

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

02-6005610

MONADNOCK HUMANE SOCIETY, INC.

Net Asset / Fund Balance at Beginning of Year 3,130,752

Revenue

Contributions	<u>580,422</u>		
Program service revenue	<u>604,582</u>		
Investment income	<u>34,943</u>		
Capital gain / loss	<u>48,361</u>		
Fundraising / Gaming:			
Gross revenue	<u>167,161</u>		
Direct expenses	<u>34,369</u>		
Net income	<u>132,792</u>		
Other income	<u>16,600</u>		
Total revenue		<u>1,417,700</u>	

Expenses

Program services	<u>1,090,650</u>		
Management and general	<u>120,609</u>		
Fundraising	<u>184,026</u>		
Total expenses		<u>1,395,285</u>	
Excess / (deficit)			<u>22,415</u>

Changes 20,998

Net Asset / Fund Balance at End of Year 3,174,165

Reconciliation of Revenue

Total revenue per financial statements	<u>1,484,767</u>
Less:	
Unrealized gains	<u>20,998</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u>46,069</u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>1,417,700</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,441,354</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u>46,069</u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>1,395,285</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,233,642</u>	<u>3,247,347</u>	
Liabilities	<u>102,890</u>	<u>73,182</u>	
Net assets	<u>3,130,752</u>	<u>3,174,165</u>	<u>43,413</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/19
 Failure to file penalty _____

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

02-6005610

Name and title of officer

**CHRISTOPHER BOWEN
TREASURER**

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

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

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,417,700</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LYNN C RUST CPA PC to enter my PIN 05610 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 11/05/19

Part III Certification and Authentication

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

02201286565

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } LYNN C. RUST, CPA

Date } 11/05/19

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

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

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">MONADNOCK HUMANE SOCIETY, INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">101 WEST SWANZEY ROAD</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">SWANZEY NH 03446</p>	D Employer identification number <p style="text-align: center;">02-6005610</p> E Telephone number <p style="text-align: center;">603-352-0035</p> G Gross receipts \$ 1,463,769
F Name and address of principal officer: <p style="text-align: center;">CHRISTOPHER BOWEN</p>		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: <p style="text-align: center;">SEE SCHEDULE O</p>													
	2 Check this box <input type="checkbox"/> u 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)	14												
	4 Number of independent voting members of the governing body (Part VI, line 1b)	14												
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	45												
	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 38	0												
Revenue	8 Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Prior Year</th> <th style="width:30%;">Current Year</th> </tr> <tr> <td style="text-align: right;">904,937</td> <td style="text-align: right;">580,422</td> </tr> <tr> <td style="text-align: right;">608,346</td> <td style="text-align: right;">604,582</td> </tr> <tr> <td style="text-align: right;">57,170</td> <td style="text-align: right;">83,304</td> </tr> <tr> <td style="text-align: right;">188,420</td> <td style="text-align: right;">149,392</td> </tr> <tr> <td style="text-align: right;">1,758,873</td> <td style="text-align: right;">1,417,700</td> </tr> </table>	Prior Year	Current Year	904,937	580,422	608,346	604,582	57,170	83,304	188,420	149,392	1,758,873	1,417,700
Prior Year	Current Year													
904,937	580,422													
608,346	604,582													
57,170	83,304													
188,420	149,392													
1,758,873	1,417,700													
	9 Program service revenue (Part VIII, line 2g)	604,582												
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,304												
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	149,392												
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,417,700												
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)	872,599												
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0												
	b Total fundraising expenses (Part IX, column (D), line 25) u 184,026	184,026												
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	522,686												
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,395,285												
	19 Revenue less expenses. Subtract line 18 from line 12	22,415												
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Beginning of Current Year</th> <th style="width:30%;">End of Year</th> </tr> <tr> <td style="text-align: right;">3,233,642</td> <td style="text-align: right;">3,247,347</td> </tr> <tr> <td style="text-align: right;">102,890</td> <td style="text-align: right;">73,182</td> </tr> <tr> <td style="text-align: right;">3,130,752</td> <td style="text-align: right;">3,174,165</td> </tr> </table>	Beginning of Current Year	End of Year	3,233,642	3,247,347	102,890	73,182	3,130,752	3,174,165				
Beginning of Current Year	End of Year													
3,233,642	3,247,347													
102,890	73,182													
3,130,752	3,174,165													
	21 Total liabilities (Part X, line 26)	73,182												
	22 Net assets or fund balances. Subtract line 21 from line 20	3,174,165												

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 <p style="text-align: center;">CHRISTOPHER BOWEN</p> Type or print name and title	Date <p style="text-align: center;">TREASURER</p>
Paid Preparer Use Only	Print/Type preparer's name <p>LYNN C. RUST, CPA</p> Preparer's signature <p>LYNN C. RUST, CPA</p> Date <p>11/05/19</p> Check <input type="checkbox"/> if self-employed PTIN <p>P00153797</p> 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 \$ **1,090,650** including grants of \$) (Revenue \$ **604,582**)

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.

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

N/A

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

N/A

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

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

4e Total program service expenses **u 1,090,650**

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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	16
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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	2a	45
b	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)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
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)?	4a	X
b	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?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.	13a	
b	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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?	2	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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	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?	7a	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?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	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?	10a	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	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	15a	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).	15b	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?	16a	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?	16b	

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 (1024 or 1024-A 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 NH 03431 603-352-1000
KEENE

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	4.43									
TRUSTEE	0.00	X					0	0	0	
(2) VALERIE STARBUCK	4.43									
TRUSTEE	0.00	X					0	0	0	
(3) KRISTEN TROMBLY	4.43									
GOVERNANCE CO-CHAIR	0.00	X					0	0	0	
(4) BOB SCHAUMANN	4.43									
TRUSTEE	0.00	X					0	0	0	
(5) LINDA GUINANE	0.00									
LIFETIME VP	0.00	X					0	0	0	
(6) MIKE FAULKNER	4.43									
TRUSTEE	0.00	X					0	0	0	
(7) ELANA BARON	4.43									
TRUSTEE	0.00	X					0	0	0	
(8) TIMOTHY JORDAN	4.43									
TRUSTEE	0.00	X					0	0	0	
(9) DANIEL DODGE	4.43									
TRUSTEE	0.00	X					0	0	0	
(10) CARLA FOLKERT	0.00									
LIFETIME VP	0.00	X					0	0	0	
(11) RYAN REED	4.43									
TRUSTEE	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) MICHAEL SPITZE	4.43									
TRUSTEE	0.00	X					0	0	0	
(13) KATHLEEN COLLINSWORTH	40.00									
EXECUTIVE DIRECTOR	0.00			X			81,000	0	0	
(14) CHRISTOPHER BOWEN	4.43									
TREASURER	0.00			X			0	0	0	
(15) MARY DZIEDZINSKI	4.43									
SECRETARY	0.00			X			0	0	0	
(16) WESLEY WRATCHFORD	4.43									
BOARD CHAIR	0.00			X			0	0	0	
(17) SUSAN PETERSON	4.43									
VICE CHAIR	0.00			X			0	0	0	
1b Sub-total							81,000			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							81,000			

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 **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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 **u 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	580,422				
	g Noncash contributions included in lines 1a-1f: \$		68,076				
	h Total. Add lines 1a-1f	u	580,422				
Program Service Revenue	2a PROGRAMS	Busn. Code	356,809	356,809			
	b BOARDING		247,773	247,773			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	604,582				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	34,943			34,943
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	11,897				
		(ii) Personal					
b Less: rental exps.							
c Rental inc. or (loss)			11,897				
d Net rental income or (loss)		u	11,897	11,897			
7a Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other	48,361				
b Less: cost or other basis & sales exps.							
c Gain or (loss)			48,361				
d Net gain or (loss)		u	48,361	48,361			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	167,161				
		b Less: direct expenses	b	34,369			
	c Net income or (loss) from fundraising events	u	132,792			132,792	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a	13,892					
	b Less: cost of goods sold	b	11,700				
	c Net income or (loss) from sales of inventory	u	2,192	2,192			
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS REVENUE			2,511	2,511			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		2,511				
12 Total revenue. See instructions.	u		1,417,700	669,543	0	167,735	

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	81,000	57,996	9,720	13,284
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	685,474	490,799	82,257	112,418
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	46,753	33,475	5,610	7,668
10 Payroll taxes	59,372	42,510	7,125	9,737
11 Fees for services (non-employees):				
a Management	891	643	99	149
b Legal				
c Accounting	37,300	26,938	4,144	6,218
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.)	41,060	29,654	4,562	6,844
12 Advertising and promotion	5,140	3,680	617	843
13 Office expenses	11,631	6,003	1,163	4,465
14 Information technology				
15 Royalties				
16 Occupancy	65,982	63,132	1,425	1,425
17 Travel	5,655	5,655		
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	123,565	118,227	2,669	2,669
23 Insurance	12,959	12,399	280	280
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	82,368	82,368		
b VETERINARY CARE	60,134	60,134		
c REPAIRS AND MAINTENANCE	42,010	40,196	907	907
d PROFESSIONAL DEVELOPMENT	14,067	14,067		
e All other expenses	19,924	2,774	31	17,119
25 Total functional expenses. Add lines 1 through 24e	1,395,285	1,090,650	120,609	184,026
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 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	512,907	1	156,474
	2 Savings and temporary cash investments	78,026	2	100,000
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,999	4	3,853
	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	4,653	8	4,995
	9 Prepaid expenses and deferred charges	21,843	9	22,024
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,729,818		
	b Less: accumulated depreciation	10b 2,598,928	1,220,193	10c 1,130,890
	11 Investments—publicly traded securities	1,388,971	11	1,820,859
	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	1,050	15	8,252
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,233,642	16	3,247,347	
Liabilities	17 Accounts payable and accrued expenses	92,852	17	71,982
	18 Grants payable		18	
	19 Deferred revenue	10,038	19	1,200
	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	102,890	26	73,182
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	2,954,550	27	2,967,766
	28 Temporarily restricted net assets	50,958	28	79,794
	29 Permanently restricted net assets	125,244	29	126,605
	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	3,130,752	33	3,174,165	
34 Total liabilities and net assets/fund balances	3,233,642	34	3,247,347	

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	1,417,700
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,395,285
3	Revenue less expenses. Subtract line 2 from line 1	3	22,415
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,130,752
5	Net unrealized gains (losses) on investments	5	20,998
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	3,174,165

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

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	198,522	356,800	546,694	904,937	580,422	2,587,375
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	198,522	356,800	546,694	904,937	580,422	2,587,375
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						2,587,375

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	198,522	356,800	546,694	904,937	580,422	2,587,375
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,059	20,926	20,426	22,374	34,943	125,728
9 Net income from unrelated business activities, whether or not the business is regularly carried on	160,065	84,445	132,292	166,619	131,792	675,213
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						3,388,316

12 Gross receipts from related activities, etc. (see instructions) 12 5,243,143

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 2018 (line 6, column (f) divided by line 11, column (f)) 14 76.36%

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 77.62%

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 (as 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

[The area contains horizontal dotted lines for supplemental information.]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

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 33¹/₃% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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	\$ 38,100	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	\$ 157,121	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	\$ 65,040	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	ASHOK BAHL 16 LEAHY RD KEENE NH 03431	\$ 27,726	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	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.)
6	AMY BODWELL PO BOX 273 MARLBOROUGH NH 03455	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

02-6005610

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	THE MARION AUSTIN REVOCABLE TRUST 10 MOUNTAIN LAURELS DRIVE, #401 NASHUA NH 03062	\$ 15,000	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.)

Name of organization MONADNOCK HUMANE SOCIETY, INC.	Employer identification number 02-6005610
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	VARIOUS STOCKS	\$ 65,040	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

2018

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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
b Contributions					
c Net investment earnings, gains, and losses					11,605
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		3,060,223	2,106,281	953,942
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.)				1,049,574

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	1,484,767
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	20,998	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	46,069	
e	Add lines 2a through 2d	2e		67,067
3	Subtract line 2e from line 1	3		1,417,700
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		1,417,700

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	1,441,354
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	46,069	
e	Add lines 2a through 2d	2e		46,069
3	Subtract line 2e from line 1	3		1,395,285
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		1,395,285

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 \$ 34,369

INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES \$ 11,700

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

FUNDRAISING EXPENSES NETTED AGAINST INCOME \$ 34,369

INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES \$ 11,700

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

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.

Open to Public Inspection

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

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						

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>WALK FOR ANIMAL</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	120,480	27,118	19,563	167,161
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	120,480	27,118	19,563	167,161
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,556	5,114	3,699	34,369
	10 Direct expense summary. Add lines 4 through 9 in column (d)				34,369
11 Net income summary. Subtract line 10 from line 3, column (d)				132,792	

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:

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.

2018

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)												

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	3,818	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).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

02-6005610

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	1	68,076	
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

2018**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

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	\$	34,369
INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES	\$	11,700
FUNDRAISING EXPENSES NETTED AGAINST INCOME	\$	-34,369
INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES	\$	-11,700

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

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	1,000,000
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	2,500,000
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 2017 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 2019. 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	121,489

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 2018	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 2018 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 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	2,080
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	123,569
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.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(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:											
TOYOTA	HIGHLANDER										
	12/01/17	100.00 %	10,399	10,399	5.0	S/L-	2,080				
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	2,080		
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.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 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?			
41 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

(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 2018 tax year (see instructions):					
43 Amortization of costs that began before your 2018 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

02-6005610

Federal Asset Report

FYE: 6/30/2019

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	3,668	310
4	Dandy Flooring	10/01/07	8,640				8,640	20	MO S/L	4,644	432
5	400 Ft of Paving	5/01/08	8,700				8,700	15	MO S/L	5,848	580
6	HVAC System Upgrade	12/01/08	28,710				28,710	15	MO S/L	18,343	1,914
7	Door (for clinic)	1/01/09	632				632	15	MO S/L	396	42
8	HVAC (system repairs)	6/01/09	6,628				6,628	15	MO S/L	4,090	442
9	Boarding & Training Sign	5/01/10	1,010				1,010	10	MO S/L	825	101
10	Metal dutch door	10/01/10	930				930	15	MO S/L	481	62
11	Paint for homeroom doors	12/01/10	336				336	15	MO S/L	169	22
12	Fencing (Kennel area)	12/01/10	5,450				5,450	15	MO S/L	2,755	363
13	Homeroom Doors (8)	3/01/11	6,900				6,900	15	MO S/L	3,373	460
14	Homeroom Door	6/01/11	271				271	15	MO S/L	135	18
15	Homeroom Doors (3)	11/01/12	1,077				1,077	25	MO S/L	254	43
16	Fencing (B&D play yard)	6/15/16	4,940				4,940	15	MO S/L	713	329
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	7,578	2,165
41	Desktops (3)	3/01/14	5,142				5,142	5	MO S/L	3,771	1,028
42	HP ProBook 450	3/01/14	820				820	5	MO S/L	493	164
43	HP Elite 800	6/01/15	1,564				1,564	5	MO S/L	964	313
44	HVAC Motherboard	10/30/15	6,550				6,550	5	MO S/L	2,875	1,310
45	HVAC Compressor	11/09/15	3,250				3,250	5	MO S/L	1,444	650
46	HVAC Assembly	4/07/16	1,586				1,586	5	MO S/L	660	318
47	Washer & Dryer	3/07/16	3,090				3,090	5	MO S/L	1,339	618
48	Carport Shelter	6/30/16	3,571				3,571	20	MO S/L	357	179
49	Computer (finance)	5/31/16	1,478				1,478	5	MO S/L	640	296
50	Firewall	12/16/15	2,200				2,200	3	MO S/L	1,724	476
57	Concrete Frame	6/01/00	1,586,993				1,586,993	40	MO S/L	714,149	39,674
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	142,848	7,936
61	Flooring - Ceramic	6/01/00	215,986				215,986	20	MO S/L	194,384	10,799
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	432,935	24,052
64	Electrical	4/01/01	164,216				164,216	20	MO S/L	147,797	8,210
65	Building Improvements	4/01/01	5,635				5,635	40	MO S/L	2,420	141
66	Building Improvements	5/01/02	29,820				29,820	40	MO S/L	11,997	746
67	Shelter Improvements	12/01/03	17,381				17,381	40	MO S/L	6,306	435
68	Roof	5/01/04	2,500				2,500	15	MO S/L	2,364	136
69	MMA Flooring	1/01/07	19,995				19,995	20	MO S/L	11,500	999
70	MCA Flooring	3/01/07	8,880				8,880	20	MO S/L	4,995	444
71	Water heating pump	6/01/08	385				385	10	MO S/L	385	0
72	Feline Spay Packs	6/01/08	1,875				1,875	10	MO S/L	1,875	0
73	Canine Spay Packs	6/01/08	1,300				1,300	10	MO S/L	1,300	0
74	Deluxe Dental Kit	6/01/08	220				220	10	MO S/L	220	0
75	Mayo Instrument Stand	6/01/08	293				293	10	MO S/L	291	2

02-6005610

Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date		Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
		In Service	Cost						
76	Mobile Treatment Cabinets (2)	6/01/08	2,489			2,489	10 MO S/L	2,489	0
77	Dental Scaler/Polisher	6/01/08	1,100			1,100	10 MO S/L	1,100	0
79	Medi-Lite Ceiling Mount	6/01/08	875			875	10 MO S/L	875	0
80	Medi-Lite Floor Model	6/01/08	939			939	10 MO S/L	939	0
81	VME Tabletop Anesthesia (2)	6/01/08	3,589			3,589	10 MO S/L	3,589	0
82	Hydraulic Pump Surgical Table	6/01/08	1,725			1,725	10 MO S/L	1,725	0
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555			1,555	10 MO S/L	1,555	0
84	Pulse Oximeter w/ SAC	6/01/08	1,177			1,177	10 MO S/L	1,177	0
85	Kennels for Vet Clinic	7/01/08	4,333			4,333	10 MO S/L	4,295	38
86	ISO Vaporizer	9/01/08	1,912			1,912	10 MO S/L	1,878	34
87	ultrasonic Cleaner & Basket	9/01/05	449			449	10 MO S/L	442	7
88	Dental Equipment	5/01/10	3,995			3,995	10 MO S/L	3,266	400
89	Centrifuge Swing Out	5/01/10	836			836	10 MO S/L	685	84
90	Narcotics Cabinet	7/01/10	590			590	10 MO S/L	472	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808			1,808	10 MO S/L	1,418	180
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561			4,561	10 MO S/L	1,656	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	2,681	0
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	2,746	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	6,084	709
101	Top Dog Flooring & Adhesive	2/01/10	2,530			2,530	15 MO S/L	1,421	169
102	Kennels (for Boarding)	3/01/10	3,129			3,129	10 MO S/L	2,602	313
103	Gates & Fencing (for Daycare)	6/01/10	6,759			6,759	15 MO S/L	3,607	451
104	Washer/Dryer	4/01/10	1,020			1,020	10 MO S/L	833	102
105	Cat Cotillion Floor	1/01/16	1,774			1,774	20 MO S/L	221	89
106	B&D Training Package	5/01/16	1,795			1,795	5 MO S/L	778	359
107	HVAC system repairs	12/01/09	2,250			2,250	15 MO S/L	1,288	150
108	Auto Scrubber	12/01/09	3,400			3,400	10 MO S/L	2,890	340
109	Filtration Tank: Washing Machine	1/01/10	545			545	10 MO S/L	462	55
110	Magicaire 4.0 Belt Driver	3/01/10	1,123			1,123	10 MO S/L	934	112
111	Washer & Dryer	2/01/10	12,450			12,450	10 MO S/L	10,479	1,245
112	8 Tokyo Cages	8/01/10	926			926	10 MO S/L	734	93
113	Whirlpool Refrigerator	5/01/11	510			510	10 MO S/L	366	51
114	HVAs unit for computer room	7/01/11	4,950			4,950	15 MO S/L	2,283	330
115	Cannon Copiier (adoption desk)	5/01/12	1,295			1,295	10 MO S/L	789	130
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	511	192
118	Paving	5/31/17	14,556			14,556	15 MO S/L	1,051	971
119	Septic System	9/30/16	20,197			20,197	15 MO S/L	2,356	1,347
120	Electrical Upgrades	6/30/17	1,850			1,850	15 MO S/L	123	124
121	HVAC Fan	7/22/16	2,884			2,884	15 MO S/L	369	192
122	Water Pumps	9/02/16	2,419			2,419	10 MO S/L	443	242
123	Capnograph	4/18/17	2,300			2,300	7 MO S/L	383	329
124	Drain Intereptor	8/01/17	1,350			1,350	10 MO S/L	124	135
125	Phone System	9/01/17	11,039			11,039	7 MO S/L	1,314	1,577
126	Deck Mower	9/01/17	2,800			2,800	5 MO S/L	467	560
127	Intermediate Boiler	10/01/17	2,110			2,110	10 MO S/L	158	211
129	ERV motor	3/01/18	2,108			2,108	10 MO S/L	70	211
130	Security System	6/30/18	10,613			10,613	10 MO S/L	0	1,061
131	Surgical Table	6/30/18	3,639			3,639	10 MO S/L	0	364
132	Tim Briand Fencing	10/01/17	2,517			2,517	10 MO S/L	189	251
133	Dog room water system	6/27/19	2,498			2,498	15 MO S/L	0	0
134	Metal Fascia	6/28/19	7,250			7,250	15 MO S/L	0	0
135	Jace system controller and upgrade	10/18/18	7,033			7,033	10 MO S/L	0	469
136	Network switch	10/24/18	3,906			3,906	5 MO S/L	0	521
137	Computer (E.D.)	12/10/18	2,217			2,217	5 MO S/L	0	259
138	Door Replacement (18)	6/27/19	11,358			11,358	15 MO S/L	0	0
Total Other Depreciation			3,416,341			3,416,341		2,171,069	121,489
Total ACRS and Other Depreciation			3,416,341			3,416,341		2,171,069	121,489

Listed Property:

128	Toyota Highlander	12/01/17	10,399			10,399	5 MO S/L	1,213	2,080
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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			<u>10,399</u>			<u>10,399</u>		<u>1,213</u>	<u>2,080</u>
	Grand Totals		3,729,819			3,723,207		2,475,361	123,569
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,729,819</u>			<u>3,723,207</u>		<u>2,475,361</u>	<u>123,569</u>

02-6005610

NH Asset Report

FYE: 6/30/2019

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	3,668	310	310	0
4	Dandy Flooring	10/01/07	8,640	8,640	4,644	432	432	0
5	400 Ft of Paving	5/01/08	8,700	8,700	5,848	580	580	0
6	HVAC System Upgrade	12/01/08	28,710	28,710	18,343	1,914	1,914	0
7	Door (for clinic)	1/01/09	632	632	396	42	42	0
8	HVAC (system repairs)	6/01/09	6,628	6,628	4,090	442	442	0
9	Boarding & Training Sign	5/01/10	1,010	1,010	825	101	101	0
10	Metal dutch door	10/01/10	930	930	481	62	62	0
11	Paint for homeroom doors	12/01/10	336	336	169	22	22	0
12	Fencing (Kennel area)	12/01/10	5,450	5,450	2,755	363	363	0
13	Homeroom Doors (8)	3/01/11	6,900	6,900	3,373	460	460	0
14	Homeroom Door	6/01/11	271	271	135	18	18	0
15	Homeroom Doors (3)	11/01/12	1,077	1,077	254	43	43	0
16	Fencing (B&D play yard)	6/15/16	4,940	4,940	713	329	329	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	7,578	2,165	2,165	0
41	Desktops (3)	3/01/14	5,142	5,142	3,771	1,028	1,028	0
42	HP ProBook 450	3/01/14	820	820	493	164	164	0
43	HP Elite 800	6/01/15	1,564	1,564	964	313	313	0
44	HVAC Motherboard	10/30/15	6,550	6,550	2,875	1,310	1,310	0
45	HVAC Compressor	11/09/15	3,250	3,250	1,444	650	650	0
46	HVAC Assembly	4/07/16	1,586	1,586	660	318	318	0
47	Washer & Dryer	3/07/16	3,090	3,090	1,339	618	618	0
48	Carport Shelter	6/30/16	3,571	3,571	357	179	179	0
49	Computer (finance)	5/31/16	1,478	1,478	640	296	296	0
50	Firewall	12/16/15	2,200	2,200	1,724	476	476	0
57	Concrete Frame	6/01/00	1,586,993	1,586,993	714,149	39,674	39,674	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	142,848	7,936	7,936	0
61	Flooring - Ceramic	6/01/00	215,986	215,986	194,384	10,799	10,799	0
62	Painting	6/01/00	38,369	38,369	38,369	0	0	0
63	Plumbing	6/01/00	481,031	481,031	432,935	24,052	24,052	0
64	Electrical	4/01/01	164,216	164,216	147,797	8,210	8,210	0
65	Building Improvements	4/01/01	5,635	5,635	2,420	141	141	0
66	Building Improvements	5/01/02	29,820	29,820	11,997	746	746	0
67	Shelter Improvements	12/01/03	17,381	17,381	6,306	435	435	0
68	Roof	5/01/04	2,500	2,500	2,364	136	136	0
69	MMA Flooring	1/01/07	19,995	19,995	11,500	999	999	0
70	MCA Flooring	3/01/07	8,880	8,880	4,995	444	444	0
71	Water heating pump	6/01/08	385	385	385	0	0	0
72	Feline Spay Packs	6/01/08	1,875	1,875	1,875	0	0	0
73	Canine Spay Packs	6/01/08	1,300	1,300	1,300	0	0	0
74	Deluxe Dental Kit	6/01/08	220	220	220	0	0	0
75	Mayo Instrument Stand	6/01/08	293	293	291	2	2	0

02-6005610

NH Asset Report

FYE: 6/30/2019

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	2,489	0	0	0
77	Dental Scaler/Polisher	6/01/08	1,100	1,100	1,100	0	0	0
79	Medi-Lite Ceiling Mount	6/01/08	875	875	875	0	0	0
80	Medi-Lite Floor Model	6/01/08	939	939	939	0	0	0
81	VME Tabletop Anesthesia (2)	6/01/08	3,589	3,589	3,589	0	0	0
82	Hydraulic Pump Surgical Table	6/01/08	1,725	1,725	1,725	0	0	0
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555	1,555	1,555	0	0	0
84	Pulse Oximeter w/ SAC	6/01/08	1,177	1,177	1,177	0	0	0
85	Kennels for Vet Clinic	7/01/08	4,333	4,333	4,295	38	38	0
86	ISO Vaporizer	9/01/08	1,912	1,912	1,878	34	34	0
87	ultrasonic Cleaner & Basket	9/01/05	449	449	442	7	7	0
88	Dental Equipment	5/01/10	3,995	3,995	3,266	400	400	0
89	Centrifuge Swing Out	5/01/10	836	836	685	84	84	0
90	Narcotics Cabinet	7/01/10	590	590	472	59	59	0
91	Vital Signs Monitor (capnography)	9/01/10	1,808	1,808	1,418	180	180	0
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	4,561	1,656	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	2,681	0	0	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	2,746	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	6,084	709	709	0
101	Top Dog Flooring & Adhesive	2/01/10	2,530	2,530	1,421	169	169	0
102	Kennels (for Boarding)	3/01/10	3,129	3,129	2,602	313	313	0
103	Gates & Fencing (for Daycare)	6/01/10	6,759	6,759	3,607	451	451	0
104	Washer/Dryer	4/01/10	1,020	1,020	833	102	102	0
105	Cat Cotillion Floor	1/01/16	1,774	1,774	221	89	89	0
106	B&D Training Package	5/01/16	1,795	1,795	778	359	359	0
107	HVAC system repairs	12/01/09	2,250	2,250	1,288	150	150	0
108	Auto Scrubber	12/01/09	3,400	3,400	2,890	340	340	0
109	Filtration Tank: Washing Machine	1/01/10	545	545	462	55	55	0
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	1,123	934	112	112	0
111	Washer & Dryer	2/01/10	12,450	12,450	10,479	1,245	1,245	0
112	8 Tokyo Cages	8/01/10	926	926	734	93	93	0
113	Whirlpool Refrigerator	5/01/11	510	510	366	51	51	0
114	HVAs unit for computer room	7/01/11	4,950	4,950	2,283	330	330	0
115	Cannon Copiier (adoption desk)	5/01/12	1,295	1,295	789	130	130	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	383	192	192	0
118	Paving	5/31/17	14,556	14,556	1,051	971	971	0
119	Septic System	9/30/16	20,197	20,197	2,356	1,347	1,347	0
120	Electrical Upgrades	6/30/17	1,850	1,850	123	124	124	0
121	HVAC Fan	7/22/16	2,884	2,884	369	192	192	0
122	Water Pumps	9/02/16	2,419	2,419	443	242	242	0
123	Capnograph	4/18/17	2,300	2,300	383	329	329	0
124	Drain Intereptor	8/01/17	1,350	1,350	124	135	135	0
125	Phone System	9/01/17	11,039	11,039	1,314	1,577	1,577	0
126	Deck Mower	9/01/17	2,800	2,800	467	560	560	0
127	Intermediate Boiler	10/01/17	2,110	2,110	158	211	211	0
129	ERV motor	3/01/18	2,108	2,108	70	211	211	0
130	Security System	6/30/18	10,613	10,613	0	1,061	1,061	0
131	Surgical Table	6/30/18	3,639	3,639	0	364	364	0
132	Tim Briand Fencing	10/01/17	2,517	2,517	189	251	251	0
133	Dog room water system	6/27/19	2,498	2,498	0	0	0	0
134	Metal Fascia	6/28/19	7,250	7,250	0	0	0	0
135	Jace system controller and upgrade	10/18/18	7,033	7,033	0	469	469	0
136	Network switch	10/24/18	3,906	3,906	0	521	521	0
137	Computer (E.D.)	12/10/18	2,217	2,217	0	259	259	0
138	Door Replacement (18)	6/27/19	11,358	11,358	0	0	0	0
Total Other Depreciation			3,416,341	3,416,341	2,170,941	121,489	121,489	0
Total ACRS and Other Depreciation			3,416,341	3,416,341	2,170,941	121,489	121,489	0

Listed Property:

128	Toyota Highlander	12/01/17	10,399	10,399	1,213	2,080	2,080	0
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02-6005610

NH Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
			<u>10,399</u>	<u>10,399</u>	<u>1,213</u>	<u>2,080</u>	<u>2,080</u>	<u>0</u>
	Grand Totals		3,729,819	3,729,819	2,475,233	123,569	123,569	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>3,729,819</u>	<u>3,729,819</u>	<u>2,475,233</u>	<u>123,569</u>	<u>123,569</u>	<u>0</u>

02-6005610

AMT Asset Report

FYE: 6/30/2019

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	3,668	310
4	Dandy Flooring	10/01/07	8,640				8,640	20	MO S/L	4,644	432
5	400 Ft of Paving	5/01/08	8,700				8,700	15	MO S/L	5,848	580
6	HVAC System Upgrade	12/01/08	28,710				28,710	15	MO S/L	18,343	1,914
7	Door (for clinic)	1/01/09	632				632	15	MO S/L	396	42
8	HVAC (system repairs)	6/01/09	6,628				6,628	15	MO S/L	4,090	442
9	Boarding & Training Sign	5/01/10	1,010				1,010	10	MO S/L	825	101
10	Metal dutch door	10/01/10	930				930	15	MO S/L	481	62
11	Paint for homeroom doors	12/01/10	336				336	15	MO S/L	169	22
12	Fencing (Kennel area)	12/01/10	5,450				5,450	15	MO S/L	2,755	363
13	Homeroom Doors (8)	3/01/11	6,900				6,900	15	MO S/L	3,373	460
14	Homeroom Door	6/01/11	271				271	15	MO S/L	135	18
15	Homeroom Doors (3)	11/01/12	1,077				1,077	25	MO S/L	254	43
16	Fencing (B&D play yard)	6/15/16	4,940				4,940	15	MO S/L	713	329
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	7,578	2,165
41	Desktops (3)	3/01/14	5,142				5,142	5	MO S/L	3,771	1,028
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	964	313
44	HVAC Motherboard	10/30/15	6,550				6,550	5	MO S/L	2,875	1,310
45	HVAC Compressor	11/09/15	3,250				3,250	5	MO S/L	1,444	650
46	HVAC Assembly	4/07/16	1,586				1,586	5	MO S/L	660	318
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	640	296
50	Firewall	12/16/15	2,200				2,200	3	MO S/L	1,724	476
57	Concrete Frame	6/01/00	1,586,993				1,586,993	40	MO S/L	714,149	39,674
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	142,848	7,936
61	Flooring - Ceramic	6/01/00	215,986				215,986	20	MO S/L	194,384	10,799
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	432,935	24,052
64	Electrical	4/01/01	164,216				164,216	20	MO S/L	147,797	8,210
65	Building Improvements	4/01/01	5,635				5,635	40	MO S/L	2,420	141
66	Building Improvements	5/01/02	29,820				29,820	40	MO S/L	11,997	746
67	Shelter Improvements	12/01/03	17,381				17,381	40	MO S/L	6,306	435
68	Roof	5/01/04	2,500				2,500	15	MO S/L	2,364	136
69	MMA Flooring	1/01/07	19,995				19,995	20	MO S/L	11,500	999
70	MCA Flooring	3/01/07	8,880				8,880	20	MO S/L	4,995	444
71	Water heating pump	6/01/08	385				385	10	MO S/L	385	0
72	Feline Spay Packs	6/01/08	1,875				1,875	10	MO S/L	1,875	0
73	Canine Spay Packs	6/01/08	1,300				1,300	10	MO S/L	1,300	0
74	Deluxe Dental Kit	6/01/08	220				220	10	MO S/L	220	0
75	Mayo Instrument Stand	6/01/08	293				293	10	MO S/L	291	2

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AMT Asset Report

FYE: 6/30/2019

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	2,489	0
77	Dental Scaler/Polisher	6/01/08	1,100				1,100	10 MO S/L	1,100	0
79	Medi-Lite Ceiling Mount	6/01/08	875				875	10 MO S/L	875	0
80	Medi-Lite Floor Model	6/01/08	939				939	10 MO S/L	939	0
81	VME Tabletop Anesthesia (2)	6/01/08	3,589				3,589	10 MO S/L	3,589	0
82	Hydraulic Pump Surgical Table	6/01/08	1,725				1,725	10 MO S/L	1,725	0
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555				1,555	10 MO S/L	1,555	0
84	Pulse Oximeter w/ SAC	6/01/08	1,177				1,177	10 MO S/L	1,177	0
85	Kennels for Vet Clinic	7/01/08	4,333				4,333	10 MO S/L	4,295	38
86	ISO Vaporizer	9/01/08	1,912				1,912	10 MO S/L	1,878	34
87	ultrasonic Cleaner & Basket	9/01/05	449				449	10 MO S/L	442	7
88	Dental Equipment	5/01/10	3,995				3,995	10 MO S/L	3,266	400
89	Centrifuge Swing Out	5/01/10	836				836	10 MO S/L	685	84
90	Narcotics Cabinet	7/01/10	590				590	10 MO S/L	472	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808				1,808	10 MO S/L	1,418	180
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561				4,561	10 MO S/L	1,656	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 Copiier (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	1,314	1,577
126	Deck Mower	9/01/17	2,800				2,800	5 MO S/L	467	560
127	Intermediate Boiler	10/01/17	2,110				2,110	10 MO S/L	158	211
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	364
132	Tim Briand Fencing	10/01/17	0				0	0 HY	0	0
133	Dog room water system	6/27/19	0				0	0 HY	0	0
134	Metal Fascia	6/28/19	0				0	0 HY	0	0
135	Jace system controller and upgrade	10/18/18	0				0	0 HY	0	0
136	Network switch	10/24/18	0				0	0 HY	0	0
137	Computer (E.D.)	12/10/18	0				0	0 HY	0	0
138	Door Replacement (18)	6/27/19	0				0	0 HY	0	0
	Total Other Depreciation		<u>3,185,551</u>				<u>3,185,551</u>		<u>2,055,529</u>	<u>109,218</u>
	Total ACRS and Other Depreciation		<u>3,185,551</u>				<u>3,185,551</u>		<u>2,055,529</u>	<u>109,218</u>

Listed Property:

128	Toyota Highlander	12/01/17	10,399				10,399	5 MO S/L	1,213	2,080
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AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			<u>10,399</u>			<u>10,399</u>		<u>1,213</u>	<u>2,080</u>
	Grand Totals		3,499,029			3,492,417		2,359,821	111,298
	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>2,359,821</u>	<u>111,298</u>

02-6005610

Bonus Depreciation Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
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
Grand Total			<u>13,222</u>		<u>0</u>	<u>0</u>	<u>6,612</u>	<u>6,610</u>

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>

02-6005610

Future Depreciation Report**FYE: 6/30/20**

FYE: 6/30/2019

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	43	43
8	HVAC (system repairs)	6/01/09	6,628	441	441
9	Boarding & Training Sign	5/01/10	1,010	84	84
10	Metal dutch door	10/01/10	930	62	62
11	Paint for homeroom doors	12/01/10	336	23	23
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	1,080	1,080
41	Desktops (3)	3/01/14	5,142	343	343
42	HP ProBook 450	3/01/14	820	163	0
43	HP Elite 800	6/01/15	1,564	287	287
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	317	317
47	Washer & Dryer	3/07/16	3,090	618	0
48	Carport Shelter	6/30/16	3,571	178	0
49	Computer (finance)	5/31/16	1,478	295	295
50	Firewall	12/16/15	2,200	0	0
57	Concrete Frame	6/01/00	1,586,993	39,675	39,675
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	7,937	7,937
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	24,044	24,044
64	Electrical	4/01/01	164,216	8,209	8,209
65	Building Improvements	4/01/01	5,635	141	141
66	Building Improvements	5/01/02	29,820	745	745
67	Shelter Improvements	12/01/03	17,381	434	434
68	Roof	5/01/04	2,500	0	0
69	MMA Flooring	1/01/07	19,995	1,000	1,000
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: 6/30/20**

FYE: 6/30/2019

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	0	0
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	0	0
86	ISO Vaporizer	9/01/08	1,912	0	0
87	ultrasonic Cleaner & Basket	9/01/05	449	0	0
88	Dental Equipment	5/01/10	3,995	329	329
89	Centrifuge Swing Out	5/01/10	836	67	67
90	Narcotics Cabinet	7/01/10	590	59	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808	181	181
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	294	0
101	Top Dog Flooring & Adhesive	2/01/10	2,530	169	0
102	Kennels (for Boarding)	3/01/10	3,129	214	0
103	Gates & Fencing (for Daycare)	6/01/10	6,759	450	0
104	Washer/Dryer	4/01/10	1,020	85	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	170	0
109	Filtration Tank: Washing Machine	1/01/10	545	28	0
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	77	0
111	Washer & Dryer	2/01/10	12,450	726	0
112	8 Tokyo Cages	8/01/10	926	92	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	129	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	970	0
119	Septic System	9/30/16	20,197	1,346	0
120	Electrical Upgrades	6/30/17	1,850	123	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	328	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	1,062	0
131	Surgical Table	6/30/18	3,639	364	364
132	Tim Briand Fencing	10/01/17	2,517	252	0
133	Dog room water system	6/27/19	2,498	167	0
134	Metal Fascia	6/28/19	7,250	483	0
135	Jace system controller and upgrade	10/18/18	7,033	703	0
136	Network switch	10/24/18	3,906	781	0
137	Computer (E.D.)	12/10/18	2,217	443	0
138	Door Replacement (18)	6/27/19	11,358	757	0
Total Other Depreciation			<u>3,416,341</u>	<u>119,683</u>	<u>106,616</u>
Total ACRS and Other Depreciation			<u>3,416,341</u>	<u>119,683</u>	<u>106,616</u>

Future Depreciation Report FYE: 6/30/20

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Listed Property:					
128	Toyota Highlander	12/01/17	10,399	2,080	2,080
			<u>10,399</u>	<u>2,080</u>	<u>2,080</u>
Grand Totals			<u>3,729,819</u>	<u>121,763</u>	<u>108,696</u>

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	43
8	HVAC (system repairs)	6/01/09	6,628	441
9	Boarding & Training Sign	5/01/10	1,010	84
10	Metal dutch door	10/01/10	930	62
11	Paint for homeroom doors	12/01/10	336	23
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	1,080
41	Desktops (3)	3/01/14	5,142	343
42	HP ProBook 450	3/01/14	820	163
43	HP Elite 800	6/01/15	1,564	287
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	317
47	Washer & Dryer	3/07/16	3,090	618
48	Carport Shelter	6/30/16	3,571	178
49	Computer (finance)	5/31/16	1,478	295
50	Firewall	12/16/15	2,200	0
57	Concrete Frame	6/01/00	1,586,993	39,675
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	7,937
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	24,044
64	Electrical	4/01/01	164,216	8,209
65	Building Improvements	4/01/01	5,635	141
66	Building Improvements	5/01/02	29,820	745
67	Shelter Improvements	12/01/03	17,381	434
68	Roof	5/01/04	2,500	0
69	MMA Flooring	1/01/07	19,995	1,000
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
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74	Deluxe Dental Kit	6/01/08	220	0
75	Mayo Instrument Stand	6/01/08	293	0
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	0
86	ISO Vaporizer	9/01/08	1,912	0
87	ultrasonic Cleaner & Basket	9/01/05	449	0
88	Dental Equipment	5/01/10	3,995	329
89	Centrifuge Swing Out	5/01/10	836	67
90	Narcotics Cabinet	7/01/10	590	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808	181
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
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101	Top Dog Flooring & Adhesive	2/01/10	2,530	169
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104	Washer/Dryer	4/01/10	1,020	85
105	Cat Cotillion Floor	1/01/16	1,774	89
106	B&D Training Package	5/01/16	1,795	359
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111	Washer & Dryer	2/01/10	12,450	726
112	8 Tokyo Cages	8/01/10	926	92
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	129
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	970
119	Septic System	9/30/16	20,197	1,346
120	Electrical Upgrades	6/30/17	1,850	123
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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
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129	ERV motor	3/01/18	2,108	211
130	Security System	6/30/18	10,613	1,062
131	Surgical Table	6/30/18	3,639	364
132	Tim Briand Fencing	10/01/17	2,517	252
133	Dog room water system	6/27/19	2,498	167
134	Metal Fascia	6/28/19	7,250	483
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Total ACRS and Other Depreciation			<u>3,416,341</u>	<u>119,683</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NH</u>
Listed Property:				
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			<u>10,399</u>	<u>2,080</u>
	Grand Totals		<u>3,729,819</u>	<u>121,763</u>

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2018
	For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19	

Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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		(a) Other event <u>OTHER</u> <small>(event type)</small>	(b) Other event <small>(event type)</small>	(c) Other event <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	19,563			19,563
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	19,563			19,563
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	3,699			3,699

Form 990		Two Year Comparison Report		2017 & 2018	
Name		For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19		Taxpayer Identification Number	
MONADNOCK HUMANE SOCIETY, INC.				02-6005610	
			2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1.	904,937	580,422	-324,515
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	608,346	604,582	-3,764
	5. Investment income	5.	22,374	34,943	12,569
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	34,796	48,361	13,565
	8. Net income or (loss) from fundraising events	8.	167,619	132,792	-34,827
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	10,198	2,192	-8,006
	11. Other revenue	11.	10,603	14,408	3,805
	12. Total revenue. Add lines 1 through 11	12.	1,758,873	1,417,700	-341,173
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.		81,000	81,000
	16. Salaries, other compensation, and employee benefits	16.	842,466	791,599	-50,867
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	94,346	79,251	-15,095
	19. Occupancy, rent, utilities, and maintenance	19.	67,332	65,982	-1,350
	20. Depreciation and Depletion	20.	122,072	123,565	1,493
	21. Other expenses	21.	233,814	253,888	20,074
	22. Total expenses. Add lines 13 through 21	22.	1,360,030	1,395,285	35,255
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	398,843	22,415	-376,428
Other Information	24. Total exempt revenue	24.	1,758,873	1,417,700	-341,173
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	853,936	837,278	-16,658
	27. Total assets	27.	3,233,642	3,247,347	13,705
	28. Total liabilities	28.	102,890	73,182	-29,708
	29. Retained earnings	29.	3,130,752	3,174,165	43,413
	30. Number of voting members of governing body	30.	11	14	
31. Number of independent voting members of governing body	31.	11	14		
32. Number of employees	32.	41	45		
33. Number of volunteers	33.				

Form 990	Tax Return History	2018
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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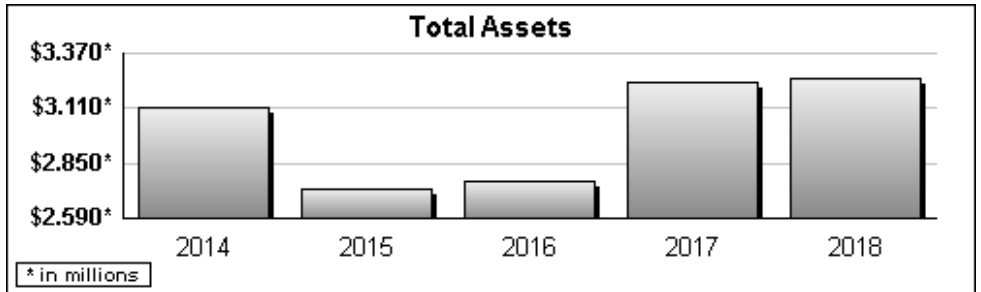
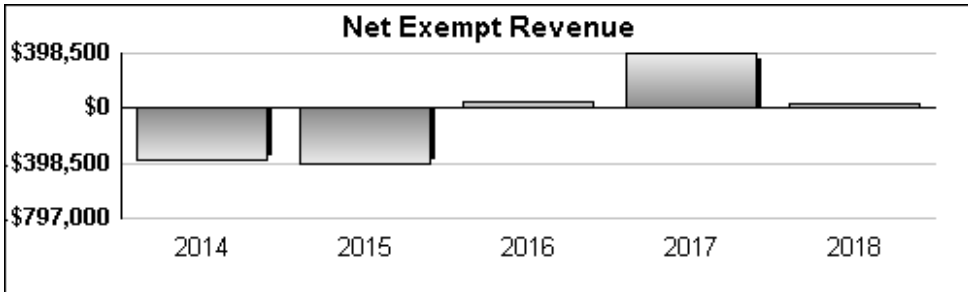
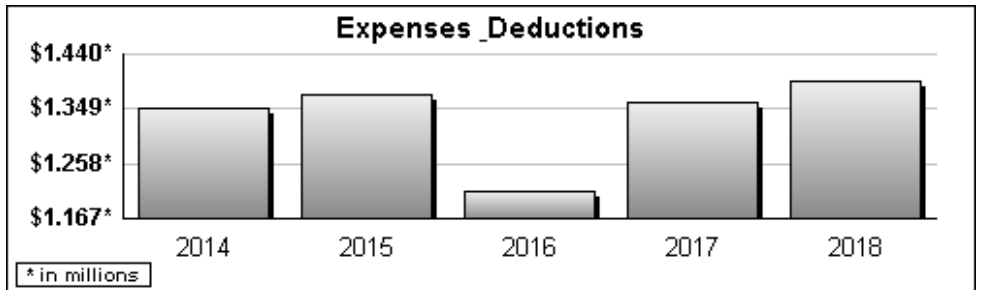
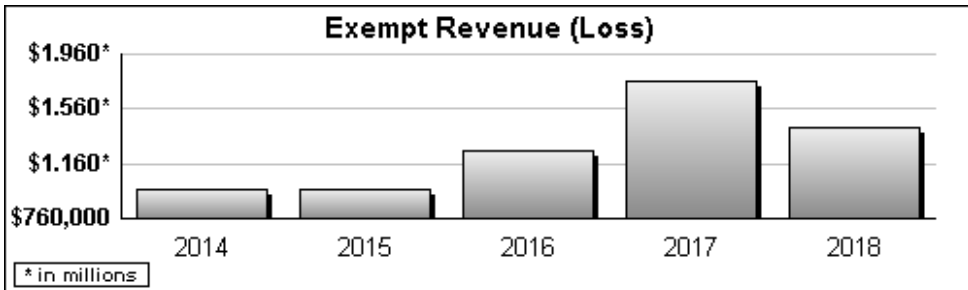
	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	202,652	365,290	546,694	904,937	580,422	
Membership dues						
Program service revenue	464,430	467,967	509,310	608,346	604,582	
Capital gain or loss	195,590	140	21,260	34,796	48,361	
Investment income	21,080	37,888	20,426	22,374	34,943	
Fundraising revenue (income/loss)	64,607	83,267	133,292	167,619	132,792	
Gaming revenue (income/loss)						
Other revenue	18,701	12,110	22,317	20,801	16,600	
Total revenue	967,060	966,662	1,253,299	1,758,873	1,417,700	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			30,356		81,000	
Other compensation	846,711	915,595	727,373	842,466	791,599	
Professional fees	77,285	47,611	53,215	94,346	79,251	
Occupancy costs	69,805		65,753	67,332	65,982	
Depreciation and depletion	127,359	110,973	117,050	122,072	123,565	
Other expenses	229,605	298,415	218,937	233,814	253,888	
Total expenses	1,350,765	1,372,594	1,212,684	1,360,030	1,395,285	
Excess or (Deficit)	-383,705	-405,932	40,615	398,843	22,415	
Total exempt revenue	967,060	966,662	1,253,299	1,758,873	1,417,700	
Total unrelated revenue	147,343	708				
Total excludable revenue	604,343	574,063	706,605	853,936	837,278	
Total Assets	3,112,891	2,725,963	2,763,445	3,233,642	3,247,347	
Total Liabilities	99,971	126,670	51,936	102,890	73,182	
Net Fund Balances	3,012,920	2,599,293	2,711,509	3,130,752	3,174,165	

Form 990T	Tax Return History	2018
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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* Income shown net of expenses

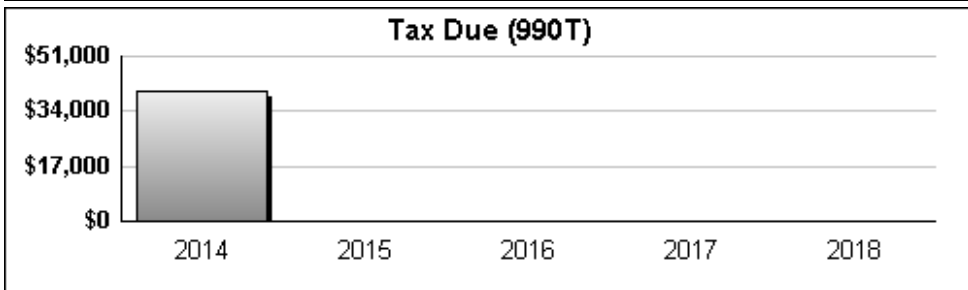
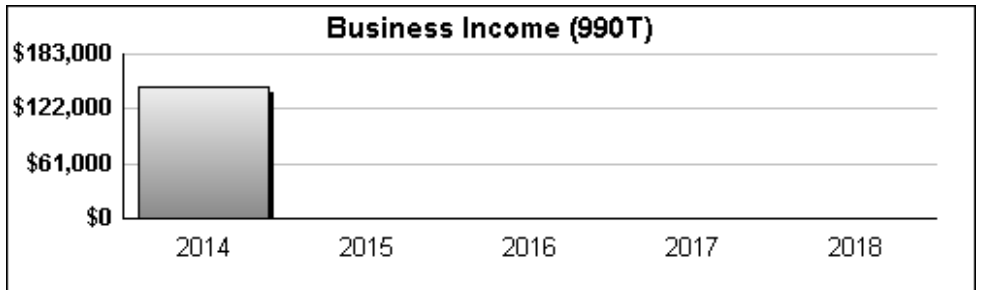
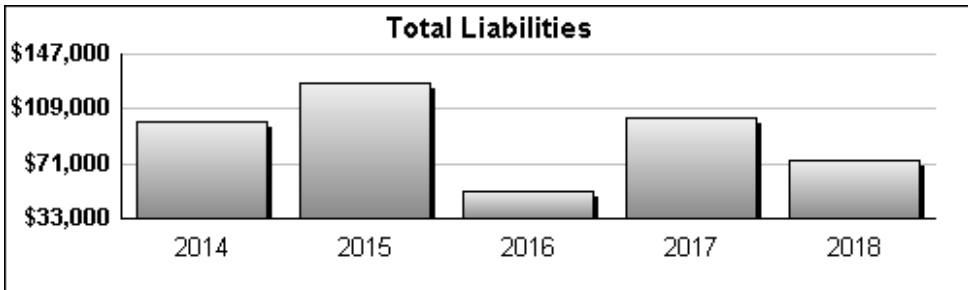
	2014	2015	2016	2017	2018	2019
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
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						



Form 990T	Tax Return History	2018
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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	2014	2015	2016	2017	2018	2019
Other deductions						
Net income (990T/first activity)	147,343	708				
UBTI from all trades	147,343	708	0	0	0	
Taxable employee fringe benefits						
Net operating loss deduction						
Specific deduction	1,000	1,000			1,000	
Income after expense and deductions	146,343					
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					



Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 4,413		14			
TOTAL	\$ 4,413					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS INCOME	\$ 30,530		14			
TOTAL	\$ 30,530					

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Federal Statements

FYE: 6/30/2019

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
IT SERVICES	\$ 20,672	\$ 14,929	\$ 2,297	\$ 3,446
WEBSITE SERVICE	7,456	5,385	828	1,243
DONOR DATABASE	4,888	3,530	543	815
PAYROLL SERVICE	7,002	5,057	778	1,167
RECRUITING COSTS	1,043	753	116	174
ROUNDING	-1			-1
TOTAL	<u>\$ 41,060</u>	<u>\$ 29,654</u>	<u>\$ 4,562</u>	<u>\$ 6,844</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK CHARGES	\$ 12,736	\$	\$	\$ 12,736
LEASED EQUIPMENT	5,562	1,668	556	3,338
FEES AND LICENSES	1,106	1,106		
MEMBERSHIP EXPENSE	1,045			1,045
MISCELLANEOUS	-525		-525	
TOTAL	<u>\$ 19,924</u>	<u>\$ 2,774</u>	<u>\$ 31</u>	<u>\$ 17,119</u>

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Federal Statements

FYE: 6/30/2019

Schedule A, Part II, Line 1(e)

Description	Amount
	\$ 580,422
TOTAL	\$ <u>580,422</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 4,413
DIVIDENDS INCOME	30,530
TOTAL	\$ <u>34,943</u>

Schedule A, Part II, Line 9(e)

Description	Amount
HAIRBALL	\$ 94,924
OTHER	15,864
WALK FOR ANIMALS	22,004
LESS: DEDUCTIONS	-1,000
TOTAL	\$ <u>131,792</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAMS	\$ 356,809
BOARDING	247,773
MISCELLANEOUS REVENUE	2,511
RETAIL STORE	13,892
RENTAL INCOME	11,897
TOTAL	\$ <u>632,882</u>