			3,306.	1,615.		83.
	LEASEHOLD											
5	FIRE ALARM & WIRING	040695	SL	20.00	16	3,714.			3,714.	3,484.		186.
	LEASEHOLD											
6	DONATED FENCING	062195	SL	20.00	16	69.			69.	61.		3.
	LEASEHOLD											
7	MISC IMPROVEMENTS	063095	SL	40.00	16	362.			362.	168.		9.
	LEASEHOLD											
8	NEW SHELVING	123095	SL	10.00	16	200.			200.	200.		0.
	LEASEHOLD											
9	INTERN HOUSE RENOVATIONS	121596	SL	40.00	16	9,027.			9,027.	3,858.		226.
	LEASEHOLD											
10	INTERN HOUSE RENOVATIONS	022897	SL	40.00	16	1,671.			1,671.	708.		42.
	LEASEHOLD											
11	CLINIC FLOOR RENOVATION	062197	SL	20.00	16	5,975.			5,975.	4,956.		299.
	LEASEHOLD											
12	GRANITE BENCH	063098	SL	5.00	16	200.			200.	200.		0.
	LEASEHOLD											
13	ROOF ON INTERN HOUSE	090498	SL	20.00	16	4,350.			4,350.	3,339.		218.
	LEASEHOLD											
14	HEATING OIL TANK	011098	SL	10.00	16	600.			600.	550.		0.
	LEASEHOLD											
15	REFRIGERATOR	050799	SL	10.00	16	840.			840.	840.		0.
	LEASEHOLD											
16	FENCING	100200	SL	10.00	16	421.			421.	421.		0.
	LEASEHOLD											
17	INTERN HOUSE RENOVATIONS	093001	SL	40.00	16	13,905.			13,905.	4,290.		348.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	MAMMAL HOUSE - ELECTRICAL IMPROVEM	042802	SL	10.00	16	638.			638.	638.		0.
19	INTERN HOUSE RENOVATIONS	051502	SL	30.00	16	24,334.			24,334.	9,462.		811.
20	ANIMAL RECOVERY WARD	061402	SL	10.00	16	735.			735.	735.		0.
21	BIRD AVIARY	062602	SL	10.00	16	800.			800.	800.		0.
22	NILES BUILDING AND CAGING	120702	SL	20.00	16	23,746.			23,746.	13,157.		1,187.
23	PLUMBING AND OTHER IMPROVEMENTS	030103	SL	10.00	16	3,259.			3,259.	3,259.		0.
160	BUILDING	042606	SL	40.00	16	5,173,159.			5,173,159.	969,968.		129,329.
	* 990 PAGE 10 TOTAL BUILDINGS					5,281,820.		0.	5,281,820.	1,029,377.	0.	133,004.
	MACHINERY & EQUIPMENT											
24	X-RAY MACHINE	123191	SL	10.00	16	885.			885.	885.		0.
25	APPLIANCES	081494	SL	10.00	16	1,650.			1,650.	1,650.		0.
26	DISHWASHER	081994	SL	10.00	16	2,614.			2,614.	2,614.		0.
27	GARBAGE DISPOSAL	091594	SL	10.00	16	220.			220.	220.		0.
28	MICROSCOPE VIDEO SYSTEM	022094	SL	10.00	16	3,442.			3,442.	3,442.		0.
29	SMALL REFRIGERATOR	032895	SL	10.00	16	50.			50.	50.		0.
30	BENCHTOP CHEMISTRY PEPE	041595	SL	20.00	16	11,900.			11,900.	11,156.		595.
31	TOR/DILUT ANALYST BENCHTOP CHEMISTRY SYSTEM	041595	SL	20.00	16	5,500.			5,500.	5,156.		275.
32	ORTHOPEDIC EQUIPMENT	052595	SL	10.00	16	495.			495.	495.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	1994 B/D CBC AUTO READER	061595	SL	20.00	16	6,995.			6,995.	6,501.		350.
34	PARAKEET CAGES (3)	062695	SL	10.00	16	75.			75.	75.		0.
35	LIFE CARE PUMP	063095	SL	10.00	16	500.			500.	500.		0.
36	HEMATOCRIT CENTRIFUGE	063095	SL	10.00	16	500.			500.	500.		0.
37	DOG KENNEL	063095	SL	10.00	16	250.			250.	250.		0.
38	CHEST FREEZER	063095	SL	10.00	16	100.			100.	100.		0.
39	UPRIGHT FREEZER	063095	SL	10.00	16	100.			100.	100.		0.
40	CANOPY	063095	SL	10.00	16	400.			400.	400.		0.
41	IV POLE	070595	SL	10.00	16	50.			50.	50.		0.
42	RABBIT CAGE WAGON	071995	SL	10.00	16	50.			50.	50.		0.
43	CAT CARRIER	100995	SL	10.00	16	30.			30.	30.		0.
44	AQUARIUM	100995	SL	10.00	16	15.			15.	15.		0.
45	MSPCA	101395	SL	10.00	16	500.			500.	500.		0.
46	KENNEL CRATE	011895	SL	10.00	16	50.			50.	50.		0.
47	X-RAY MACHINE	063096	SL	10.00	16	5,000.			5,000.	5,000.		0.
48	FISH TANK	063096	SL	10.00	16	200.			200.	200.		0.
49	STAINLESS STEEL DOG & OPOSSUM CAGES	063096	SL	10.00	16	14,000.			14,000.	14,000.		0.
50	PET CARRIER	063096	SL	10.00	16	25.			25.	25.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	MICROWAVE OVEN	063096	SL	10.00	16	100.			100.	100.		0.
52	PET CRATE	063096	SL	10.00	16	100.			100.	100.		0.
53	CBC MACHINE	063096	SL	10.00	16	7,300.			7,300.	7,300.		0.
54	ELECTRO CAUTERIZING UNIT	063096	SL	10.00	16	3,000.			3,000.	3,000.		0.
55	CRATE CAGE	063096	SL	10.00	16	150.			150.	150.		0.
56	ANIMAL CARRIERS	063096	SL	10.00	16	500.			500.	500.		0.
57	PET CARRIER	063096	SL	10.00	16	15.			15.	15.		0.
58	CAGING	063096	SL	10.00	16	12,000.			12,000.	12,000.		0.
59	PET CARRIER	063096	SL	10.00	16	100.			100.	100.		0.
60	SNAKE CAGE	093096	SL	10.00	16	600.			600.	600.		0.
61	DART PISTOLS	100896	SL	10.00	16	488.			488.	488.		0.
62	X-RAY MACHINE	111596	SL	10.00	16	4,298.			4,298.	4,298.		0.
63	FREEZER (SEARS	0111097	SL	10.00	16	380.			380.	380.		0.
64	ANESTHESIA DART RIFLE	041697	SL	10.00	16	707.			707.	707.		0.
65	X-RAY MACHINE	120197	SL	10.00	16	5,657.			5,657.	5,657.		0.
66	PULSE OXYMETER & THERMOMETER	120297	SL	10.00	16	1,005.			1,005.	1,005.		0.
67	ANESTHESIA MACHINE	020498	SL	10.00	16	3,041.			3,041.	3,041.		0.
68	DIGITAL SCALE	021098	SL	5.00	16	266.			266.	266.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
69	CAGING	040198	SL	10.00	16	749.			749.	749.		0.
70	STEEL CAGES	063098	SL	10.00	16	12,000.			12,000.	12,000.		0.
71	NEBULIZER	063098	SL	5.00	16	475.			475.	475.		0.
72	HEATING PADS	091198	SL	5.00	16	148.			148.	148.		0.
73	X-RAY MACHINE	022398	SL	5.00	16	16,398.			16,398.	16,398.		0.
74	X-RAY MACHINE	010199	SL	5.00	16	2,936.			2,936.	2,936.		0.
75	BLOOD CHEMISTRY ANALYZER	022399	SL	5.00	16	7,675.			7,675.	7,675.		0.
76	BRINKMAN AUTOCLAVE	063099	SL	5.00	16	6,000.			6,000.	6,000.		0.
77	STAINLESS STEEL SURGICAL TABLE	063099	SL	5.00	16	3,500.			3,500.	3,500.		0.
78	PRE-RELEASE AVIARY	120199	SL	10.00	16	5,208.			5,208.	5,208.		0.
79	SURGICAL INSTRUMENTS	040400	SL	5.00	16	1,500.			1,500.	1,500.		0.
80	FREEZER	042900	SL	10.00	16	446.			446.	446.		0.
81	ANIMAL CRATES	063000	SL	10.00	16	1,750.			1,750.	1,750.		0.
82	CAGING AND SHEDS	063000	SL	10.00	16	1,420.			1,420.	1,420.		0.
83	SURGICAL INSTRUMENTS	110500	SL	5.00	16	1,282.			1,282.	1,282.		0.
84	COMMUNICATION EQUIPMENT (DONATED)	080101	SL	7.00	16	1,200.			1,200.	1,200.		0.
85	MAMAL ENCLOSURE (ALISON GRANT)	093001	SL	10.00	16	10,425.			10,425.	10,425.		0.
86	WASHER AND DRYER	100102	SL	7.00	16	1,260.			1,260.	1,260.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
87	I-STATE MACHINE	120104	SL	7.00	16	4,000.			4,000.	4,000.		0.
88	TUB TABLE	011706	SL	10.00	16	2,070.			2,070.	1,656.		207.
89	TUB TABLE	011706	SL	10.00	16	2,070.			2,070.	1,656.		207.
90	TUB TABLE	011706	SL	10.00	16	2,069.			2,069.	1,656.		207.
91	BATHING TUB	031206	SL	10.00	16	729.			729.	572.		73.
92	BATHING TUB	031206	SL	10.00	16	729.			729.	572.		73.
93	X-RAY MACHINE	033106	SL	5.00	16	1,974.			1,974.	1,974.		0.
94	VIDEO RECORDER	063095	SL	10.00	16	230.			230.	230.		0.
95	SONY TV	063096	SL	5.00	16	50.			50.	50.		0.
96	PARK BENCHES	063097	SL	10.00	16	160.			160.	160.		0.
97	NATURE TRAIL CAGES	063097	SL	5.00	16	500.			500.	500.		0.
98	SONY DIGITAL CAMERA	020399	SL	5.00	16	1,040.			1,040.	1,040.		0.
99	REFRIGERATOR AT INTERN HOUSE	062900	SL	10.00	16	720.			720.	720.		0.
100	STOVE FOR INTERN HOUSE	072700	SL	10.00	16	681.			681.	681.		0.
101	WASHER AND DRYER TV, ETC. FOR INTERN	071401	SL	10.00	16	920.			920.	905.		0.
102	HOUSE	092601	SL	5.00	16	970.			970.	970.		0.
103	COMPUTER	102000	SL	5.00	16	725.			725.	725.		0.
104	OFFICE EQUIPMENT	123188	SL	7.00	16	9,971.			9,971.	9,971.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
105	COPIER	123188	SL	7.00	16	4,735.			4,735.	4,735.		0.
106	COMPUTER	123188	SL	7.00	16	2,174.			2,174.	2,174.		0.
107	CABINET	070194	SL	10.00	16	500.			500.	500.		0.
108	GATEWAY	031595	SL	5.00	16	3,000.			3,000.	3,000.		0.
109	FACSIMILE	063095	SL	10.00	16	315.			315.	315.		0.
110	FAX & ANSWERING MACHINE	011796	SL	10.00	16	966.			966.	966.		0.
111	FILE CABINET	063096	SL	10.00	16	25.			25.	25.		0.
112	NORTHGATE COMPUTER & PRINTER	063096	SL	5.00	16	750.			750.	750.		0.
113	GE MICROWAVE	063096	SL	10.00	16	100.			100.	100.		0.
114	COMPUTER NETWORKING	063096	SL	5.00	16	1,125.			1,125.	1,125.		0.
115	FAX MACHINE	063096	SL	5.00	16	250.			250.	250.		0.
116	OFFICE CHAIR	063096	SL	10.00	16	150.			150.	150.		0.
117	PRESSURE WASHER	070596	SL	5.00	16	492.			492.	492.		0.
118	PRINTER	120596	SL	5.00	16	320.			320.	320.		0.
119	PRINTER	121296	SL	5.00	16	814.			814.	814.		0.
120	PANASONIC A/C	123097	SL	5.00	16	100.			100.	100.		0.
121	ELECTRIC TYPEWRITER	063097	SL	5.00	16	100.			100.	100.		0.
122	XEROX, TABLETOP	063097	SL	5.00	16	500.			500.	500.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
123	486 PC'S (2)	063097	SL	5.00	16	500.			500.	500.		0.
124	DELL PENTIUM PC'S (3) AND PRINTERS	110797	SL	5.00	16	9,700.			9,700.	9,700.		0.
125	COUNTER TOP DESKS	020698	SL	10.00	16	634.			634.	634.		0.
126	MISC OFFICE - SCANJET; LABELER	063098	SL	5.00	16	1,195.			1,195.	1,195.		0.
127	COMPUTER EQUIPMENT	060499	SL	5.00	16	5,329.			5,329.	5,329.		0.
128	COMPUTER EQUIPMENT	092299	SL	5.00	16	5,920.			5,920.	5,920.		0.
129	DESK	040600	SL	10.00	16	347.			347.	347.		0.
130	COPIER FOR CLINIC	072600	SL	5.00	16	500.			500.	500.		0.
131	OFFICE EQUIPMENT	020301	SL	5.00	16	1,061.			1,061.	1,061.		0.
132	COMPUTERS, PRINTERS & OTHER	063001	SL	5.00	16	5,605.			5,605.	5,605.		0.
133	PRINTER	020102	SL	5.00	16	247.			247.	247.		0.
134	FAX/COPIER MACHINE	020402	SL	5.00	16	529.			529.	529.		0.
135	AIR CONDITIONER	071002	SL	7.00	16	630.			630.	630.		0.
136	DESKJET 960CS PRINTER	091202	SL	5.00	16	214.			214.	214.		0.
137	LASERJET 1200	091202	SL	5.00	16	372.			372.	372.		0.
138	INSPIRON 8200 LAPTOP	091202	SL	5.00	16	2,617.			2,617.	2,617.		0.
139	HP COLOR LASER PRINTER	110102	SL	5.00	16	1,930.			1,930.	1,930.		0.
140	DELL LAPTOP (KATRINA)	010903	SL	5.00	16	2,725.			2,725.	2,725.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
141	DELL INSPIRON 5150 NOTEBOOK COMPUTER	063004	SL	5.00	16	1,490.			1,490.	1,490.		0.
142	DELL DIMENSION DESKTOP (GREG)	102204	SL	5.00	16	1,268.			1,268.	1,268.		0.
143	HOBART DISHWASHER	031306	SL	10.00	16	4,300.			4,300.	3,368.		430.
144	X-RAY LIGHT BOX	031406	SL	5.00	16	723.			723.	723.		0.
145	GE WASHING MACHINES (2)	032306	SL	10.00	16	1,300.			1,300.	1,018.		130.
146	GE ELECTRIC DRYERS	032306	SL	10.00	16	900.			900.	705.		90.
147	METAL EXAM TABLES	061206	SL	10.00	16	699.			699.	531.		70.
148	WINDOW BLINDS	061506	SL	10.00	16	4,782.			4,782.	3,625.		478.
149	NEC PHONE SYSTEM	080706	SL	10.00	16	9,621.			9,621.	7,135.		962.
150	NETWORK SUPPLIES	080706	SL	5.00	16	9,671.			9,671.	9,671.		0.
151	RECYCLING BINS	091206	SL	10.00	16	1,150.			1,150.	843.		115.
152	DONATED FURNITURE	123106	SL	10.00	16	27,925.			27,925.	19,784.		2,793.
157	X-RAY LIGHT BOX	031406	SL	5.00	16	288.			288.	288.		0.
158	DESK	111596	SL	10.00	16	210.			210.	210.		0.
161	PRO SOUND	070107	SL	5.00	16	2,692.			2,692.	2,692.		0.
162	BOILER	010408	SL	7.00	16	9,800.			9,800.	8,400.		1,400.
165	AUTOCLAVE	021909	200DB	5.00	17	1,969.		1,969.				0.
166	VIDEO CAMERA	121211	200DB	5.00	17	3,000.			3,000.	1,974.		410.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
167	XRAY EQUIPMENT	101112	SL	5.00	16	34,500.			34,500.	8,625.		6,900.
168	ANESTHESIA SYSTEM	102412	SL	5.00	16	6,490.			6,490.	1,514.		1,298.
169	RAPTOR FLIGHT PEN	121513	SL	10.00	16	65,335.			65,335.	544.		6,534.
170	ULTRASOUND EQUIPMENT	030813	SL	5.00	16	19,240.			19,240.	3,207.		3,848.
171	COMPUTER EQUIPMENT	090613	SL	5.00	16	13,092.			13,092.	873.		2,618.
172	IPAD	060513	SL	5.00	16	529.			529.	62.		106.
173	IPADS & COVERS	091213	SL	5.00	16	9,827.			9,827.	655.		1,965.
174	PROJECTOR	101314	SL	5.00	16	450.			450.			23.
175	CAGING	022614	SL	10.00	16	1,563.			1,563.			130.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					488,568.		1,969.	486,599.	331,807.	0.	32,287.
	TRANSPORTATION EQUIPMENT											
153	BICYCLES (3) DONATED	063095	SL	10.00	16	225.			225.	225.		0.
154	TRAILER	010795	SL	10.00	16	250.			250.	250.		0.
155	BICYCLES (2)	063097	SL	5.00	16	100.			100.	100.		0.
156	JEEP (DONATED)	123103	SL	5.00	16	2,170.			2,170.	2,170.		0.
176	FORD F250	102914	SL	5.00	16	2,000.			2,000.			67.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					4,745.		0.	4,745.	2,745.	0.	67.
	OTHER											

The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/14 to 12/31/14

Attorney General's Account #: 017825

Federal ID #: 04-2907561

When did the organization first engage in charitable work in Massachusetts? 07/17/1983

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 04/01/1984

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [] Yes [X] No

Check all items attached (if applicable)
[X] Schedule A-1
[X] Schedule A-2
[] Schedule RO
[] Probate Account
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[X] Filing Fee
[] Amended Articles/By-Laws

Organization Data

Name: NEW ENGLAND WILDLIFE CENTER, INC.

Mailing Address: 500 COLUMBIAN STREET

City: SOUTH WEYMOUTH State: MA ZIP: 02190

Phone Number: 781-682-4878 Fax Number:

Email: Website: WWW.NEWILDLIFE.COM

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 12, and Type of Organization (Table 2) with code 4. Organization Purpose Code 1 has code 53, and Organization Purpose Code 2 has code 8.

Please check box if final return prior to dissolution: []

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 07/17/1983

2. Where was the organization created? HINGHAM MA

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	813,603.
B.	Gross support and revenue	1,114,529.
C.	Program services and similar amounts paid out	915,450.
D.	Fundraising expenses	123,831.
E.	Management and general expenses	124,363.
F.	Payments to affiliates	0.
G.	Total expenses	1,163,644.
H.	Net assets or fund balances at the end of the year	5,970,603.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	NONE				
2.					
3.					
4.					
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	LMHS PC	9,000.	AUDITING AND TAX SERVICES
2.	YOUNIA KOWAL	1,500.	MULTI MEDIA CONSULTANT
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone numbers):

Bank	Address	Phone Number
SOUTH SHORE SAVINGS BANK	530 MAIN STREET, WEYMOUTH, MA 02190	781-337-3000
UBS FINANCIAL SERVICES	265 FRANKLIN STREET, WEYMOUTH, MA 02190	800-225-2385

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:
 Address: _____
 City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: JOANNE SANDERS
 Street Address: 500 COLUMBIAN STREET
 City: WEYMOUTH State: MA ZIP Code: 02190
 Phone Number: 781-682-4278

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
GREGORY MERTZ 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	CHAIRMAN
KATRINA M BANAGIS 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	EXECUTIVE DIRECTOR
SUSAN DELAHUNT 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	PRESIDENT
PETER BROWN 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	TREASURER
TERESA HILL 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	VICE PRESIDENT
BEVERLY SMITH 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	CLERK
JOSEPH FLAHERTY 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	DIRECTOR
KEITH WELLS 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	DIRECTOR
MICHELE JALBERT 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	DIRECTOR
THOMAS SHIELDS 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	DIRECTOR

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: GREGORY MERTZ

Title: CHAIRMAN

Name of Preparer: LMHS, P.C.

Address 80 WASHINGTON ST., BUILDING S

City NORWELL State MA ZIP Code 02061

Phone Number 7818789111

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NEW ENGLAND WILDLIFE CENTER

NEWC

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

GREGORY MERTZ

Name and Title: _____

Address 500 COLUMBIAN STREET _____

City WEYMOUTH State MA ZIP Code 02190 _____

KATRINA BERGMAN-BANAGIS

Name and Title: _____

Address 500 COLUMBIAN STREET _____

City WEYMOUTH State MA ZIP Code 02190 _____

JOANNE SANDERS

Name and Title: _____

Address 500 COLUMBIAN STREET _____

City WEYMOUTH State MA ZIP Code 02190 _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NEW ENGLAND WILDLIFE CENTER

NEWC

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

GREGORY MERTZ

Name and Title: _____

Address 500 COLUMBIAN STREET _____

City WEYMOUTH State MA ZIP Code 02190 _____

KATRINA BERGMAN-BANAGIS

Name and Title: _____

Address 500 COLUMBIAN STREET _____

City WEYMOUTH State MA ZIP Code 02190 _____

JOANNE SANDERS

Name and Title: _____

Address 500 COLUMBIAN STREET _____

City WEYMOUTH State MA ZIP Code 02190 _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Print Name: GREGORY MERTZ

Title: CHAIRMAN

Signature: _____ Date: _____

Print Name: _____

Title: _____

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No

Form M-990T Unrelated Business Income Tax Return

2014
Massachusetts
Department of
Revenue

478031 12-11-14

For calendar year 2014 or taxable year beginning		2014 and ending	
Name of company NEW ENGLAND WILDLIFE CENTER, INC.		Federal Identification number 04-2907561	
Mailing address 500 COLUMBIAN STREET	City/Town SOUTH WEYMOUTH	State MA	ZIP 02190
Name of treasurer		Is a Taxpayer Disclosure Statement enclosed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Excise Calculation

		<i>Use whole dollar method</i>
1	Unrelated business taxable income (from U.S. Form 990T, line 34)	-27,023.
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	
3	Section 168(k) "bonus" depreciation adjustment	
4	Section 31I and 31K intangible expense add back adjustment	
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	
6	Loss carryover deduction (from Schedule NOL)	
7	Section 31J and 31K interest expense add back adjustment	
8	Federal production activity add back adjustment	
9	Abandoned building renovation deduction Total cost \$ _____ X .10	
10	Other adjustments, including research and development expenses (enclose explanation)	
11	Income subject to apportionment. See instructions	-27,023.
12	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	1.000000
13	Multiply line 11 by line 12	-27,023.
14	Income not subject to apportionment	
15	Add lines 13 and 14	-27,023.
16	Certified Massachusetts solar or wind power deduction	
17	Taxable income. Subtract line 16 from line 15	-27,023.
18	Multiply line 17 by .08	
19	Credit recapture (enclose Schedule(s) H and/or H-2) and/or additional tax on installment sales. See instructions	
20	Excise due before credits. Add lines 18 and 19	

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

21	Economic Opportunity Area Credit (from Schedule EOAC)	
22	Economic Development Incentive Program Credit. Certificate number	
23	Investment Tax Credit (from Schedule H)	
24	Vanpool Credit (from Schedule VP)	
25	Research Credit (from Schedule RC)	
26	Harbor Maintenance Tax Credit (from Schedule HM, line 23)	
27	Brownfields Credit. Certificate number	
28	Low-Income Housing Credit. Building identification number	
29	Historic Rehabilitation Credit. Certificate number	
30	Film Incentive Credit. Certificate number	
31	Medical Device Credit. Certificate number	
32	Employer Wellness Program Credit. Certificate number	
33	Certified Housing Development Credit. Certificate number	
34	Life Science Company Tax Credit	
35	Total credits. Add lines 21 through 34	

Under the penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer	Social Security number	Telephone number	Date
		781-682-4878	
Signature of paid preparer	Employer Identification number	Address	Date
		80 WASHINGTON ST., BUILDING 04-2971374 NORWELL, MA 02061	10/16/15

If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**

Excise After Credits

36	Excise due before voluntary contribution. Subtract line 35 from line 20. Not less than "0"	36	0.
37	Voluntary contribution for endangered wildlife conservation	37	
38	Total excise plus voluntary contribution. Add lines 36 and 37	38	0.

Payments

39	2013 overpayment applied to 2014 estimated tax	39	
40	2014 Massachusetts estimated tax payments (do not include amount in line 39)	40	
41	Payment made with extension	41	
42	Pass-through entity withholding. Payer identification number	42	
43	Refundable film credit	43	
44	Refundable dairy credit. Certificate number	44	
45	Refundable life science credit	45	
46	Refundable economic development incentive program credit	46	
47	Refundable conservation land credit. Certificate number	47	
48	Refundable community investment credit. Certificate number	48	
49	Total payments. Add lines 39 through 48	49	

Refund or Balance Due

50	Amount overpaid. Subtract line 38 from line 49	50	
51	Amount overpaid to be credited to 2015 estimated tax	51	
52	Amount overpaid to be refunded. Subtract line 51 from line 50	52	
53	Balance due. Subtract line 49 from line 38	53	
54	M-2220 penalty \$ _____ ; Other penalties \$ _____ Total penalty	54	
55	Interest on unpaid balance	55	
56	Total payment due at time of filing	56	