

Form **990**

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

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 MONADNOCK HUMANE SOCIETY, INC.		D Employer identification number 02-6005610
	Doing business as		E Telephone number 603-352-0035
	Number and street (or P.O. box if mail is not delivered to street address) 101 WEST SWANZEY ROAD	Room/suite	G Gross receipts \$ 1,818,849
	City or town, state or province, country, and ZIP or foreign postal code SWANZEY NH 03446		
F Name and address of principal officer: MARY DZIEDZINSKI			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u HTTP://MONADNOCKHUMANESOCIETY.ORG/	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1879	M State of legal domicile: NH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	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)	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	11
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	41
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 546,694 Current Year: 904,937
	9 Program service revenue (Part VIII, line 2g)	Prior Year: 509,310 Current Year: 608,346
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 41,686 Current Year: 57,170
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 155,609 Current Year: 188,420
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 1,253,299 Current Year: 1,758,873
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	757,729
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 187,041	187,041
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	454,955
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,212,684	
19 Revenue less expenses. Subtract line 18 from line 12	40,615	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 2,763,445 End of Year: 3,233,642
	21 Total liabilities (Part X, line 26)	Beginning of Current Year: 51,936 End of Year: 102,890
	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: 2,711,509 End of Year: 3,130,752

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 MARY DZIEDZINSKI	Date SECRETARY		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name LYNN C. RUST, CPA	Preparer's signature LYNN C. RUST, CPA	Date 11/15/18	Check <input type="checkbox"/> if self-employed PTIN P00153797
	Firm's name } LYNN C RUST CPA PC		Firm's EIN } 02-0476947	
	Firm's address } 217R OLD HOMESTEAD HWY SWANZEY, NH 03446-2121		Phone no. 603-358-6565	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,052,750** including grants of \$) (Revenue \$ **608,346**)

PROGRAM SERVICES CONSIST OF SHELTERING AND FINDING HOMES FOR HOMELESS COMPANION ANIMALS, HUMANE EDUCATION, ANIMAL CRUELTY INVESTIGATIONS, LOW COST SPAY/NEUTER CLINIC, PET FOOD PANTRY, PET BEHAVIOR COUNSELING, TRAINING PROGRAMS AND BOARDING AND DAY CARE SERVICES.

Client Copy

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 1,052,750**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11	
b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NH**
- 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.
 Own website Another's website 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: **u**
D'ALESSIO AND ASSOCIATES, INC. 543 WEST STREET
KEENE NH 03431 603-352-1000

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from 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) PEGGY BEDORE	4.20									
TRUSTEE	0.00	X					0	0	0	
(2) VALERIE STARBUCK	4.20									
TRUSTEE	0.00	X					0	0	0	
(3) KRISTEN TROMBLY	4.20									
GOVERNANCE CO-CHAIR	0.00	X					0	0	0	
(4) BOB SCHAUMANN	4.20									
TRUSTEE	0.00	X					0	0	0	
(5) LINDA GUINANE	0.00									
LIFETIME VP	0.00	X					0	0	0	
(6) MIKE FAULKNER	4.20									
TRUSTEE	0.00	X					0	0	0	
(7) ELANA BARON	4.20									
TRUSTEE	0.00	X					0	0	0	
(8) DANIEL DODGE	4.20									
TRUSTEE	0.00	X					0	0	0	
(9) CARLA FOLKERT	0.00									
LIFETIME VP	0.00	X					0	0	0	
(10) CHRISTOPHER BOWEN	4.20									
VICE-CHAIR	0.00			X			0	0	0	
(11) MARY DZIEDZINSKI	4.20									
SECRETARY	0.00			X			0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from 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			
(12) TIMOTHY JORDAN	4.20									
TREASURER	0.00			X			0	0	0	
(13) WESLEY WRATCHEFORD	4.20									
BOARD CHAIR	0.00			X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

Client Copy

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a 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	904,937				
	g Noncash contributions included in lines 1a-1f: \$		8,575				
	h Total. Add lines 1a-1f	u	904,937				
Program Service Revenue	2a PROGRAMS	Busn. Code	386,339	386,339			
	b BOARDING		222,007	222,007			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	608,346				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	22,374			22,374
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	9,255				
		(ii) Personal					
b Less: rental exps.							
c Rental inc. or (loss)		9,255					
d Net rental income or (loss)		u	9,255	9,255			
7a Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other	34,796				
b Less: cost or other basis & sales exps.							
c Gain or (loss)		34,796					
d Net gain or (loss)		u	34,796	34,796			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	218,442				
		b Less: direct expenses	50,823				
	c Net income or (loss) from fundraising events	u	167,619			167,619	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a	19,351					
	b Less: cost of goods sold	9,153					
	c Net income or (loss) from sales of inventory	u	10,198	10,198			
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS REVENUE			1,348	1,348			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		1,348				
12 Total revenue. See instructions.	u		1,758,873	663,943	0	189,993	

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	741,169	530,677	88,940	121,552
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	42,568	30,479	5,108	6,981
10 Payroll taxes	58,729	42,050	7,047	9,632
11 Fees for services (non-employees):				
a Management	1,845	1,332	205	308
b Legal	288	208	32	48
c Accounting	37,325	26,956	4,147	6,222
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 Schedule O.)	54,888	39,641	6,098	9,149
12 Advertising and promotion	8,736	6,255	1,048	1,433
13 Office expenses	14,453	7,410	1,445	5,598
14 Information technology				
15 Royalties				
16 Occupancy	67,332	64,422	1,455	1,455
17 Travel	6,026	6,026		
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	122,072	116,798	2,637	2,637
23 Insurance	16,973	16,239	367	367
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 PROGRAM SUPPLIES AND EXP	69,239	69,239		
b VETERINARY CARE	45,036	45,036		
c REPAIRS AND MAINTENANCE	38,929	37,247	841	841
d BANK CHARGES	14,240			14,240
e All other expenses	20,182	12,735	869	6,578
25 Total functional expenses. Add lines 1 through 24e	1,360,030	1,052,750	120,239	187,041
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 <input checked="" type="checkbox"/> 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	106,034	1	512,907
	2	Savings and temporary cash investments	146,455	2	78,026
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	14,313	4	5,999
	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 instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,667	8	4,653
	9	Prepaid expenses and deferred charges	26,224	9	21,843
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,695,555		
	b	Less: accumulated depreciation	10b 2,475,362	10c 1,295,692	1,220,193
	11	Investments—publicly traded securities	1,172,060	11	1,388,971
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	1,050
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,763,445	16	3,233,642	
Liabilities	17	Accounts payable and accrued expenses	49,286	17	92,852
	18	Grants payable		18	
	19	Deferred revenue	2,650	19	10,038
	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		25	
	26	Total liabilities. Add lines 17 through 25	51,936	26	102,890
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	2,546,129	27	2,954,550
	28	Temporarily restricted net assets	41,543	28	50,958
	29	Permanently restricted net assets	123,837	29	125,244
	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	2,711,509	33	3,130,752	
34	Total liabilities and net assets/fund balances	2,763,445	34	3,233,642	

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	1,758,873
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,360,030
3	Revenue less expenses. Subtract line 2 from line 1	3	398,843
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,711,509
5	Net unrealized gains (losses) on investments	5	20,400
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,130,752

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
b 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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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
b 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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

02-6005610

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	857,786	198,522	356,800	546,694	904,937	2,864,739
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	857,786	198,522	356,800	546,694	904,937	2,864,739
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.						2,864,739

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	857,786	198,522	356,800	546,694	904,937	2,864,739
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	44,461	27,059	20,926	20,426	22,374	135,246
9 Net income from unrelated business activities, whether or not the business is regularly carried on	147,448	160,065	84,445	132,292	166,619	690,869
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						3,690,854

12 Gross receipts from related activities, etc. (see instructions) 12 4,610,261

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	77.62%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	73.09%

16a 33 1/3% support test—2017. 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

b 33 1/3% support test—2016. 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

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. 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

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

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** 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—2016.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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?		
11a		
b A family member of a person described in (a) above?		
11b		
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.		
11c		

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.		
1		
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.		
2		

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).		
1		

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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).		
2		
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.		
3		

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.		
2a		
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.		
2b		
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.		
3a		
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.		
3b		

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 (explain in Part VI). **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 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
MONADNOCK HUMANE SOCIETY, INC.	02-6005610

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MONADNOCK HUMANE SOCIETY, INC.	Employer identification number 02-6005610
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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	LINDA GUINANE PO BOX 908 KEENE NH 03431	\$ 23,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT A. EADES REVOCABLE TRUST OF 2 PO BOX 272 KEENE NH 03431	\$ 56,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VAL STARBUCK PO BOX 147 SPOFFORD NH 03462	\$ 21,341	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	EMILY MORAN 77 FELT ROAD KEENE NH 03431	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ISABEL K LANE TRUST PO BOX 472 KEENE NH 03431	\$ 209,353	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ADVISORS CHARITABLE GIFT FUND 12 GILL STREET, SUITE 2600 WOBURN MA 01801	\$ 240,628	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization MONADNOCK HUMANE SOCIETY, INC.	Employer identification number 02-6005610
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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	EPPE-S-JEFFERSON FOUNDATION 129 WEST STREET KEENE NH 03431	\$ 20,000	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.)
		\$	Person <input 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.)
		\$	Person <input 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

MONADNOCK HUMANE SOCIETY, INC.

02-6005610

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 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)?, 9 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" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 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 on 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" on 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 on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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				110,362	97,255
b Contributions					
c Net investment earnings, gains, and losses				11,605	13,107
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on 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" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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" on 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		95,632		95,632
b Buildings		3,039,117	2,005,060	1,034,057
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 1,129,689

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on 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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,839,249
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	20,400
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	59,976
e	Add lines 2a through 2d	2e	80,376
3	Subtract line 2e from line 1	3	1,758,873
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,758,873

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

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

1	Total expenses and losses per audited financial statements	1	1,420,006
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	59,976
e	Add lines 2a through 2d	2e	59,976
3	Subtract line 2e from line 1	3	1,360,030
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,360,030

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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE PRINCIPAL REMAINS IN PERPETUITY. INCOME IS USED FOR EXEMPT PURPOSES.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES NETTED AGAINST INCOME \$ 50,823

INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES \$ 9,153

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES NETTED AGAINST INCOME \$ 50,823

INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES \$ 9,153

Part XIII Supplemental Information *(continued)*

Client Copy

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

U Attach to Form 990 or Form 990-EZ.

U Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Name of the organization

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

02-6005610

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>HAIRBALL</u> (event type)	<u>OTHER</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	194,429	24,013	218,442
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	194,429	24,013	218,442
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	45,515	5,308	50,823
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				167,619

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$

c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- Director/officer Employee Independent contractor



17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

u Attach to Form 990 or Form 990-EZ.

uGo to www.irs.gov/Form990 for instructions and the latest information.

2017

Open To Public Inspection

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

02-6005610

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **u** \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **u** \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

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Total **u** \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) NORTHEAST SOILS AND SITEWORK	TRUSTEE	2,000	PAYMENT FOR PLOWING		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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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.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

02-6005610

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF MONADNOCK HUMANE SOCIETY IS TO STRENGTHEN THE ANIMAL HUMAN BOND BY PROMOTING AND PROVIDING FOR THE WELL BEING OF ANIMALS. THE ORGANIZATION PROVIDES LEADERSHIP AND HIGH-QUALITY PROFESSIONAL RESOURCES IN ANIMAL WELFARE, BOARDING AND DAYCARE, TRAINING, EDUCATION ON ANIMAL WELFARE, RESPONSIVE COMMUNITY PROGRAMS, REHOMING (SERVICES TAILORED TO INDIVIDUAL AND COMMUNITY NEEDS), AND LOW COST SPAY/NEUTER CLINICS.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS REVIEWED BY THE BOARD PRIOR TO FILING THE RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

MEMBERS OF THE BOARD ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST STATEMENT EACH YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMPENSATION PROCESS POLICY DOCUMENT IS POSTED ON THE ORGANIZATION'S WEBSITE. IT SETS FORTH REQUIREMENTS FOR DOCUMENTATION OF DELIBERATIONS AND DECISIONS REGARDING THIS TOPIC, HANDLED BY THE BOARD HUMAN RESOURCES COMMITTEE. THE PROCESS INVOLVES UTILIZING A SALARY RANGE AS ESTABLISHED BY THE BOARD FINANCE COMMITTEE AND RESEARCH OF COMPARABILITY DATA. THE PROCESS FOR ESTABLISHING A SALARY FOR A NEW ED IS DEFINED, AS IS

Client Copy

Name of the organization

Employer identification number

MONADNOCK HUMANE SOCIETY, INC.

02-6005610

THE PROCESS FOR SUBSEQUENT YEARS WITH A REVIEW OF THE GOALS FOR THE ED AS APPROVED BY THE BOARD AND ACHIEVEMENT AGAINST THE GOALS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST, AT THE ORGANIZATION'S OFFICE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSES NETTED AGAINST INCOME	\$	50,823
INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES	\$	9,153
FUNDRAISING EXPENSES NETTED AGAINST INCOME	\$	-50,823
INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES	\$	-9,153

Client Copy

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.
u Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

MONADNOCK HUMANE SOCIETY, INC.

Identifying number
02-6005610

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	120,850

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,213
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	122,063
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use:

Table for 26: TOYOTA HIGHLANDER, 12/01/17, 100.00%, 10,399, 10,399, 5.0, S/L-, 1,213

27 Property used 50% or less in a qualified business use:

Table for 27: S/L-, S/L-

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,213

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for 30-36: Total business/investment miles driven during the year, Total commuting miles driven during the year, Total other personal (noncommuting) miles driven, Total miles driven during the year, Was the vehicle available for personal use during off-duty hours?, Was the vehicle used primarily by a more than 5% owner or related person?, Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

Table for 37-41: Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?, Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?, Do you treat all use of vehicles by employees as personal use?, Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?, Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2017 tax year (see instructions):

43 Amortization of costs that began before your 2017 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

02-6005610

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
17	Equipment	6/01/00	71,716				71,716	10	HY 200DB	71,716	0
18	Jensen Stenbeck Contract	6/01/00	152,647				152,647	10	HY 200DB	152,647	0
19	Counter Tech	6/01/00	3,480				3,480	5	HY 200DB	3,480	0
21	Jensen Stenbeck	6/01/00	47,262				47,262	5	HY 200DB	47,262	0
22	Gap Mountain Drilling	6/01/00	5,747				5,747	10	HY 200DB	5,747	0
23	My Carpenter	6/01/00	672				672	10	HY 200DB	672	0
24	Signworks Sign	6/01/00	1,000				1,000	10	HY 200DB	1,000	0
26	Computer Equip	1/01/00	3,738				3,738	5	HY 200DB	3,738	0
27	Computers	1/01/05	3,466				3,466	5	HY 200DB	3,466	0
28	Website	5/01/08	2,390			X	1,195	5	HY 200DB	2,390	0
29	Website	2/01/08	5,415			X	2,707	5	HY 200DB	5,415	0
31	Computer System	4/01/09	860			X	430	5	HY 200DB	860	0
32	Computer Terminal	4/01/09	550			X	275	5	HY 200DB	550	0
33	4 Port USB KVM	4/01/05	129				129	5	HY 200DB	129	0
34	Laptop	5/01/09	705			X	352	5	HY 200DB	705	0
36	Email Server	12/01/09	1,872			X	936	5	HY 200DB	1,872	0
37	Software	3/01/10	1,430			X	715	5	HY 200DB	1,430	0
			<u>303,079</u>				<u>296,467</u>			<u>303,079</u>	<u>0</u>
Other Depreciation:											
1	Land	7/01/99	40,869				40,869	0	-- Land	0	0
2	land improvements	6/01/00	20,010				20,010	15	MO S/L	20,010	0
3	Paving Driveway / Road	9/01/06	6,200				6,200	20	MO S/L	3,358	310
4	Dandy Flooring	10/01/07	8,640				8,640	20	MO S/L	4,212	432
5	400 Ft of Paving	5/01/08	8,700				8,700	15	MO S/L	5,268	580
6	HVAC System Upgrade	12/01/08	28,710				28,710	15	MO S/L	16,429	1,914
7	Door (for clinic)	1/01/09	632				632	15	MO S/L	354	42
8	HVAC (system repairs)	6/01/09	6,628				6,628	15	MO S/L	3,648	442
9	Boarding & Training Sign	5/01/10	1,010				1,010	10	MO S/L	724	101
10	Metal dutch door	10/01/10	930				930	15	MO S/L	419	62
11	Paint for homeroom doors	12/01/10	336				336	15	MO S/L	146	23
12	Fencing (Kennel area)	12/01/10	5,450				5,450	15	MO S/L	2,391	364
13	Homeroom Doors (8)	3/01/11	6,900				6,900	15	MO S/L	2,913	460
14	Homeroom Door	6/01/11	271				271	15	MO S/L	117	18
15	Homeroom Doors (3)	11/01/12	1,077				1,077	25	MO S/L	211	43
16	Fencing (B&D play yard)	6/15/16	4,940				4,940	15	MO S/L	383	330
39	CISCO Network Switch	11/01/11	992				992	5	MO S/L	992	0
40	Server (HP ProLiant ML350)	4/01/14	10,823				10,823	5	MO S/L	5,414	2,164
41	Desktops (3)	3/01/14	5,142				5,142	5	MO S/L	2,742	1,029
42	HP ProBook 450	3/01/14	820				820	5	MO S/L	329	164
43	HP Elite 800	6/01/15	1,564				1,564	5	MO S/L	652	312
44	HVAC Motherboard	10/30/15	6,550				6,550	5	MO S/L	1,565	1,310
45	HVAC Compressor	11/09/15	3,250				3,250	5	MO S/L	794	650
46	HVAC Assembly	4/07/16	1,586				1,586	5	MO S/L	343	317
47	Washer & Dryer	3/07/16	3,090				3,090	5	MO S/L	721	618
48	Carport Shelter	6/30/16	3,571				3,571	20	MO S/L	179	178
49	Computer (finance)	5/31/16	1,478				1,478	5	MO S/L	345	295
50	Firewall	12/16/15	2,200				2,200	3	MO S/L	990	734
57	Concrete Frame	6/01/00	1,586,993				1,586,993	40	MO S/L	674,474	39,675
58	Carpentry	6/01/00	28,962				28,962	15	MO S/L	28,962	0
59	Insulation / Roofing	6/01/00	196,580				196,580	15	MO S/L	196,580	0
60	Metal Doors & Windows	6/01/00	158,721				158,721	20	MO S/L	134,912	7,936
61	Flooring - Ceramic	6/01/00	215,986				215,986	20	MO S/L	183,584	10,800
62	Painting	6/01/00	38,369				38,369	5	MO S/L	38,369	0
63	Plumbing	6/01/00	481,031				481,031	20	MO S/L	408,884	24,051
64	Electrical	4/01/01	164,216				164,216	20	MO S/L	139,586	8,211
65	Building Improvements	4/01/01	5,635				5,635	40	MO S/L	2,279	141
66	Building Improvements	5/01/02	29,820				29,820	40	MO S/L	11,252	745
67	Shelter Improvements	12/01/03	17,381				17,381	40	MO S/L	5,872	434
68	Roof	5/01/04	2,500				2,500	15	MO S/L	2,198	166
69	MMA Flooring	1/01/07	19,995				19,995	20	MO S/L	10,500	1,000
70	MCA Flooring	3/01/07	8,880				8,880	20	MO S/L	4,551	444
71	Water heating pump	6/01/08	385				385	10	MO S/L	351	34
72	Feline Spay Packs	6/01/08	1,875				1,875	10	MO S/L	1,692	183
73	Canine Spay Packs	6/01/08	1,300				1,300	10	MO S/L	1,170	130
74	Deluxe Dental Kit	6/01/08	220				220	10	MO S/L	198	22
75	Mayo Instrument Stand	6/01/08	293				293	10	MO S/L	261	30

02-6005610

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date		Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
		In Service	Cost						
76	Mobile Treatment Cabinets (2)	6/01/08	2,489			2,489	10 MO S/L	2,241	248
77	Dental Scaler/Polisher	6/01/08	1,100			1,100	10 MO S/L	990	110
79	Medi-Lite Ceiling Mount	6/01/08	875			875	10 MO S/L	792	83
80	Medi-Lite Floor Model	6/01/08	939			939	10 MO S/L	846	93
81	VME Tabletop Anesthesia (2)	6/01/08	3,589			3,589	10 MO S/L	3,231	358
82	Hydraulic Pump Surgical Table	6/01/08	1,725			1,725	10 MO S/L	1,557	168
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555			1,555	10 MO S/L	1,404	151
84	Pulse Oximeter w/ SAC	6/01/08	1,177			1,177	10 MO S/L	1,062	115
85	Kennels for Vet Clinic	7/01/08	4,333			4,333	10 MO S/L	3,861	434
86	ISO Vaporizer	9/01/08	1,912			1,912	10 MO S/L	1,687	191
87	ultrasonic Cleaner & Basket	9/01/05	449			449	10 MO S/L	397	45
88	Dental Equipment	5/01/10	3,995			3,995	10 MO S/L	2,867	399
89	Centrifuge Swing Out	5/01/10	836			836	10 MO S/L	602	83
90	Narcotics Cabinet	7/01/10	590			590	10 MO S/L	413	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808			1,808	10 MO S/L	1,237	181
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561			4,561	10 MO S/L	1,200	456
93	Equipment	1/01/01	42,803			42,803	5 MO S/L	42,803	0
94	Cat Gazebo	10/01/97	2,681			2,681	20 MO S/L	2,613	68
95	Printers	1/01/04	3,401			3,401	5 MO S/L	3,401	0
96	Biologhts - Cat Area	3/01/04	1,200			1,200	7 MO S/L	1,200	0
97	2008 Ford E-150 Van	11/01/08	12,678			12,678	5 MO S/L	12,678	0
98	HVAC System	8/01/09	4,620			4,620	15 MO S/L	2,438	308
99	Hand Jack	9/01/09	388			388	7 MO S/L	388	0
100	Caat Condos for Boarding	12/01/09	7,087			7,087	10 MO S/L	5,376	708
101	Top Dog Flooring & Adhesive	2/01/10	2,530			2,530	15 MO S/L	1,253	168
102	Kennels (for Boarding)	3/01/10	3,129			3,129	10 MO S/L	2,289	313
103	Gates & Fencing (for Daycare)	6/01/10	6,759			6,759	15 MO S/L	3,157	450
104	Washer/Dryer	4/01/10	1,020			1,020	10 MO S/L	731	102
105	Cat Cotillion Floor	1/01/16	1,774			1,774	20 MO S/L	133	88
106	B&D Training Package	5/01/16	1,795			1,795	5 MO S/L	419	359
107	HVAC system repairs	12/01/09	2,250			2,250	15 MO S/L	1,138	150
108	Auto Scrubber	12/01/09	3,400			3,400	10 MO S/L	2,550	340
109	Filtration Tank: Washing Machine	1/01/10	545			545	10 MO S/L	408	54
110	Magicaire 4.0 Belt Driver	3/01/10	1,123			1,123	10 MO S/L	821	113
111	Washer & Dryer	2/01/10	12,450			12,450	10 MO S/L	9,234	1,245
112	8 Tokyo Cages	8/01/10	926			926	10 MO S/L	642	92
113	Whirlpool Refrigerator	5/01/11	510			510	10 MO S/L	315	51
114	HVAs unit for computer room	7/01/11	4,950			4,950	15 MO S/L	1,953	330
115	Cannon Copiier (adoption desk)	5/01/12	1,295			1,295	10 MO S/L	660	129
116	Other Equipment	6/01/00	6,064			6,064	10 MO S/L	6,064	0
117	Outside Lighting	11/01/15	2,875			2,875	15 MO S/L	320	191
118	Paving	5/31/17	14,556			14,556	15 MO S/L	81	970
119	Septic System	9/30/16	20,197			20,197	15 MO S/L	1,010	1,346
120	Electrical Upgrades	6/30/17	1,850			1,850	15 MO S/L	0	123
121	HVAC Fan	7/22/16	2,884			2,884	15 MO S/L	176	193
122	Water Pumps	9/02/16	2,419			2,419	10 MO S/L	202	241
123	Capnograph	4/18/17	2,300			2,300	7 MO S/L	55	328
124	Drain Intereptor	8/01/17	1,350			1,350	10 MO S/L	0	124
125	Phone System	9/01/17	11,039			11,039	7 MO S/L	0	1,314
126	Deck Mower	9/01/17	2,800			2,800	5 MO S/L	0	467
127	Intermediate Boiler	10/01/17	2,110			2,110	10 MO S/L	0	158
129	ERV motor	3/01/18	2,108			2,108	10 MO S/L	0	70
130	Security System	6/30/18	10,613			10,613	10 MO S/L	0	0
131	Surgical Table	6/30/18	3,639			3,639	10 MO S/L	0	0
132	Tim Briand Fencing	10/01/17	2,517			2,517	10 MO S/L	0	189
Total Other Depreciation			<u>3,382,079</u>			<u>3,382,079</u>		<u>2,050,219</u>	<u>120,850</u>
Total ACRS and Other Depreciation			<u>3,382,079</u>			<u>3,382,079</u>		<u>2,050,219</u>	<u>120,850</u>
Listed Property:									
128	Toyota Highlander	12/01/17	<u>10,399</u>			<u>10,399</u>	5 MO S/L	<u>0</u>	<u>1,213</u>
			<u>10,399</u>			<u>10,399</u>		<u>0</u>	<u>1,213</u>

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		3,695,557			3,688,945		2,353,298	122,063
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,695,557</u>			<u>3,688,945</u>		<u>2,353,298</u>	<u>122,063</u>

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02-6005610

NH Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
Prior MACRS:								
17	Equipment	6/01/00	71,716	71,716	71,716	0	0	0
18	Jensen Stenbeck Contract	6/01/00	152,647	152,647	152,647	0	0	0
19	Counter Tech	6/01/00	3,480	3,480	3,480	0	0	0
21	Jensen Stenbeck	6/01/00	47,262	47,262	47,262	0	0	0
22	Gap Mountain Drilling	6/01/00	5,747	5,747	5,747	0	0	0
23	My Carpenter	6/01/00	672	672	672	0	0	0
24	Signworks Sign	6/01/00	1,000	1,000	1,000	0	0	0
26	Computer Equip	1/01/00	3,738	3,738	3,738	0	0	0
27	Computers	1/01/05	3,466	3,466	3,466	0	0	0
28	Website	5/01/08	2,390	2,390	2,390	0	0	0
29	Website	2/01/08	5,415	5,415	5,415	0	0	0
31	Computer System	4/01/09	860	860	860	0	0	0
32	Computer Terminal	4/01/09	550	550	550	0	0	0
33	4 Port USB KVM	4/01/05	129	129	129	0	0	0
34	Laptop	5/01/09	705	705	705	0	0	0
36	Email Server	12/01/09	1,872	1,872	1,872	0	0	0
37	Software	3/01/10	1,430	1,430	1,430	0	0	0
			<u>303,079</u>	<u>303,079</u>	<u>303,079</u>	<u>0</u>	<u>0</u>	<u>0</u>

Other Depreciation:

1	Land	7/01/99	40,869	40,869	0	0	0	0
2	land improvements	6/01/00	20,010	20,010	20,010	0	0	0
3	Paving Driveway / Road	9/01/06	6,200	6,200	3,358	310	310	0
4	Dandy Flooring	10/01/07	8,640	8,640	4,212	432	432	0
5	400 Ft of Paving	5/01/08	8,700	8,700	5,268	580	580	0
6	HVAC System Upgrade	12/01/08	28,710	28,710	16,429	1,914	1,914	0
7	Door (for clinic)	1/01/09	632	632	354	42	42	0
8	HVAC (system repairs)	6/01/09	6,628	6,628	3,648	442	442	0
9	Boarding & Training Sign	5/01/10	1,010	1,010	724	101	101	0
10	Metal dutch door	10/01/10	930	930	419	62	62	0
11	Paint for homeroom doors	12/01/10	336	336	146	23	23	0
12	Fencing (Kennel area)	12/01/10	5,450	5,450	2,391	364	364	0
13	Homeroom Doors (8)	3/01/11	6,900	6,900	2,913	460	460	0
14	Homeroom Door	6/01/11	271	271	117	18	18	0
15	Homeroom Doors (3)	11/01/12	1,077	1,077	211	43	43	0
16	Fencing (B&D play yard)	6/15/16	4,940	4,940	383	330	330	0
39	CISCO Network Switch	11/01/11	992	992	992	0	0	0
40	Server (HP ProLiant ML350)	4/01/14	10,823	10,823	5,414	2,164	2,164	0
41	Desktops (3)	3/01/14	5,142	5,142	2,742	1,029	1,029	0
42	HP ProBook 450	3/01/14	820	820	329	164	164	0
43	HP Elite 800	6/01/15	1,564	1,564	652	312	312	0
44	HVAC Motherboard	10/30/15	6,550	6,550	1,565	1,310	1,310	0
45	HVAC Compressor	11/09/15	3,250	3,250	794	650	650	0
46	HVAC Assembly	4/07/16	1,586	1,586	343	317	317	0
47	Washer & Dryer	3/07/16	3,090	3,090	721	618	618	0
48	Carport Shelter	6/30/16	3,571	3,571	179	178	178	0
49	Computer (finance)	5/31/16	1,478	1,478	345	295	295	0
50	Firewall	12/16/15	2,200	2,200	990	734	734	0
57	Concrete Frame	6/01/00	1,586,993	1,586,993	674,474	39,675	39,675	0
58	Carpentry	6/01/00	28,962	28,962	28,962	0	0	0
59	Insulation / Roofing	6/01/00	196,580	196,580	196,580	0	0	0
60	Metal Doors & Windows	6/01/00	158,721	158,721	134,912	7,936	7,936	0
61	Flooring - Ceramic	6/01/00	215,986	215,986	183,584	10,800	10,800	0
62	Painting	6/01/00	38,369	38,369	38,369	0	0	0
63	Plumbing	6/01/00	481,031	481,031	408,884	24,051	24,051	0
64	Electrical	4/01/01	164,216	164,216	139,586	8,211	8,211	0
65	Building Improvements	4/01/01	5,635	5,635	2,279	141	141	0
66	Building Improvements	5/01/02	29,820	29,820	11,252	745	745	0
67	Shelter Improvements	12/01/03	17,381	17,381	5,872	434	434	0
68	Roof	5/01/04	2,500	2,500	2,198	166	166	0
69	MMA Flooring	1/01/07	19,995	19,995	10,500	1,000	1,000	0
70	MCA Flooring	3/01/07	8,880	8,880	4,551	444	444	0
71	Water heating pump	6/01/08	385	385	351	34	34	0
72	Feline Spay Packs	6/01/08	1,875	1,875	1,692	183	183	0
73	Canine Spay Packs	6/01/08	1,300	1,300	1,170	130	130	0
74	Deluxe Dental Kit	6/01/08	220	220	198	22	22	0
75	Mayo Instrument Stand	6/01/08	293	293	261	30	30	0

02-6005610

NH Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
76	Mobile Treatment Cabinets (2)	6/01/08	2,489	2,489	2,241	248	248	0
77	Dental Scaler/Polisher	6/01/08	1,100	1,100	990	110	110	0
79	Medi-Lite Ceiling Mount	6/01/08	875	875	792	83	83	0
80	Medi-Lite Floor Model	6/01/08	939	939	846	93	93	0
81	VME Tabletop Anesthesia (2)	6/01/08	3,589	3,589	3,231	358	358	0
82	Hydraulic Pump Surgical Table	6/01/08	1,725	1,725	1,557	168	168	0
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555	1,555	1,404	151	151	0
84	Pulse Oximeter w/ SAC	6/01/08	1,177	1,177	1,062	115	115	0
85	Kennels for Vet Clinic	7/01/08	4,333	4,333	3,861	434	434	0
86	ISO Vaporizer	9/01/08	1,912	1,912	1,687	191	191	0
87	ultrasonic Cleaner & Basket	9/01/05	449	449	397	45	45	0
88	Dental Equipment	5/01/10	3,995	3,995	2,867	399	399	0
89	Centrifuge Swing Out	5/01/10	836	836	602	83	83	0
90	Narcotics Cabinet	7/01/10	590	590	413	59	59	0
91	Vital Signs Monitor (capnography)	9/01/10	1,808	1,808	1,237	181	181	0
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	4,561	1,200	456	456	0
93	Equipment	1/01/01	42,803	42,803	42,803	0	0	0
94	Cat Gazebo	10/01/97	2,681	2,681	2,613	68	68	0
95	Printers	1/01/04	3,401	3,401	3,401	0	0	0
96	Biologhts - Cat Area	3/01/04	1,200	1,200	1,200	0	0	0
97	2008 Ford E-150 Van	11/01/08	12,678	12,678	12,678	0	0	0
98	HVAC System	8/01/09	4,620	4,620	2,438	308	308	0
99	Hand Jack	9/01/09	388	388	388	0	0	0
100	Caat Condos for Boarding	12/01/09	7,087	7,087	5,376	708	708	0
101	Top Dog Flooring & Adhesive	2/01/10	2,530	2,530	1,253	168	168	0
102	Kennels (for Boarding)	3/01/10	3,129	3,129	2,289	313	313	0
103	Gates & Fencing (for Daycare)	6/01/10	6,759	6,759	3,157	450	450	0
104	Washer/Dryer	4/01/10	1,020	1,020	731	102	102	0
105	Cat Cotillion Floor	1/01/16	1,774	1,774	133	88	88	0
106	B&D Training Package	5/01/16	1,795	1,795	419	359	359	0
107	HVAC system repairs	12/01/09	2,250	2,250	1,138	150	150	0
108	Auto Scrubber	12/01/09	3,400	3,400	2,550	340	340	0
109	Filtration Tank: Washing Machine	1/01/10	545	545	408	54	54	0
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	1,123	821	113	113	0
111	Washer & Dryer	2/01/10	12,450	12,450	9,234	1,245	1,245	0
112	8 Tokyo Cages	8/01/10	926	926	642	92	92	0
113	Whirlpool Refrigerator	5/01/11	510	510	315	51	51	0
114	HVAs unit for computer room	7/01/11	4,950	4,950	1,953	330	330	0
115	Cannon Copiier (adoption desk)	5/01/12	1,295	1,295	660	129	129	0
116	Other Equipment	6/01/00	6,064	6,064	6,064	0	0	0
117	Outside Lighting	11/01/15	2,875	2,875	192	191	191	0
118	Paving	5/31/17	14,556	14,556	81	970	970	0
119	Septic System	9/30/16	20,197	20,197	1,010	1,346	1,346	0
120	Electrical Upgrades	6/30/17	1,850	1,850	0	123	123	0
121	HVAC Fan	7/22/16	2,884	2,884	176	193	193	0
122	Water Pumps	9/02/16	2,419	2,419	202	241	241	0
123	Capnograph	4/18/17	2,300	2,300	55	328	328	0
124	Drain Intereptor	8/01/17	1,350	1,350	0	124	124	0
125	Phone System	9/01/17	11,039	11,039	0	1,314	1,314	0
126	Deck Mower	9/01/17	2,800	2,800	0	467	467	0
127	Intermediate Boiler	10/01/17	2,110	2,110	0	158	158	0
129	ERV motor	3/01/18	2,108	2,108	0	70	70	0
130	Security System	6/30/18	10,613	10,613	0	0	0	0
131	Surgical Table	6/30/18	3,639	3,639	0	0	0	0
132	Tim Briand Fencing	10/01/17	2,517	2,517	0	189	189	0
Total Other Depreciation			<u>3,382,079</u>	<u>3,382,079</u>	<u>2,050,091</u>	<u>120,850</u>	<u>120,850</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>3,382,079</u>	<u>3,382,079</u>	<u>2,050,091</u>	<u>120,850</u>	<u>120,850</u>	<u>0</u>
Listed Property:								
128	Toyota Highlander	12/01/17	<u>10,399</u>	<u>10,399</u>	<u>0</u>	<u>1,213</u>	<u>1,213</u>	<u>0</u>
			<u>10,399</u>	<u>10,399</u>	<u>0</u>	<u>1,213</u>	<u>1,213</u>	<u>0</u>

NH Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
	Grand Totals		3,695,557	3,695,557	2,353,170	122,063	122,063	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>3,695,557</u>	<u>3,695,557</u>	<u>2,353,170</u>	<u>122,063</u>	<u>122,063</u>	<u>0</u>

Client Copy

02-6005610

AMT Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
17	Equipment	6/01/00	71,716				71,716	10	HY 200DB	71,716	0
18	Jensen Stenbeck Contract	6/01/00	152,647				152,647	10	HY 200DB	152,647	0
19	Counter Tech	6/01/00	3,480				3,480	5	HY 200DB	3,480	0
21	Jensen Stenbeck	6/01/00	47,262				47,262	5	HY 200DB	47,262	0
22	Gap Mountain Drilling	6/01/00	5,747				5,747	10	HY 200DB	5,747	0
23	My Carpenter	6/01/00	672				672	10	HY 200DB	672	0
24	Signworks Sign	6/01/00	1,000				1,000	10	HY 200DB	1,000	0
26	Computer Equip	1/01/00	3,738				3,738	5	HY 200DB	3,738	0
27	Computers	1/01/05	3,466				3,466	5	HY 200DB	3,466	0
28	Website	5/01/08	2,390			X	1,195	5	HY 200DB	2,390	0
29	Website	2/01/08	5,415			X	2,707	5	HY 200DB	5,415	0
31	Computer System	4/01/09	860			X	430	5	HY 200DB	860	0
32	Computer Terminal	4/01/09	550			X	275	5	HY 200DB	550	0
33	4 Port USB KVM	4/01/05	129				129	5	HY 200DB	129	0
34	Laptop	5/01/09	705			X	352	5	HY 200DB	705	0
36	Email Server	12/01/09	1,872			X	936	5	HY 200DB	1,872	0
37	Software	3/01/10	1,430			X	715	5	HY 200DB	1,430	0
			<u>303,079</u>				<u>296,467</u>			<u>303,079</u>	<u>0</u>
Other Depreciation:											
1	Land	7/01/99	40,869				40,869	0	-- Land	0	0
2	land improvements	6/01/00	20,010				20,010	15	MO S/L	20,010	0
3	Paving Driveway / Road	9/01/06	6,200				6,200	20	MO S/L	3,358	310
4	Dandy Flooring	10/01/07	8,640				8,640	20	MO S/L	4,212	432
5	400 Ft of Paving	5/01/08	8,700				8,700	15	MO S/L	5,268	580
6	HVAC System Upgrade	12/01/08	28,710				28,710	15	MO S/L	16,429	1,914
7	Door (for clinic)	1/01/09	632				632	15	MO S/L	354	42
8	HVAC (system repairs)	6/01/09	6,628				6,628	15	MO S/L	3,648	442
9	Boarding & Training Sign	5/01/10	1,010				1,010	10	MO S/L	724	101
10	Metal dutch door	10/01/10	930				930	15	MO S/L	419	62
11	Paint for homeroom doors	12/01/10	336				336	15	MO S/L	146	23
12	Fencing (Kennel area)	12/01/10	5,450				5,450	15	MO S/L	2,391	364
13	Homeroom Doors (8)	3/01/11	6,900				6,900	15	MO S/L	2,913	460
14	Homeroom Door	6/01/11	271				271	15	MO S/L	117	18
15	Homeroom Doors (3)	11/01/12	1,077				1,077	25	MO S/L	211	43
16	Fencing (B&D play yard)	6/15/16	4,940				4,940	15	MO S/L	383	330
39	CISCO Network Switch	11/01/11	992				992	5	MO S/L	992	0
40	Server (HP ProLiant ML350)	4/01/14	10,823				10,823	5	MO S/L	5,414	2,164
41	Desktops (3)	3/01/14	5,142				5,142	5	MO S/L	2,742	1,029
42	HP ProBook 450	3/01/14	0				0	0	HY	0	0
43	HP Elite 800	6/01/15	1,564				1,564	5	MO S/L	652	312
44	HVAC Motherboard	10/30/15	6,550				6,550	5	MO S/L	1,565	1,310
45	HVAC Compressor	11/09/15	3,250				3,250	5	MO S/L	794	650
46	HVAC Assembly	4/07/16	1,586				1,586	5	MO S/L	343	317
47	Washer & Dryer	3/07/16	0				0	0	HY	0	0
48	Carport Shelter	6/30/16	0				0	0	HY	0	0
49	Computer (finance)	5/31/16	1,478				1,478	5	MO S/L	345	295
50	Firewall	12/16/15	2,200				2,200	3	MO S/L	990	734
57	Concrete Frame	6/01/00	1,586,993				1,586,993	40	MO S/L	674,474	39,675
58	Carpentry	6/01/00	28,962				28,962	15	MO S/L	28,962	0
59	Insulation / Roofing	6/01/00	196,580				196,580	15	MO S/L	196,580	0
60	Metal Doors & Windows	6/01/00	158,721				158,721	20	MO S/L	134,912	7,936
61	Flooring - Ceramic	6/01/00	215,986				215,986	20	MO S/L	183,584	10,800
62	Painting	6/01/00	38,369				38,369	5	MO S/L	38,369	0
63	Plumbing	6/01/00	481,031				481,031	20	MO S/L	408,884	24,051
64	Electrical	4/01/01	164,216				164,216	20	MO S/L	139,586	8,211
65	Building Improvements	4/01/01	5,635				5,635	40	MO S/L	2,279	141
66	Building Improvements	5/01/02	29,820				29,820	40	MO S/L	11,252	745
67	Shelter Improvements	12/01/03	17,381				17,381	40	MO S/L	5,872	434
68	Roof	5/01/04	2,500				2,500	15	MO S/L	2,198	166
69	MMA Flooring	1/01/07	19,995				19,995	20	MO S/L	10,500	1,000
70	MCA Flooring	3/01/07	8,880				8,880	20	MO S/L	4,551	444
71	Water heating pump	6/01/08	385				385	10	MO S/L	351	34
72	Feline Spay Packs	6/01/08	1,875				1,875	10	MO S/L	1,692	183
73	Canine Spay Packs	6/01/08	1,300				1,300	10	MO S/L	1,170	130
74	Deluxe Dental Kit	6/01/08	220				220	10	MO S/L	198	22
75	Mayo Instrument Stand	6/01/08	293				293	10	MO S/L	261	30

02-6005610

AMT Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
76	Mobile Treatment Cabinets (2)	6/01/08	2,489				2,489	10 MO S/L	2,241	248
77	Dental Scaler/Polisher	6/01/08	1,100				1,100	10 MO S/L	990	110
79	Medi-Lite Ceiling Mount	6/01/08	875				875	10 MO S/L	792	83
80	Medi-Lite Floor Model	6/01/08	939				939	10 MO S/L	846	93
81	VME Tabletop Anesthesia (2)	6/01/08	3,589				3,589	10 MO S/L	3,231	358
82	Hydraulic Pump Surgical Table	6/01/08	1,725				1,725	10 MO S/L	1,557	168
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555				1,555	10 MO S/L	1,404	151
84	Pulse Oximeter w/ SAC	6/01/08	1,177				1,177	10 MO S/L	1,062	115
85	Kennels for Vet Clinic	7/01/08	4,333				4,333	10 MO S/L	3,861	434
86	ISO Vaporizer	9/01/08	1,912				1,912	10 MO S/L	1,687	191
87	ultrasonic Cleaner & Basket	9/01/05	449				449	10 MO S/L	397	45
88	Dental Equipment	5/01/10	3,995				3,995	10 MO S/L	2,867	399
89	Centrifuge Swing Out	5/01/10	836				836	10 MO S/L	602	83
90	Narcotics Cabinet	7/01/10	590				590	10 MO S/L	413	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808				1,808	10 MO S/L	1,237	181
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561				4,561	10 MO S/L	1,200	456
93	Equipment	1/01/01	0				0	0 HY	0	0
94	Cat Gazebo	10/01/97	0				0	0 HY	0	0
95	Printers	1/01/04	0				0	0 HY	0	0
96	Biologhts - Cat Area	3/01/04	0				0	0 HY	0	0
97	2008 Ford E-150 Van	11/01/08	0				0	0 HY	0	0
98	HVAC System	8/01/09	0				0	0 HY	0	0
99	Hand Jack	9/01/09	0				0	0 HY	0	0
100	Caat Condos for Boarding	12/01/09	0				0	0 HY	0	0
101	Top Dog Flooring & Adhesive	2/01/10	0				0	0 HY	0	0
102	Kennels (for Boarding)	3/01/10	0				0	0 HY	0	0
103	Gates & Fencing (for Daycare)	6/01/10	0				0	0 HY	0	0
104	Washer/Dryer	4/01/10	0				0	0 HY	0	0
105	Cat Cotillion Floor	1/01/16	0				0	0 HY	0	0
106	B&D Training Package	5/01/16	0				0	0 HY	0	0
107	HVAC system repairs	12/01/09	0				0	0 HY	0	0
108	Auto Scrubber	12/01/09	0				0	0 HY	0	0
109	Filtration Tank: Washing Machine	1/01/10	0				0	0 HY	0	0
110	Magicaire 4.0 Belt Driver	3/01/10	0				0	0 HY	0	0
111	Washer & Dryer	2/01/10	0				0	0 HY	0	0
112	8 Tokyo Cages	8/01/10	0				0	0 HY	0	0
113	Whirlpool Refrigerator	5/01/11	0				0	0 HY	0	0
114	HVAs unit for computer room	7/01/11	0				0	0 HY	0	0
115	Cannon Copier (adoption desk)	5/01/12	0				0	0 HY	0	0
116	Other Equipment	6/01/00	0				0	0 HY	0	0
117	Outside Lighting	11/01/15	0				0	0 HY	0	0
118	Paving	5/31/17	0				0	0 HY	0	0
119	Septic System	9/30/16	0				0	0 HY	0	0
120	Electrical Upgrades	6/30/17	0				0	0 HY	0	0
121	HVAC Fan	7/22/16	0				0	0 HY	0	0
122	Water Pumps	9/02/16	0				0	0 HY	0	0
123	Capnograph	4/18/17	0				0	0 HY	0	0
124	Drain Intereptor	8/01/17	0				0	0 HY	0	0
125	Phone System	9/01/17	11,039				11,039	7 MO S/L	0	1,314
126	Deck Mower	9/01/17	2,800				2,800	5 MO S/L	0	467
127	Intermediate Boiler	10/01/17	2,110				2,110	10 MO S/L	0	158
129	ERV motor	3/01/18	0				0	0 HY	0	0
130	Security System	6/30/18	0				0	0 HY	0	0
131	Surgical Table	6/30/18	3,639				3,639	10 MO S/L	0	0
132	Tim Briand Fencing	10/01/17	0				0	0 HY	0	0
Total Other Depreciation			<u>3,185,551</u>				<u>3,185,551</u>		<u>1,944,482</u>	<u>111,047</u>
Total ACRS and Other Depreciation			<u>3,185,551</u>				<u>3,185,551</u>		<u>1,944,482</u>	<u>111,047</u>
Listed Property:										
128	Toyota Highlander	12/01/17	<u>10,399</u>				<u>10,399</u>	5 MO S/L	<u>0</u>	<u>1,213</u>
			<u>10,399</u>				<u>10,399</u>		<u>0</u>	<u>1,213</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
	Grand Totals		3,499,029				3,492,417			2,247,561	112,260
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>3,499,029</u>				<u>3,492,417</u>			<u>2,247,561</u>	<u>112,260</u>

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02-6005610

Bonus Depreciation Report

FYE: 6/30/2018

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
28	Website	5/01/08	2,390		0	0	1,195	1,195
29	Website	2/01/08	5,415		0	0	2,708	2,707
31	Computer System	4/01/09	860		0	0	430	430
32	Computer Terminal	4/01/09	550		0	0	275	275
34	Laptop	5/01/09	705		0	0	353	352
36	Email Server	12/01/09	1,872		0	0	936	936
37	Software	3/01/10	1,430		0	0	715	715
	Form 990, Page 1		<u>13,222</u>		<u>0</u>	<u>0</u>	<u>6,612</u>	<u>6,610</u>
	Grand Total		<u>13,222</u>		<u>0</u>	<u>0</u>	<u>6,612</u>	<u>6,610</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	17	Equipment	0	0	0
Page 1	1	18	Jensen Stenbeck Contract	0	0	0
Page 1	1	19	Counter Tech	0	0	0
Page 1	1	21	Jensen Stenbeck	0	0	0
Page 1	1	22	Gap Mountain Drilling	0	0	0
Page 1	1	23	My Carpenter	0	0	0
Page 1	1	24	Signworks Sign	0	0	0
Page 1	1	26	Computer Equip	0	0	0
Page 1	1	27	Computers	0	0	0
Page 1	1	28	Website	0	0	0
Page 1	1	29	Website	0	0	0
Page 1	1	31	Computer System	0	0	0
Page 1	1	32	Computer Terminal	0	0	0
Page 1	1	33	4 Port USB KVM	0	0	0
Page 1	1	34	Laptop	0	0	0
Page 1	1	36	Email Server	0	0	0
Page 1	1	37	Software	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

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02-6005610

Future Depreciation Report**FYE: 6/30/19**

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
17	Equipment	6/01/00	71,716	0	0
18	Jensen Stenbeck Contract	6/01/00	152,647	0	0
19	Counter Tech	6/01/00	3,480	0	0
21	Jensen Stenbeck	6/01/00	47,262	0	0
22	Gap Mountain Drilling	6/01/00	5,747	0	0
23	My Carpenter	6/01/00	672	0	0
24	Signworks Sign	6/01/00	1,000	0	0
26	Computer Equip	1/01/00	3,738	0	0
27	Computers	1/01/05	3,466	0	0
28	Website	5/01/08	2,390	0	0
29	Website	2/01/08	5,415	0	0
31	Computer System	4/01/09	860	0	0
32	Computer Terminal	4/01/09	550	0	0
33	4 Port USB KVM	4/01/05	129	0	0
34	Laptop	5/01/09	705	0	0
36	Email Server	12/01/09	1,872	0	0
37	Software	3/01/10	1,430	0	0
			<u>303,079</u>	<u>0</u>	<u>0</u>

Other Depreciation:

1	Land	7/01/99	40,869	0	0
2	land improvements	6/01/00	20,010	0	0
3	Paving Driveway / Road	9/01/06	6,200	310	310
4	Dandy Flooring	10/01/07	8,640	432	432
5	400 Ft of Paving	5/01/08	8,700	580	580
6	HVAC System Upgrade	12/01/08	28,710	1,914	1,914
7	Door (for clinic)	1/01/09	632	42	42
8	HVAC (system repairs)	6/01/09	6,628	442	442
9	Boarding & Training Sign	5/01/10	1,010	101	101
10	Metal dutch door	10/01/10	930	62	62
11	Paint for homeroom doors	12/01/10	336	22	22
12	Fencing (Kennel area)	12/01/10	5,450	363	363
13	Homeroom Doors (8)	3/01/11	6,900	460	460
14	Homeroom Door	6/01/11	271	18	18
15	Homeroom Doors (3)	11/01/12	1,077	43	43
16	Fencing (B&D play yard)	6/15/16	4,940	329	329
39	CISCO Network Switch	11/01/11	992	0	0
40	Server (HP ProLiant ML350)	4/01/14	10,823	2,165	2,165
41	Desktops (3)	3/01/14	5,142	1,028	1,028
42	HP ProBook 450	3/01/14	820	164	0
43	HP Elite 800	6/01/15	1,564	313	313
44	HVAC Motherboard	10/30/15	6,550	1,310	1,310
45	HVAC Compressor	11/09/15	3,250	650	650
46	HVAC Assembly	4/07/16	1,586	318	318
47	Washer & Dryer	3/07/16	3,090	618	0
48	Carport Shelter	6/30/16	3,571	179	0
49	Computer (finance)	5/31/16	1,478	296	296
50	Firewall	12/16/15	2,200	476	476
57	Concrete Frame	6/01/00	1,586,993	39,674	39,674
58	Carpentry	6/01/00	28,962	0	0
59	Insulation / Roofing	6/01/00	196,580	0	0
60	Metal Doors & Windows	6/01/00	158,721	7,936	7,936
61	Flooring - Ceramic	6/01/00	215,986	10,799	10,799
62	Painting	6/01/00	38,369	0	0
63	Plumbing	6/01/00	481,031	24,052	24,052
64	Electrical	4/01/01	164,216	8,210	8,210
65	Building Improvements	4/01/01	5,635	141	141
66	Building Improvements	5/01/02	29,820	746	746
67	Shelter Improvements	12/01/03	17,381	435	435
68	Roof	5/01/04	2,500	136	136
69	MMA Flooring	1/01/07	19,995	999	999
70	MCA Flooring	3/01/07	8,880	444	444
71	Water heating pump	6/01/08	385	0	0
72	Feline Spay Packs	6/01/08	1,875	0	0

02-6005610

Future Depreciation Report **FYE: 6/30/19**

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
73	Canine Spay Packs	6/01/08	1,300	0	0
74	Deluxe Dental Kit	6/01/08	220	0	0
75	Mayo Instrument Stand	6/01/08	293	2	2
76	Mobile Treatment Cabinets (2)	6/01/08	2,489	0	0
77	Dental Scaler/Polisher	6/01/08	1,100	0	0
79	Medi-Lite Ceiling Mount	6/01/08	875	0	0
80	Medi-Lite Floor Model	6/01/08	939	0	0
81	VME Tabletop Anesthesia (2)	6/01/08	3,589	0	0
82	Hydraulic Pump Surgical Table	6/01/08	1,725	0	0
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555	0	0
84	Pulse Oximeter w/ SAC	6/01/08	1,177	0	0
85	Kennels for Vet Clinic	7/01/08	4,333	38	38
86	ISO Vaporizer	9/01/08	1,912	34	34
87	ultrasonic Cleaner & Basket	9/01/05	449	7	7
88	Dental Equipment	5/01/10	3,995	400	400
89	Centrifuge Swing Out	5/01/10	836	84	84
90	Narcotics Cabinet	7/01/10	590	59	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808	180	180
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	456	456
93	Equipment	1/01/01	42,803	0	0
94	Cat Gazebo	10/01/97	2,681	0	0
95	Printers	1/01/04	3,401	0	0
96	Biologhts - Cat Area	3/01/04	1,200	0	0
97	2008 Ford E-150 Van	11/01/08	12,678	0	0
98	HVAC System	8/01/09	4,620	308	0
99	Hand Jack	9/01/09	388	0	0
100	Caat Condos for Boarding	12/01/09	7,087	709	0
101	Top Dog Flooring & Adhesive	2/01/10	2,530	169	0
102	Kennels (for Boarding)	3/01/10	3,129	313	0
103	Gates & Fencing (for Daycare)	6/01/10	6,759	451	0
104	Washer/Dryer	4/01/10	1,020	102	0
105	Cat Cotillion Floor	1/01/16	1,774	89	0
106	B&D Training Package	5/01/16	1,795	359	0
107	HVAC system repairs	12/01/09	2,250	150	0
108	Auto Scrubber	12/01/09	3,400	340	0
109	Filtration Tank: Washing Machine	1/01/10	545	55	0
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	112	0
111	Washer & Dryer	2/01/10	12,450	1,245	0
112	8 Tokyo Cages	8/01/10	926	93	0
113	Whirlpool Refrigerator	5/01/11	510	51	0
114	HVAS unit for computer room	7/01/11	4,950	330	0
115	Cannon Copiier (adoption desk)	5/01/12	1,295	130	0
116	Other Equipment	6/01/00	6,064	0	0
117	Outside Lighting	11/01/15	2,875	192	0
118	Paving	5/31/17	14,556	971	0
119	Septic System	9/30/16	20,197	1,347	0
120	Electrical Upgrades	6/30/17	1,850	124	0
121	HVAC Fan	7/22/16	2,884	192	0
122	Water Pumps	9/02/16	2,419	242	0
123	Capnograph	4/18/17	2,300	329	0
124	Drain Intereptor	8/01/17	1,350	135	0
125	Phone System	9/01/17	11,039	1,577	1,577
126	Deck Mower	9/01/17	2,800	560	560
127	Intermediate Boiler	10/01/17	2,110	211	211
129	ERV motor	3/01/18	2,108	211	0
130	Security System	6/30/18	10,613	1,061	0
131	Surgical Table	6/30/18	3,639	364	364
132	Tim Briand Fencing	10/01/17	2,517	251	0
Total Other Depreciation			3,382,079	120,240	109,218
Total ACRS and Other Depreciation			3,382,079	120,240	109,218

Listed Property:

128	Toyota Highlander	12/01/17	10,399	2,080	2,080
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Future Depreciation Report **FYE: 6/30/19**

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
			<u>10,399</u>	<u>2,080</u>	<u>2,080</u>
	Grand Totals		<u>3,695,557</u>	<u>122,320</u>	<u>111,298</u>

Client Copy

Asset	Description	Date In Service	Cost	NH
Prior MACRS:				
17	Equipment	6/01/00	71,716	0
18	Jensen Stenbeck Contract	6/01/00	152,647	0
19	Counter Tech	6/01/00	3,480	0
21	Jensen Stenbeck	6/01/00	47,262	0
22	Gap Mountain Drilling	6/01/00	5,747	0
23	My Carpenter	6/01/00	672	0
24	Signworks Sign	6/01/00	1,000	0
26	Computer Equip	1/01/00	3,738	0
27	Computers	1/01/05	3,466	0
28	Website	5/01/08	2,390	0
29	Website	2/01/08	5,415	0
31	Computer System	4/01/09	860	0
32	Computer Terminal	4/01/09	550	0
33	4 Port USB KVM	4/01/05	129	0
34	Laptop	5/01/09	705	0
36	Email Server	12/01/09	1,872	0
37	Software	3/01/10	1,430	0
			<u>303,079</u>	<u>0</u>

Other Depreciation:

1	Land	7/01/99	40,869	0
2	land improvements	6/01/00	20,010	0
3	Paving Driveway / Road	9/01/06	6,200	310
4	Dandy Flooring	10/01/07	8,640	432
5	400 Ft of Paving	5/01/08	8,700	580
6	HVAC System Upgrade	12/01/08	28,710	1,914
7	Door (for clinic)	1/01/09	632	42
8	HVAC (system repairs)	6/01/09	6,628	442
9	Boarding & Training Sign	5/01/10	1,010	101
10	Metal dutch door	10/01/10	930	62
11	Paint for homeroom doors	12/01/10	336	22
12	Fencing (Kennel area)	12/01/10	5,450	363
13	Homeroom Doors (8)	3/01/11	6,900	460
14	Homeroom Door	6/01/11	271	18
15	Homeroom Doors (3)	11/01/12	1,077	43
16	Fencing (B&D play yard)	6/15/16	4,940	329
39	CISCO Network Switch	11/01/11	992	0
40	Server (HP ProLiant ML350)	4/01/14	10,823	2,165
41	Desktops (3)	3/01/14	5,142	1,028
42	HP ProBook 450	3/01/14	820	164
43	HP Elite 800	6/01/15	1,564	313
44	HVAC Motherboard	10/30/15	6,550	1,310
45	HVAC Compressor	11/09/15	3,250	650
46	HVAC Assembly	4/07/16	1,586	318
47	Washer & Dryer	3/07/16	3,090	618
48	Carpport Shelter	6/30/16	3,571	179
49	Computer (finance)	5/31/16	1,478	296
50	Firewall	12/16/15	2,200	476
57	Concrete Frame	6/01/00	1,586,993	39,674
58	Carpentry	6/01/00	28,962	0
59	Insulation / Roofing	6/01/00	196,580	0
60	Metal Doors & Windows	6/01/00	158,721	7,936
61	Flooring - Ceramic	6/01/00	215,986	10,799
62	Painting	6/01/00	38,369	0
63	Plumbing	6/01/00	481,031	24,052
64	Electrical	4/01/01	164,216	8,210
65	Building Improvements	4/01/01	5,635	141
66	Building Improvements	5/01/02	29,820	746
67	Shelter Improvements	12/01/03	17,381	435
68	Roof	5/01/04	2,500	136
69	MMA Flooring	1/01/07	19,995	999
70	MCA Flooring	3/01/07	8,880	444
71	Water heating pump	6/01/08	385	0
72	Feline Spay Packs	6/01/08	1,875	0

Asset	Description	Date In Service	Cost	NH
73	Canine Spay Packs	6/01/08	1,300	0
74	Deluxe Dental Kit	6/01/08	220	0
75	Mayo Instrument Stand	6/01/08	293	2
76	Mobile Treatment Cabinets (2)	6/01/08	2,489	0
77	Dental Scaler/Polisher	6/01/08	1,100	0
79	Medi-Lite Ceiling Mount	6/01/08	875	0
80	Medi-Lite Floor Model	6/01/08	939	0
81	VME Tabletop Anesthesia (2)	6/01/08	3,589	0
82	Hydraulic Pump Surgical Table	6/01/08	1,725	0
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555	0
84	Pulse Oximeter w/ SAC	6/01/08	1,177	0
85	Kennels for Vet Clinic	7/01/08	4,333	38
86	ISO Vaporizer	9/01/08	1,912	34
87	ultrasonic Cleaner & Basket	9/01/05	449	7
88	Dental Equipment	5/01/10	3,995	400
89	Centrifuge Swing Out	5/01/10	836	84
90	Narcotics Cabinet	7/01/10	590	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808	180
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	456
93	Equipment	1/01/01	42,803	0
94	Cat Gazebo	10/01/97	2,681	0
95	Printers	1/01/04	3,401	0
96	Biologhts - Cat Area	3/01/04	1,200	0
97	2008 Ford E-150 Van	11/01/08	12,678	0
98	HVAC System	8/01/09	4,620	308
99	Hand Jack	9/01/09	388	0
100	Caat Condos for Boarding	12/01/09	7,087	709
101	Top Dog Flooring & Adhesive	2/01/10	2,530	169
102	Kennels (for Boarding)	3/01/10	3,129	313
103	Gates & Fencing (for Daycare)	6/01/10	6,759	451
104	Washer/Dryer	4/01/10	1,020	102
105	Cat Cotillion Floor	1/01/16	1,774	89
106	B&D Training Package	5/01/16	1,795	359
107	HVAC system repairs	12/01/09	2,250	150
108	Auto Scrubber	12/01/09	3,400	340
109	Filtration Tank: Washing Machine	1/01/10	545	55
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	112
111	Washer & Dryer	2/01/10	12,450	1,245
112	8 Tokyo Cages	8/01/10	926	93
113	Whirlpool Refrigerator	5/01/11	510	51
114	HVAS unit for computer room	7/01/11	4,950	330
115	Cannon Copiier (adoption desk)	5/01/12	1,295	130
116	Other Equipment	6/01/00	6,064	0
117	Outside Lighting	11/01/15	2,875	192
118	Paving	5/31/17	14,556	971
119	Septic System	9/30/16	20,197	1,347
120	Electrical Upgrades	6/30/17	1,850	124
121	HVAC Fan	7/22/16	2,884	192
122	Water Pumps	9/02/16	2,419	242
123	Capnograph	4/18/17	2,300	329
124	Drain Intereptor	8/01/17	1,350	135
125	Phone System	9/01/17	11,039	1,577
126	Deck Mower	9/01/17	2,800	560
127	Intermediate Boiler	10/01/17	2,110	211
129	ERV motor	3/01/18	2,108	211
130	Security System	6/30/18	10,613	1,061
131	Surgical Table	6/30/18	3,639	364
132	Tim Briand Fencing	10/01/17	2,517	251
Total Other Depreciation			3,382,079	120,240
Total ACRS and Other Depreciation			3,382,079	120,240

Listed Property:

128	Toyota Highlander	12/01/17	10,399	2,080
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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NH</u>
			<u>10,399</u>	<u>2,080</u>
	Grand Totals		<u>3,695,557</u>	<u>122,320</u>

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Form 990		Two Year Comparison Report		2016 & 2017	
Name		For calendar year 2017, or tax year beginning 07/01/17 , ending 06/30/18		Taxpayer Identification Number	
MONADNOCK HUMANE SOCIETY, INC.				02-6005610	
		2016	2017	Differences	
Revenue	1. Contributions, gifts, grants	1. 546,694	904,937	358,243	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4. 509,310	608,346	99,036	
	5. Investment income	5. 20,426	22,374	1,948	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7. 21,260	34,796	13,536	
	8. Net income or (loss) from fundraising events	8. 133,292	167,619	34,327	
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10. 7,209	10,198	2,989	
	11. Other revenue	11. 15,108	10,603	-4,505	
	12. Total revenue. Add lines 1 through 11	12. 1,253,299	1,758,873	505,574	
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15. 30,356		-30,356	
	16. Salaries, other compensation, and employee benefits	16. 727,373	842,466	115,093	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 53,215	94,346	41,131	
	19. Occupancy, rent, utilities, and maintenance	19. 65,753	67,332	1,579	
	20. Depreciation and Depletion	20. 117,050	122,072	5,022	
	21. Other expenses	21. 218,937	233,814	14,877	
	22. Total expenses. Add lines 13 through 21	22. 1,212,684	1,360,030	147,346	
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 40,615	398,843	358,228	
Other Information	24. Total exempt revenue	24. 1,253,299	1,758,873	505,574	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 706,605	853,936	147,331	
	27. Total assets	27. 2,763,445	3,233,642	470,197	
	28. Total liabilities	28. 51,936	102,890	50,954	
	29. Retained earnings	29. 2,711,509	3,130,752	419,243	
	30. Number of voting members of governing body	30. 16	11		
31. Number of independent voting members of governing body	31. 16	11			
32. Number of employees	32. 44	41			
33. Number of volunteers	33.				

Form 990	Tax Return History	2017
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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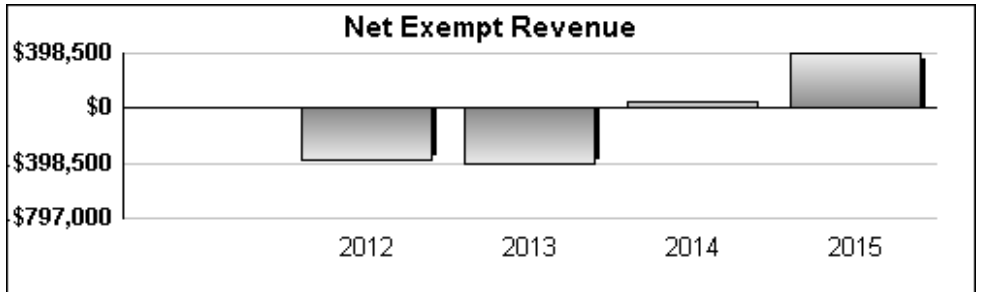
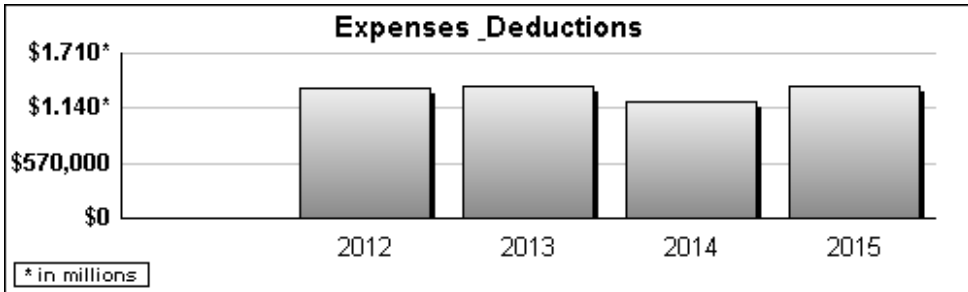
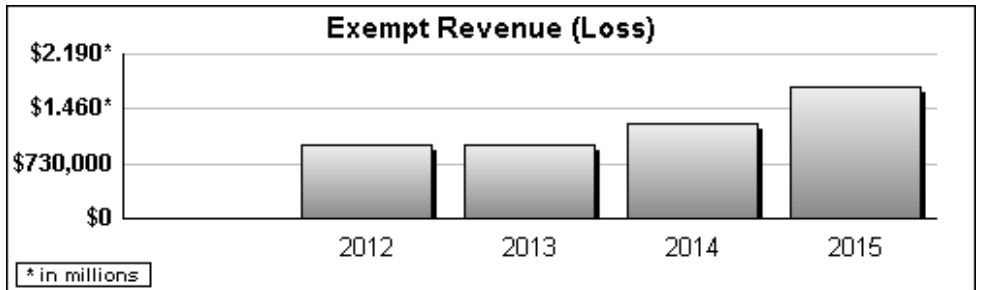
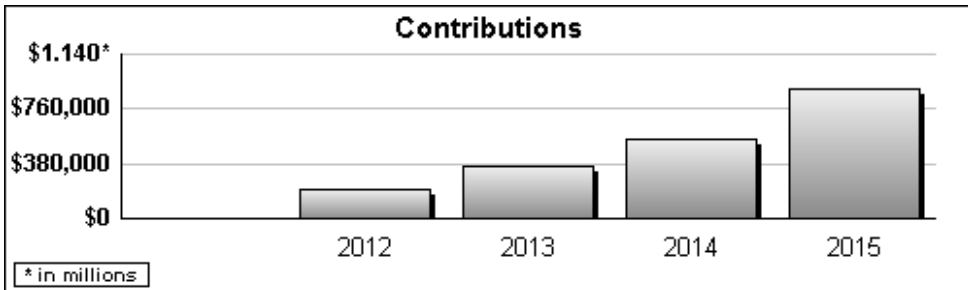
	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants		202,652	365,290	546,694	904,937	
Membership dues						
Program service revenue		464,430	467,967	509,310	608,346	
Capital gain or loss		195,590	140	21,260	34,796	
Investment income		21,080	37,888	20,426	22,374	
Fundraising revenue (income/loss)		64,607	83,267	133,292	167,619	
Gaming revenue (income/loss)						
Other revenue		18,701	12,110	22,317	20,801	
Total revenue		967,060	966,662	1,253,299	1,758,873	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				30,356		
Other compensation		846,711	915,595	727,373	842,466	
Professional fees		77,285	47,611	53,215	94,346	
Occupancy costs		69,805		65,753	67,332	
Depreciation and depletion		127,359	110,973	117,050	122,072	
Other expenses		229,605	298,415	218,937	233,814	
Total expenses		1,350,765	1,372,594	1,212,684	1,360,030	
Excess or (Deficit)		-383,705	-405,932	40,615	398,843	
Total exempt revenue		967,060	966,662	1,253,299	1,758,873	
Total unrelated revenue		147,343	708			
Total excludable revenue		604,343	574,063	706,605	853,936	
Total Assets		3,112,891	2,725,963	2,763,445	3,233,642	
Total Liabilities		99,971	126,670	51,936	102,890	
Net Fund Balances		3,012,920	2,599,293	2,711,509	3,130,752	

Form 990T	Tax Return History	2017
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income		147,343	708			
Total trade or business income.		147,343	708			
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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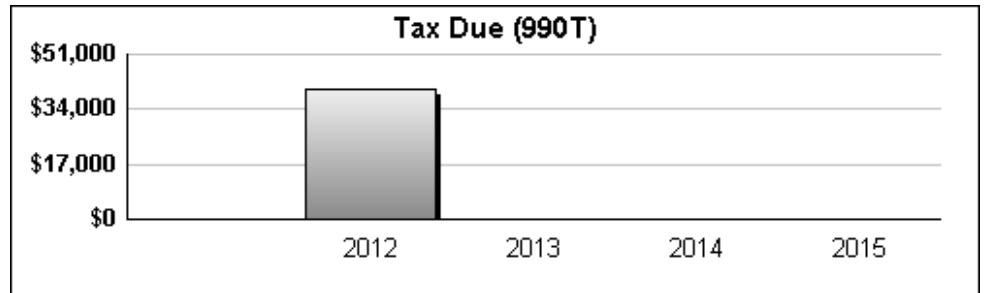
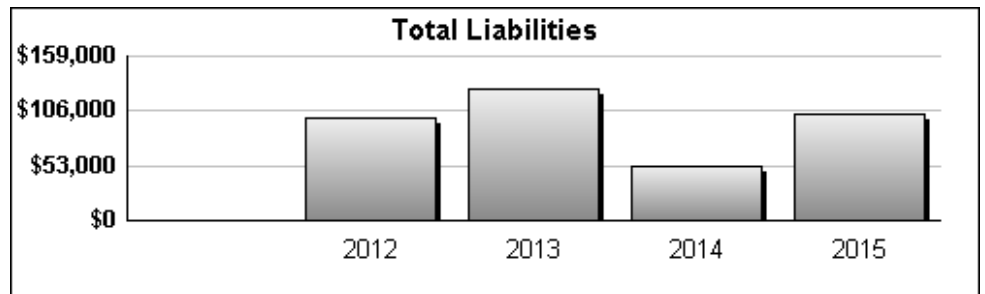
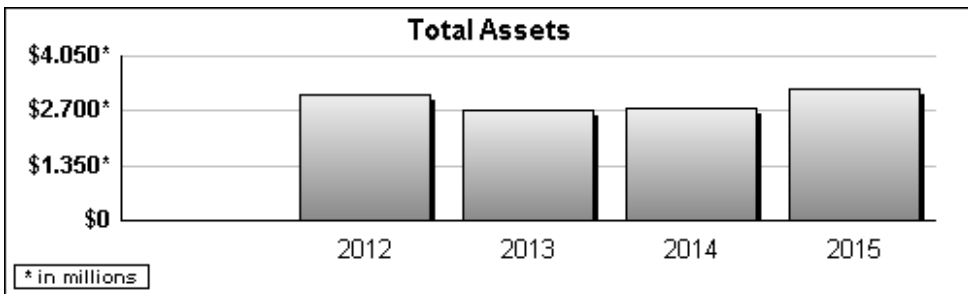
Form 990T	Tax Return History	2017
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
Income after expense and deductions		146,343	-292			
Income tax (corporate or trust)		40,324				
Other taxes						
Total taxes		40,324				
General business credit						
Other credits						
Net tax after credits		40,324				
Estimated tax payments						
Other payments						
Balance due/Overpayment		40,324				

* Income shown net of expenses

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Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 642		14			
TOTAL	<u>\$ 642</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS INCOME	\$ 21,732		14			
TOTAL	<u>\$ 21,732</u>					

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02-6005610

Federal Statements

FYE: 6/30/2018

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
IT SERVICES	\$ 21,379	\$ 15,440	\$ 2,375	\$ 3,564
WEBSITE SERVICE	10,016	7,233	1,113	1,670
CONSULTING	10,588	7,647	1,176	1,765
DONOR DATABASE	7,378	5,328	820	1,230
PAYROLL SERVICE	5,478	3,956	609	913
RECRUITING COSTS	50	36	6	8
ROUNDING	-1	1	-1	-1
TOTAL	<u>\$ 54,888</u>	<u>\$ 39,641</u>	<u>\$ 6,098</u>	<u>\$ 9,149</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL DEVELOPMENT	\$ 9,949	\$ 9,949		
LEASED EQUIPMENT	8,372	2,511	837	5,024
MEMBERSHIP EXPENSE	1,554			1,554
FEES AND LICENSES	275	275		
MISCELLANEOUS	32		32	
TOTAL	<u>\$ 20,182</u>	<u>\$ 12,735</u>	<u>\$ 869</u>	<u>\$ 6,578</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER	\$ 904,937
TOTAL	\$ 904,937

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 642
DIVIDENDS INCOME	21,732
TOTAL	\$ 22,374

Schedule A, Part II, Line 9(e)

Description	Amount
HAIRBALL	\$ 148,914
OTHER	18,705
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 166,619

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAMS	\$ 386,339
BOARDING	222,007
MISCELLANEOUS REVENUE	1,348
RETAIL STORE	19,351
RENTAL INCOME	9,255
TOTAL	\$ 638,300