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## Schedule B

(Fòrm 990, 990-EZ, or 990-PF)

## **Schedule of Contributors**

OMB No 1945-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Employer identification number

| The Mari    | ianne H Halle Animal  | Support Foundation                         | n , lnc.   | 20-3323040   |
|-------------|---|--|--|--|
|             | zation type (check or   |  |  |  |
| Filers o    | f:  | Section:                                   |  |  |
| Form 99     | 90 or 990-EZ  | ☐ 501(c)(                                  | ) (enter number) organization  |  |
|             |   | ☐ 4947(a)(1) no                            | onexempt charitable trust not treated as a private f   | oundation  |
|             |   | 527 political                              | organization   |  |
| Form 99     | 90-PF   | √ 501(c)(3) exe                            | empt private foundation  |  |
|             |   | 4947(a)(1) no                              | onexempt charitable trust treated as a private found   | dation   |
|             |   | 501(c)(3) tax                              | able private foundation  |  |
| <del></del> |   |  | ·  |  |
|             | only a section 501(c)(7   |  | eneral Rule or a Special Rule.  nization can check boxes for both the General Rule   | e and a Special Rule. See  |
| Genera      | l Rule  |  |  |  |
| Ø           |   | or property) from a                        | 90-EZ, or 990-PF that received, during the year, con ny one contributor. Complete Parts I and II. See in   |  |
| Special     | Rules   |  |  |  |
|             | regulations under so  | ections 509(a)(1) a<br>d that received fro | ion 501(c)(3) filing Form 990 or 990-EZ that met the<br>nd 170(b)(1)(A)(vi), that checked Schedule A (Form<br>m any one contributor, during the year, total contril<br>Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line | 990 or 990-EZ), Part II, line butions of the greater of (1)              |
|             | 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 |  |  |  |
| 990-EZ,     | or 990-PF), but it <b>m</b>   | u <b>st</b> answer "No" o                  | y the General Rule and/or the Special Rules does in Part IV, line 2, of its Form 990; or check the box as not meet the filing requirements of Schedule B (   | not file Schedule B (Form 990,<br>on line H of its Form 990-EZ or on its |

| Pa | a | e | 2 |
|----|---|---|---|
|    |   |   |   |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2014)      | Page                           |
|--|--------------------------------|
| Name of organization                                 | Employer identification number |
| The Marianne H Halle Animal Support Foundation, Inc. | 20-3323040                     |
|  |                                |

| Part I     | Contributors (see instructions). Use duplicate cop          | ies of Part I if additional space is | needed.  |
|------------|---|--------------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                           | (c) Total contributions              | (d)<br>Type of contribution  |
| 1          | Marianne Halle  1180 West Conway Drive  Atklanta, Ga. 30327 | \$\$                                 | Person  Payroll  Noncash  (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total contributions           | (d)<br>Type of contribution  |
|            |   | \$                                   | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                           | (c) Total contributions              | (d) Type of contribution   |
|            |   | \$                                   | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total contributions           | (d)<br>Type of contribution  |
|            |   | \$                                   | Person Payroll Oncash Complete Part II for noncash contributions       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total contributions           | (d)<br>Type of contribution  |
|            |   | \$                                   | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total contributions           | (d)<br>Type of contribution  |
|            |   | \$                                   | Person   |

Employer identification number

The Marianne H. Halle Support Foundation, Inc.

20-3323040

| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |  |                      |  |  |
|---------------------------|---|--|----------------------|--|--|
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |  |  |
| 1                         | None, N/A   | -<br>-<br>-<br>-<br>\$                         |                      |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |  |  |
|                           |   | -<br>-<br>-<br>-<br>- \$                       |                      |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |  |  |
|                           |   | -<br>-<br>-<br>\$                              |                      |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |  |  |
|                           |   | -<br>-<br>-<br>-<br>\$                         |                      |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |  |  |
|                           |   | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-           |                      |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |  |  |
|                           |   | -<br>-<br>-<br>-<br>\$                         |                      |  |  |
| i                         |   |  |                      |  |  |