

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**

02-6005610

MONADNOCK HUMANE SOCIETY, INC.

Net Asset / Fund Balance at Beginning of Year		<u>3,174,165</u>
Revenue		
Contributions	<u>1,536,434</u>	
Program service revenue	<u>532,577</u>	
Investment income	<u>37,732</u>	
Capital gain / loss	<u>35,137</u>	
Fundraising / Gaming:		
Gross revenue	<u>177,706</u>	
Direct expenses	<u>14,590</u>	
Net income	<u>163,116</u>	
Other income	<u>16,881</u>	
Total revenue		<u>2,321,877</u>
Expenses		
Program services	<u>1,101,828</u>	
Management and general	<u>126,111</u>	
Fundraising	<u>192,420</u>	
Total expenses		<u>1,420,359</u>
Excess / (deficit)		<u>901,518</u>
Changes		<u>-13,238</u>
Net Asset / Fund Balance at End of Year		<u>4,062,445</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,331,768</u>
Less:	
Unrealized gains	<u>-13,238</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u>23,129</u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>2,321,877</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,443,488</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u>23,129</u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>1,420,359</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,247,347</u>	<u>4,308,351</u>	
Liabilities	<u>73,182</u>	<u>245,906</u>	
Net assets	<u>3,174,165</u>	<u>4,062,445</u>	<u>888,280</u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/17/21
Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 2020

2019

Department of the Treasury
Internal Revenue Service

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

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>2,321,877</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 2019 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 2019 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 2019 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 } 04/29/21

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 2019 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 } 04/29/21

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** (2019)

Form **990**
 (Rev. January 2020)
 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
2019
 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **MONADNOCK HUMANE SOCIETY, INC.**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **101 WEST SWANZEY ROAD**
 City or town, state or province, country, and ZIP or foreign postal code: **SWANZEY NH 03446**

D Employer identification number: **02-6005610**
E Telephone number: **603-352-0035**
G Gross receipts: **2,345,006**

F Name and address of principal officer: **CHRISTOPHER BOWEN**
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u HTTP://MONADNOCKHUMANESOCIETY.ORG/** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1879** **M** State of legal domicile: **NH**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	48
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	580,422	1,536,434
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	604,582	532,577
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,304	72,869
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,392	179,997
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,417,700	2,321,877
	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	909,827
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 192,420		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	522,686	510,532
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,395,285	1,420,359
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	22,415	901,518
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,247,347	4,308,351
	22 Net assets or fund balances. Subtract line 21 from line 20	73,182	245,906
		3,174,165	4,062,445

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: **CHRISTOPHER BOWEN** Date: _____
 Type or print name and title: **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **LYNN C. RUST, CPA** Preparer's signature: **LYNN C. RUST, CPA** Date: **04/29/21** Check if self-employed PTIN: **P00153797**
 Firm's name: **LYNN C RUST CPA PC** Firm's EIN: **02-0476947**
 Firm's address: **217R OLD HOMESTEAD HWY SWANZEY, NH 03446-2121** Phone no.: **603-358-6565**

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

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 \$ **1,101,828** including grants of\$) (Revenue \$ **532,577**)
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 on Schedule O.)

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

4e Total program service expenses **u 1,101,828**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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?		

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 48		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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.		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.		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 on 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 on Schedule O.		
	14		
1b	Enter the number of voting members included on line 1a, above, who are independent		
	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **uNH**
- 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

D'ALESSIO AND ASSOCIATES, INC. 543 WEST STREET

KEENE

NH 03431

603-352-1000

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

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

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

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

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

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 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) KATHLEEN COLLINSWORTH EXECUTIVE DIRECTOR	40.00 0.00			X			89,200	0	4,561	
(2) ELANA BARON GOVERNANCE CO-CHAIR	1.00 0.00	X					0	0	0	
(3) PEGGY BEDORE TRUSTEE	1.00 0.00	X					0	0	0	
(4) DANIEL DODGE TRUSTEE	1.00 0.00	X					0	0	0	
(5) MIKE FAULKNER TRUSTEE	1.00 0.00	X					0	0	0	
(6) CARLA FOLKERT LIFETIME VP	1.00 0.00	X					0	0	0	
(7) LINDA GUINANE LIFETIME VP	1.00 0.00	X					0	0	0	
(8) TIMOTHY JORDAN TRUSTEE	1.00 0.00	X					0	0	0	
(9) RYAN REED TRUSTEE	1.00 0.00	X					0	0	0	
(10) BOB SCHAUMANN TRUSTEE	1.00 0.00	X					0	0	0	
(11) MICHAEL SPITZE TRUSTEE	1.00 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 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) VALERIE STARBUCK	1.00									
TRUSTEE	0.00	X					0	0	0	
(13) KRISTEN TROMBLY	1.00									
GOVERNANCE CO-CHAIR	0.00	X					0	0	0	
(14) CHRISTOPHER BOWEN	1.00									
TREASURER	0.00			X			0	0	0	
(15) MARY DZIEDZINSKI	1.00									
SECRETARY	0.00			X			0	0	0	
(16) SUSAN PETERSON	1.00									
VICE CHAIR	0.00			X			0	0	0	
(17) WESLEY WRATCHFORD	1.00									
BOARD CHAIR	0.00			X			0	0	0	
1b Subtotal							89,200		4,561	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							89,200		4,561	

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

	Yes	No
3 Did the organization list any former officer, director, 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 **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	1,536,434				
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,147				
	h Total. Add lines 1a-1f	u	1,536,434				
	Program Service Revenue	2a DOG DAY CARE	Business Code	136,013	136,013		
b ADOPTIONS FEES:4420.B • ADOPT			91,262	91,262			
c TRAINING CLASSES			91,156	91,156			
d BOARDING FEES:4620.A • DOG BO			58,936	58,936			
e ADOPTIONS FEES:4420.C • ADOPT			54,625	54,625			
f All other program service revenue			100,585	100,585			
g Total. Add lines 2a-2f		u	532,577				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	37,732			37,732	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	6a	10,024			
		(ii) Personal	6b				
			6c	10,024			
	d Net rental income or (loss)	u	10,024			10,024	
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
		(ii) Other	7b		35,137		
			7c		35,137		
	d Net gain or (loss)	u	35,137	35,137			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	177,706			
		b Less: direct expenses	8b	14,590			
c Net income or (loss) from fundraising events	u	163,116			163,116		
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances		10a	13,580				
	b Less: cost of goods sold	10b	8,539				
	c Net income or (loss) from sales of inventory	u	5,041	5,041			
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code	1,816			1,816	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	1,816				
12 Total revenue. See instructions	u	2,321,877	572,755	0	212,688		

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	89,200	63,867	10,704	14,629
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	724,167	518,504	86,900	118,763
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	34,360	24,602	4,123	5,635
10 Payroll taxes	62,100	44,464	7,452	10,184
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	39,145	39,145		
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	46,845	22,957	9,553	14,335
12 Advertising and promotion	4,341	3,108	521	712
13 Office expenses	19,480	8,943	1,948	8,589
14 Information technology				
15 Royalties				
16 Occupancy	107,133	102,505	2,314	2,314
17 Travel				
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	128,015	122,485	2,765	2,765
23 Insurance	12,696	12,148	274	274
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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 EXPENSES	67,505	67,505		
b VETERINARY CARE	51,943	51,943		
c BANK CHARGES	11,415			11,415
d PROFESSIONAL DEVELOPMENT	10,712	10,712		
e All other expenses	11,302	8,940	-443	2,805
25 Total functional expenses. Add lines 1 through 24e	1,420,359	1,101,828	126,111	192,420
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	156,474	1	380,535
	2 Savings and temporary cash investments	100,000	2	749,128
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,853	4	90,682
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,995	8	4,321
	9 Prepaid expenses and deferred charges	22,024	9	15,473
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,879,654		
	b Less: accumulated depreciation	10b 2,726,941	1,130,890	10c 1,152,713
	11 Investments—publicly traded securities	1,820,859	11	1,898,486
	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	8,252	15	17,013
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,247,347	16	4,308,351	
Liabilities	17 Accounts payable and accrued expenses	71,982	17	78,906
	18 Grants payable		18	
	19 Deferred revenue	1,200	19	5,000
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	162,000
	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	73,182	26	245,906
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,564,624	27	3,400,579
	28 Net assets with donor restrictions	609,541	28	661,866
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,174,165	32	4,062,445
33 Total liabilities and net assets/fund balances	3,247,347	33	4,308,351	

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	2,321,877
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,420,359
3	Revenue less expenses. Subtract line 2 from line 1	3	901,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,174,165
5	Net unrealized gains (losses) on investments	5	-13,238
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,062,445

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on 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

2019

Open to Public Inspection

Name of the organization MONADNOCK HUMANE SOCIETY, INC.	Employer identification number 02-6005610
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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) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	356,800	546,694	904,937	580,422	1,536,434	3,925,287
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	356,800	546,694	904,937	580,422	1,536,434	3,925,287
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)						646,113
6 Public support. Subtract line 5 from line 4.						3,279,174

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	356,800	546,694	904,937	580,422	1,536,434	3,925,287
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,926	20,426	22,374	34,943	37,732	136,401
9 Net income from unrelated business activities, whether or not the business is regularly carried on	84,445	132,292	166,619	131,792	173,956	689,104
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						4,750,792
12 Gross receipts from related activities, etc. (see instructions)					12	4,083,638
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	69.02 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	76.36 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. 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—2018. 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

Schedule of Contributors

OMB No. 1545-0047

2019

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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
1	LINDA GUINANE PO BOX 908 KEENE NH 03431	\$ 37,000	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 PO BOX 472 KEENE NH 03431	\$ 146,385	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	\$ 90,000	Person <input checked="" 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	\$ 80,248	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ALBERT V. HILTON TRUST 45 ROXBURY STREET KEENE NH 03431	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	EMILY MORAN IRREVOCABLE TRUST 81 COURT STREET KEENE NH 03431	\$ 561,026	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	ANONYMOUS PO BOX 674 PETERBOROUGH NH 03458	\$ 223,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	STEPHEN H. MILLARD JR. REV LIVING TR PO BOX 674 PETERBOROUGH NH 03458	\$ 33,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE ESTATE OF JEANNE T. COOK 128 LIMEROCK STREET ROCKLAND ME 04841	\$ 50,000	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.)

Name of organization

Employer identification number

MONADNOCK HUMANE SOCIETY, INC.

02-6005610

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	\$ 25,000	

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

2019

Open to Public Inspection

Name of the organization

Employer identification number

MONADNOCK HUMANE SOCIETY, INC.

02-6005610

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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 make 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 program
 - 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 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** Term 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		118,032		118,032
b Buildings		3,063,912	2,210,012	853,900
c Leasehold improvements				
d Equipment		697,710	516,929	180,781
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 1,152,713

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 FASB 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	2,331,768
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-13,238	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	23,129	
e	Add lines 2a through 2d	2e		9,891
3	Subtract line 2e from line 1	3		2,321,877
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		2,321,877

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	1,443,488
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	23,129	
e	Add lines 2a through 2d	2e		23,129
3	Subtract line 2e from line 1	3		1,420,359
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		1,420,359

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 \$ 14,590

INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES \$ 8,539

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

FUNDRAISING EXPENSES NETTED AGAINST INCOME \$ 14,590

INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES \$ 8,539

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

02-6005610

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

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

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

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

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

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

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.

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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	
		HAIRBALL (event type)	WALK FOR ANIMAL (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	101,910	47,153	28,643	177,706
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	101,910	47,153	28,643	177,706
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	3,477	7,905	3,208	14,590
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					163,116

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))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** and the amount of gaming revenue retained by the third party **u**
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u**\$

Description of services provided **u**

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u**

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

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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.

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

OMB No. 1545-0047

2019

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.

1	(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.

1	(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)					

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

2019**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	\$	14,590
INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES	\$	8,539
FUNDRAISING EXPENSES NETTED AGAINST INCOME	\$	-14,590
INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES	\$	-8,539

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

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

2019

Attachment Sequence No. **179**

Name(s) shown on return **MONADNOCK HUMANE SOCIETY, INC.** Identifying number **02-6005610**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,020,000
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	2,550,000
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 2018 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 2020. 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	125,930

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 2019	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 type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 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	128,010
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

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? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

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

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use: 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.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 include questions about miles driven and personal use.

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

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

Table with 2 columns: Yes, No. Rows 37-41 include questions about written policies and qualified demonstration use.

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

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Rows 42-44 include amortization details and a total row.

02-6005610

Federal Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv 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	3,978	310
4	Dandy Flooring	10/01/07	8,640			8,640	20 MO S/L	5,076	432
5	400 Ft of Paving	5/01/08	8,700			8,700	15 MO S/L	6,428	580
6	HVAC System Upgrade	12/01/08	28,710			28,710	15 MO S/L	20,257	1,914
7	Door (for clinic)	1/01/09	632			632	15 MO S/L	438	43
8	HVAC (system repairs)	6/01/09	6,628			6,628	15 MO S/L	4,532	441
9	Boarding & Training Sign	5/01/10	1,010			1,010	10 MO S/L	926	84
10	Metal dutch door	10/01/10	930			930	15 MO S/L	543	62
11	Paint for homeroom doors	12/01/10	336			336	15 MO S/L	191	23
12	Fencing (Kennel area)	12/01/10	5,450			5,450	15 MO S/L	3,118	363
13	Homeroom Doors (8)	3/01/11	6,900			6,900	15 MO S/L	3,833	460
14	Homeroom Door	6/01/11	271			271	15 MO S/L	153	18
15	Homeroom Doors (3)	11/01/12	1,077			1,077	25 MO S/L	297	43
16	Fencing (B&D play yard)	6/15/16	4,940			4,940	15 MO S/L	1,042	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	9,743	1,080
41	Desktops (3)	3/01/14	5,142			5,142	5 MO S/L	4,799	343
42	HP ProBook 450	3/01/14	820			820	5 MO S/L	657	163
43	HP Elite 800	6/01/15	1,564			1,564	5 MO S/L	1,277	287
44	HVAC Motherboard	10/30/15	6,550			6,550	5 MO S/L	4,185	1,310
45	HVAC Compressor	11/09/15	3,250			3,250	5 MO S/L	2,094	650
46	HVAC Assembly	4/07/16	1,586			1,586	5 MO S/L	978	317
47	Washer & Dryer	3/07/16	3,090			3,090	5 MO S/L	1,957	618
48	Carport Shelter	6/30/16	3,571			3,571	20 MO S/L	536	178
49	Computer (finance)	5/31/16	1,478			1,478	5 MO S/L	936	295
50	Firewall	12/16/15	2,200			2,200	3 MO S/L	2,200	0
57	Concrete Frame	6/01/00	1,586,993			1,586,993	40 MO S/L	753,823	39,675
58	Carpentry	6/01/00	28,962			28,962	15 MO S/L	28,962	0
59	Insulation / Roofing	6/01/00	196,580			196,580	15 MO S/L	196,580	0
60	Metal Doors & Windows	6/01/00	158,721			158,721	20 MO S/L	150,784	7,937
61	Flooring - Ceramic	6/01/00	215,986			215,986	20 MO S/L	205,183	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	456,987	24,044
64	Electrical	4/01/01	164,216			164,216	20 MO S/L	156,007	8,209
65	Building Improvements	4/01/01	5,635			5,635	40 MO S/L	2,561	141
66	Building Improvements	5/01/02	29,820			29,820	40 MO S/L	12,743	745
67	Shelter Improvements	12/01/03	17,381			17,381	40 MO S/L	6,741	434
68	Roof	5/01/04	2,500			2,500	15 MO S/L	2,500	0
69	MMA Flooring	1/01/07	19,995			19,995	20 MO S/L	12,499	1,000
70	MCA Flooring	3/01/07	8,880			8,880	20 MO S/L	5,439	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	293	0

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Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Dep'r	Per Conv	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	4,333	0
86	ISO Vaporizer	9/01/08	1,912				1,912	10	MO S/L	1,912	0
87	ultrasonic Cleaner & Basket	9/01/05	449				449	10	MO S/L	449	0
88	Dental Equipment	5/01/10	3,995				3,995	10	MO S/L	3,666	329
89	Centrifuge Swing Out	5/01/10	836				836	10	MO S/L	769	67
90	Narcotics Cabinet	7/01/10	590				590	10	MO S/L	531	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808				1,808	10	MO S/L	1,598	181
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561				4,561	10	MO S/L	2,112	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	3,054	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	6,793	294
101	Top Dog Flooring & Adhesive	2/01/10	2,530				2,530	15	MO S/L	1,590	169
102	Kennels (for Boarding)	3/01/10	3,129				3,129	10	MO S/L	2,915	214
103	Gates & Fencing (for Daycare)	6/01/10	6,759				6,759	15	MO S/L	4,058	450
104	Washer/Dryer	4/01/10	1,020				1,020	10	MO S/L	935	85
105	Cat Cotillion Floor	1/01/16	1,774				1,774	20	MO S/L	310	89
106	B&D Training Package	5/01/16	1,795				1,795	5	MO S/L	1,137	359
107	HVAC system repairs	12/01/09	2,250				2,250	15	MO S/L	1,438	150
108	Auto Scrubber	12/01/09	3,400				3,400	10	MO S/L	3,230	170
109	Filtration Tank: Washing Machine	1/01/10	545				545	10	MO S/L	517	28
110	Magicaire 4.0 Belt Driver	3/01/10	1,123				1,123	10	MO S/L	1,046	77
111	Washer & Dryer	2/01/10	12,450				12,450	10	MO S/L	11,724	726
112	8 Tokyo Cages	8/01/10	926				926	10	MO S/L	827	92
113	Whirlpool Refrigerator	5/01/11	510				510	10	MO S/L	417	51
114	HVAS unit for computer room	7/01/11	4,950				4,950	15	MO S/L	2,613	330
115	Cannon Copiier (adoption desk)	5/01/12	1,295				1,295	10	MO S/L	919	129
116	Other Equipment	6/01/00	6,064				6,064	10	MO S/L	6,064	0
117	Outside Lighting	11/01/15	2,875				2,875	15	MO S/L	703	192
118	Paving	5/31/17	14,556				14,556	15	MO S/L	2,022	970
119	Septic System	9/30/16	20,197				20,197	15	MO S/L	3,703	1,346
120	Electrical Upgrades	6/30/17	1,850				1,850	15	MO S/L	247	123
121	HVAC Fan	7/22/16	2,884				2,884	15	MO S/L	561	192
122	Water Pumps	9/02/16	2,419				2,419	10	MO S/L	685	242
123	Capnograph	4/18/17	2,300				2,300	7	MO S/L	712	328
124	Drain Intereptor	8/01/17	1,350				1,350	10	MO S/L	259	135
125	Phone System	9/01/17	11,039				11,039	7	MO S/L	2,891	1,577
126	Deck Mower	9/01/17	2,800				2,800	5	MO S/L	1,027	560
127	Intermediate Boiler	10/01/17	2,110				2,110	10	MO S/L	369	211
129	ERV motor	3/01/18	2,108				2,108	10	MO S/L	281	211
130	Security System	6/30/18	10,613				10,613	10	MO S/L	1,061	1,062
131	Surgical Table	6/30/18	3,639				3,639	10	MO S/L	364	364
132	Tim Briand Fencing	10/01/17	2,517				2,517	10	MO S/L	440	252
133	Dog room water system	6/27/19	2,498				2,498	15	MO S/L	0	167
134	Metal Fascia	6/28/19	7,250				7,250	15	MO S/L	0	483
135	Jace system controller and upgrade	10/18/18	7,033				7,033	10	MO S/L	469	703
136	Network switch	10/24/18	3,906				3,906	5	MO S/L	521	781
137	Computer (E.D.)	12/10/18	2,217				2,217	5	MO S/L	259	443
138	Door Replacement (18)	6/27/19	11,358				11,358	15	MO S/L	0	757
139	Chain Link Fence Enclosure	8/06/19	9,805				9,805	10	MO S/L	0	899
140	2019 Paving	9/19/19	22,400				22,400	15	MO S/L	0	1,120
141	Tucker's Power Equipment Snow Blower	11/06/19	1,013				1,013	5	MO S/L	0	135
142	C40-320 Storage Container	11/15/19	2,500				2,500	5	MO S/L	0	333
143	Floor Drain - Cat Clinic	11/25/19	3,690				3,690	15	MO S/L	0	143
144	AHU-2 Controller Upgrade	1/06/20	1,790				1,790	10	MO S/L	0	90
145	Public Address System	2/24/20	7,367				7,367	10	MO S/L	0	246
146	Biomass 2020	3/15/20	95,570				95,570	10	MO S/L	0	3,186
147	6 Computers (Techsoup)	6/03/20	5,703				5,703	5	MO S/L	0	95

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Total Other Depreciation		<u>3,566,179</u>			<u>3,566,179</u>		<u>2,292,558</u>	<u>125,930</u>
	Total ACRS and Other Depreciation		<u>3,566,179</u>			<u>3,566,179</u>		<u>2,292,558</u>	<u>125,930</u>
Listed Property:									
128	Toyota Highlander	12/01/17	10,399			10,399	5 MO S/L	3,293	2,080
			<u>10,399</u>			<u>10,399</u>		<u>3,293</u>	<u>2,080</u>
	Grand Totals		3,879,657			3,873,045		2,598,930	128,010
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,879,657</u>			<u>3,873,045</u>		<u>2,598,930</u>	<u>128,010</u>

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NH Asset Report

FYE: 6/30/2020

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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	3,978	310	310	0
4	Dandy Flooring	10/01/07	8,640	8,640	5,076	432	432	0
5	400 Ft of Paving	5/01/08	8,700	8,700	6,428	580	580	0
6	HVAC System Upgrade	12/01/08	28,710	28,710	20,257	1,914	1,914	0
7	Door (for clinic)	1/01/09	632	632	438	43	43	0
8	HVAC (system repairs)	6/01/09	6,628	6,628	4,532	441	441	0
9	Boarding & Training Sign	5/01/10	1,010	1,010	926	84	84	0
10	Metal dutch door	10/01/10	930	930	543	62	62	0
11	Paint for homeroom doors	12/01/10	336	336	191	23	23	0
12	Fencing (Kennel area)	12/01/10	5,450	5,450	3,118	363	363	0
13	Homeroom Doors (8)	3/01/11	6,900	6,900	3,833	460	460	0
14	Homeroom Door	6/01/11	271	271	153	18	18	0
15	Homeroom Doors (3)	11/01/12	1,077	1,077	297	43	43	0
16	Fencing (B&D play yard)	6/15/16	4,940	4,940	1,042	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	9,743	1,080	1,080	0
41	Desktops (3)	3/01/14	5,142	5,142	4,799	343	343	0
42	HP ProBook 450	3/01/14	820	820	657	163	163	0
43	HP Elite 800	6/01/15	1,564	1,564	1,277	287	287	0
44	HVAC Motherboard	10/30/15	6,550	6,550	4,185	1,310	1,310	0
45	HVAC Compressor	11/09/15	3,250	3,250	2,094	650	650	0
46	HVAC Assembly	4/07/16	1,586	1,586	978	317	317	0
47	Washer & Dryer	3/07/16	3,090	3,090	1,957	618	618	0
48	Carport Shelter	6/30/16	3,571	3,571	536	178	178	0
49	Computer (finance)	5/31/16	1,478	1,478	936	295	295	0
50	Firewall	12/16/15	2,200	2,200	2,200	0	0	0
57	Concrete Frame	6/01/00	1,586,993	1,586,993	753,823	39,675	39,675	0
58	Carpentry	6/01/00	28,962	28,962	28,962	0	0	0
59	Insulation / Roofing	6/01/00	196,580	196,580	196,580	0	0	0
60	Metal Doors & Windows	6/01/00	158,721	158,721	150,784	7,937	7,937	0
61	Flooring - Ceramic	6/01/00	215,986	215,986	205,183	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	456,987	24,044	24,044	0
64	Electrical	4/01/01	164,216	164,216	156,007	8,209	8,209	0
65	Building Improvements	4/01/01	5,635	5,635	2,561	141	141	0
66	Building Improvements	5/01/02	29,820	29,820	12,743	745	745	0
67	Shelter Improvements	12/01/03	17,381	17,381	6,741	434	434	0
68	Roof	5/01/04	2,500	2,500	2,500	0	0	0
69	MMA Flooring	1/01/07	19,995	19,995	12,499	1,000	1,000	0
70	MCA Flooring	3/01/07	8,880	8,880	5,439	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	293	0	0	0

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NH Asset Report

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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	4,333	0	0	0
86	ISO Vaporizer	9/01/08	1,912	1,912	1,912	0	0	0
87	ultrasonic Cleaner & Basket	9/01/05	449	449	449	0	0	0
88	Dental Equipment	5/01/10	3,995	3,995	3,666	329	329	0
89	Centrifuge Swing Out	5/01/10	836	836	769	67	67	0
90	Narcotics Cabinet	7/01/10	590	590	531	59	59	0
91	Vital Signs Monitor (capnography)	9/01/10	1,808	1,808	1,598	181	181	0
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	4,561	2,112	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	3,054	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	6,793	294	294	0
101	Top Dog Flooring & Adhesive	2/01/10	2,530	2,530	1,590	169	169	0
102	Kennels (for Boarding)	3/01/10	3,129	3,129	2,915	214	214	0
103	Gates & Fencing (for Daycare)	6/01/10	6,759	6,759	4,058	450	450	0
104	Washer/Dryer	4/01/10	1,020	1,020	935	85	85	0
105	Cat Cotillion Floor	1/01/16	1,774	1,774	310	89	89	0
106	B&D Training Package	5/01/16	1,795	1,795	1,137	359	359	0
107	HVAC system repairs	12/01/09	2,250	2,250	1,438	150	150	0
108	Auto Scrubber	12/01/09	3,400	3,400	3,230	170	170	0
109	Filtration Tank: Washing Machine	1/01/10	545	545	517	28	28	0
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	1,123	1,046	77	77	0
111	Washer & Dryer	2/01/10	12,450	12,450	11,724	726	726	0
112	8 Tokyo Cages	8/01/10	926	926	827	92	92	0
113	Whirlpool Refrigerator	5/01/11	510	510	417	51	51	0
114	HVAS unit for computer room	7/01/11	4,950	4,950	2,613	330	330	0
115	Cannon Copiier (adoption desk)	5/01/12	1,295	1,295	919	129	129	0
116	Other Equipment	6/01/00	6,064	6,064	6,064	0	0	0
117	Outside Lighting	11/01/15	2,875	2,875	575	192	192	0
118	Paving	5/31/17	14,556	14,556	2,022	970	970	0
119	Septic System	9/30/16	20,197	20,197	3,703	1,346	1,346	0
120	Electrical Upgrades	6/30/17	1,850	1,850	247	123	123	0
121	HVAC Fan	7/22/16	2,884	2,884	561	192	192	0
122	Water Pumps	9/02/16	2,419	2,419	685	242	242	0
123	Capnograph	4/18/17	2,300	2,300	712	328	328	0
124	Drain Intereptor	8/01/17	1,350	1,350	259	135	135	0
125	Phone System	9/01/17	11,039	11,039	2,891	1,577	1,577	0
126	Deck Mower	9/01/17	2,800	2,800	1,027	560	560	0
127	Intermediate Boiler	10/01/17	2,110	2,110	369	211	211	0
129	ERV motor	3/01/18	2,108	2,108	281	211	211	0
130	Security System	6/30/18	10,613	10,613	1,061	1,062	1,062	0
131	Surgical Table	6/30/18	3,639	3,639	364	364	364	0
132	Tim Briand Fencing	10/01/17	2,517	2,517	440	252	252	0
133	Dog room water system	6/27/19	2,498	2,498	0	167	167	0
134	Metal Fascia	6/28/19	7,250	7,250	0	483	483	0
135	Jace system controller and upgrade	10/18/18	7,033	7,033	469	703	703	0
136	Network switch	10/24/18	3,906	3,906	521	781	781	0
137	Computer (E.D.)	12/10/18	2,217	2,217	259	443	443	0
138	Door Replacement (18)	6/27/19	11,358	11,358	0	757	757	0
139	Chain Link Fence Enclosure	8/06/19	9,805	9,805	0	899	899	0
140	2019 Paving	9/19/19	22,400	22,400	0	1,120	1,120	0
141	Tucker's Power Equipment Snow Blower	11/06/19	1,013	1,013	0	135	135	0
142	C40-320 Storage Container	11/15/19	2,500	2,500	0	333	333	0
143	Floor Drain - Cat Clinic	11/25/19	3,690	3,690	0	143	143	0
144	AHU-2 Controller Upgrade	1/06/20	1,790	1,790	0	90	90	0
145	Public Address System	2/24/20	7,367	7,367	0	246	246	0
146	Biomass 2020	3/15/20	95,570	95,570	0	3,186	3,186	0
147	6 Computers (Techsoup)	6/03/20	5,703	5,703	0	95	95	0

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

Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
	Total Other Depreciation		<u>3,566,179</u>	<u>3,566,179</u>	<u>2,292,430</u>	<u>125,930</u>	<u>125,930</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>3,566,179</u>	<u>3,566,179</u>	<u>2,292,430</u>	<u>125,930</u>	<u>125,930</u>	<u>0</u>
Listed Property:								
128	Toyota Highlander	12/01/17	<u>10,399</u>	<u>10,399</u>	<u>3,293</u>	<u>2,080</u>	<u>2,080</u>	<u>0</u>
			<u>10,399</u>	<u>10,399</u>	<u>3,293</u>	<u>2,080</u>	<u>2,080</u>	<u>0</u>
	Grand Totals		<u>3,879,657</u>	<u>3,879,657</u>	<u>2,598,802</u>	<u>128,010</u>	<u>128,010</u>	<u>0</u>
	Less: Dispositions		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>3,879,657</u>	<u>3,879,657</u>	<u>2,598,802</u>	<u>128,010</u>	<u>128,010</u>	<u>0</u>

02-6005610

AMT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv 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	3,978	310
4	Dandy Flooring	10/01/07	8,640			8,640	20 MO S/L	5,076	432
5	400 Ft of Paving	5/01/08	8,700			8,700	15 MO S/L	6,428	580
6	HVAC System Upgrade	12/01/08	28,710			28,710	15 MO S/L	20,257	1,914
7	Door (for clinic)	1/01/09	632			632	15 MO S/L	438	43
8	HVAC (system repairs)	6/01/09	6,628			6,628	15 MO S/L	4,532	441
9	Boarding & Training Sign	5/01/10	1,010			1,010	10 MO S/L	926	84
10	Metal dutch door	10/01/10	930			930	15 MO S/L	543	62
11	Paint for homeroom doors	12/01/10	336			336	15 MO S/L	191	23
12	Fencing (Kennel area)	12/01/10	5,450			5,450	15 MO S/L	3,118	363
13	Homeroom Doors (8)	3/01/11	6,900			6,900	15 MO S/L	3,833	460
14	Homeroom Door	6/01/11	271			271	15 MO S/L	153	18
15	Homeroom Doors (3)	11/01/12	1,077			1,077	25 MO S/L	297	43
16	Fencing (B&D play yard)	6/15/16	4,940			4,940	15 MO S/L	1,042	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	9,743	1,080
41	Desktops (3)	3/01/14	5,142			5,142	5 MO S/L	4,799	343
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	1,277	287
44	HVAC Motherboard	10/30/15	6,550			6,550	5 MO S/L	4,185	1,310
45	HVAC Compressor	11/09/15	3,250			3,250	5 MO S/L	2,094	650
46	HVAC Assembly	4/07/16	1,586			1,586	5 MO S/L	978	317
47	Washer & Dryer	3/07/16	0			0	0 HY	0	0
48	Carport Shelter	6/30/16	0			0	0 HY	0	0
49	Computer (finance)	5/31/16	1,478			1,478	5 MO S/L	936	295
50	Firewall	12/16/15	2,200			2,200	3 MO S/L	2,200	0
57	Concrete Frame	6/01/00	1,586,993			1,586,993	40 MO S/L	753,823	39,675
58	Carpentry	6/01/00	28,962			28,962	15 MO S/L	28,962	0
59	Insulation / Roofing	6/01/00	196,580			196,580	15 MO S/L	196,580	0
60	Metal Doors & Windows	6/01/00	158,721			158,721	20 MO S/L	150,784	7,937
61	Flooring - Ceramic	6/01/00	215,986			215,986	20 MO S/L	205,183	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	456,987	24,044
64	Electrical	4/01/01	164,216			164,216	20 MO S/L	156,007	8,209
65	Building Improvements	4/01/01	5,635			5,635	40 MO S/L	2,561	141
66	Building Improvements	5/01/02	29,820			29,820	40 MO S/L	12,743	745
67	Shelter Improvements	12/01/03	17,381			17,381	40 MO S/L	6,741	434
68	Roof	5/01/04	2,500			2,500	15 MO S/L	2,500	0
69	MMA Flooring	1/01/07	19,995			19,995	20 MO S/L	12,499	1,000
70	MCA Flooring	3/01/07	8,880			8,880	20 MO S/L	5,439	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	293	0

02-6005610

AMT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Dep'r	Per Conv	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	4,333	0
86	ISO Vaporizer	9/01/08	1,912				1,912	10	MO S/L	1,912	0
87	ultrasonic Cleaner & Basket	9/01/05	449				449	10	MO S/L	449	0
88	Dental Equipment	5/01/10	3,995				3,995	10	MO S/L	3,666	329
89	Centrifuge Swing Out	5/01/10	836				836	10	MO S/L	769	67
90	Narcotics Cabinet	7/01/10	590				590	10	MO S/L	531	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808				1,808	10	MO S/L	1,598	181
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561				4,561	10	MO S/L	2,112	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	2,891	1,577
126	Deck Mower	9/01/17	2,800				2,800	5	MO S/L	1,027	560
127	Intermediate Boiler	10/01/17	2,110				2,110	10	MO S/L	369	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	364	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
139	Chain Link Fence Enclosure	8/06/19	0				0	0	HY	0	0
140	2019 Paving	9/19/19	0				0	0	HY	0	0
141	Tucker's Power Equipment Snow Blower	11/06/19	0				0	0	HY	0	0
142	C40-320 Storage Container	11/15/19	0				0	0	HY	0	0
143	Floor Drain - Cat Clinic	11/25/19	0				0	0	HY	0	0
144	AHU-2 Controller Upgrade	1/06/20	0				0	0	HY	0	0
145	Public Address System	2/24/20	0				0	0	HY	0	0
146	Biomass 2020	3/15/20	0				0	0	HY	0	0
147	6 Computers (Techsoup)	6/03/20	0				0	0	HY	0	0

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
	Total Other Depreciation		<u>3,185,551</u>				<u>3,185,551</u>		<u>2,164,747</u>	<u>106,616</u>
	Total ACRS and Other Depreciation		<u>3,185,551</u>				<u>3,185,551</u>		<u>2,164,747</u>	<u>106,616</u>
Listed Property:										
128	Toyota Highlander	12/01/17	10,399				10,399	5 MO S/L	3,293	2,080
			<u>10,399</u>				<u>10,399</u>		<u>3,293</u>	<u>2,080</u>
	Grand Totals		3,499,029				3,492,417		2,471,119	108,696
	Less: Dispositions and Transfers		0				0		0	0
	Net Grand Totals		<u>3,499,029</u>				<u>3,492,417</u>		<u>2,471,119</u>	<u>108,696</u>

Bonus Depreciation Report

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

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
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><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>

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

Other Depreciation:

1	Land	7/01/99	40,869	0	0
2	land improvements	6/01/00	20,010	0	0
3	Paving Driveway / Road	9/01/06	6,200	310	310
4	Dandy Flooring	10/01/07	8,640	432	432
5	400 Ft of Paving	5/01/08	8,700	580	580
6	HVAC System Upgrade	12/01/08	28,710	1,914	1,914
7	Door (for clinic)	1/01/09	632	42	42
8	HVAC (system repairs)	6/01/09	6,628	442	442
9	Boarding & Training Sign	5/01/10	1,010	0	0
10	Metal dutch door	10/01/10	930	62	62
11	Paint for homeroom doors	12/01/10	336	22	22
12	Fencing (Kennel area)	12/01/10	5,450	364	364
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	330	330
39	CISCO Network Switch	11/01/11	992	0	0
40	Server (HP ProLiant ML350)	4/01/14	10,823	0	0
41	Desktops (3)	3/01/14	5,142	0	0
42	HP ProBook 450	3/01/14	820	0	0
43	HP Elite 800	6/01/15	1,564	0	0
44	HVAC Motherboard	10/30/15	6,550	1,055	1,055
45	HVAC Compressor	11/09/15	3,250	506	506
46	HVAC Assembly	4/07/16	1,586	291	291
47	Washer & Dryer	3/07/16	3,090	515	0
48	Carport Shelter	6/30/16	3,571	179	0
49	Computer (finance)	5/31/16	1,478	247	247
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	0	0
61	Flooring - Ceramic	6/01/00	215,986	4	4
62	Painting	6/01/00	38,369	0	0
63	Plumbing	6/01/00	481,031	0	0
64	Electrical	4/01/01	164,216	0	0
65	Building Improvements	4/01/01	5,635	140	140
66	Building Improvements	5/01/02	29,820	746	746
67	Shelter Improvements	12/01/03	17,381	435	435
68	Roof	5/01/04	2,500	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: 6/30/21**

FYE: 6/30/2020

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	0	0
89	Centrifuge Swing Out	5/01/10	836	0	0
90	Narcotics Cabinet	7/01/10	590	0	0
91	Vital Signs Monitor (capnography)	9/01/10	1,808	29	29
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	457	457
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	0	0
101	Top Dog Flooring & Adhesive	2/01/10	2,530	168	0
102	Kennels (for Boarding)	3/01/10	3,129	0	0
103	Gates & Fencing (for Daycare)	6/01/10	6,759	451	0
104	Washer/Dryer	4/01/10	1,020	0	0
105	Cat Cotillion Floor	1/01/16	1,774	89	0
106	B&D Training Package	5/01/16	1,795	299	0
107	HVAC system repairs	12/01/09	2,250	150	0
108	Auto Scrubber	12/01/09	3,400	0	0
109	Filtration Tank: Washing Machine	1/01/10	545	0	0
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	0	0
111	Washer & Dryer	2/01/10	12,450	0	0
112	8 Tokyo Cages	8/01/10	926	7	0
113	Whirlpool Refrigerator	5/01/11	510	42	0
114	HVAS unit for computer room	7/01/11	4,950	330	0
115	Cannon Copiier (adoption desk)	5/01/12	1,295	130	0
116	Other Equipment	6/01/00	6,064	0	0
117	Outside Lighting	11/01/15	2,875	191	0
118	Paving	5/31/17	14,556	970	0
119	Septic System	9/30/16	20,197	1,347	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	329	0
124	Drain Intereptor	8/01/17	1,350	135	0
125	Phone System	9/01/17	11,039	1,577	1,577
126	Deck Mower	9/01/17	2,800	560	560
127	Intermediate Boiler	10/01/17	2,110	211	211
129	ERV motor	3/01/18	2,108	211	0
130	Security System	6/30/18	10,613	1,061	0
131	Surgical Table	6/30/18	3,639	364	364
132	Tim Briand Fencing	10/01/17	2,517	252	0
133	Dog room water system	6/27/19	2,498	166	0
134	Metal Fascia	6/28/19	7,250	484	0
135	Jace system controller and upgrade	10/18/18	7,033	704	0
136	Network switch	10/24/18	3,906	781	0
137	Computer (E.D.)	12/10/18	2,217	444	0
138	Door Replacement (18)	6/27/19	11,358	757	0
139	Chain Link Fence Enclosure	8/06/19	9,805	980	0
140	2019 Paving	9/19/19	22,400	1,493	0
141	Tucker's Power Equipment Snow Blower	11/06/19	1,013	203	0
142	C40-320 Storage Container	11/15/19	2,500	500	0
143	Floor Drain - Cat Clinic	11/25/19	3,690	246	0
144	AHU-2 Controller Upgrade	1/06/20	1,790	179	0
145	Public Address System	2/24/20	7,367	736	0

Future Depreciation Report**FYE: 6/30/21****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
146	Biomass 2020	3/15/20	95,570	9,557	0
147	6 Computers (Techsoup)	6/03/20	5,703	1,141	0
	Total Other Depreciation		<u>3,566,179</u>	<u>78,852</u>	<u>52,760</u>
	Total ACRS and Other Depreciation		<u>3,566,179</u>	<u>78,852</u>	<u>52,760</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>3,879,657</u>	<u>80,932</u>	<u>54,840</u>

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

Other Depreciation:

1	Land	7/01/99	40,869	0
2	land improvements	6/01/00	20,010	0
3	Paving Driveway / Road	9/01/06	6,200	310
4	Dandy Flooring	10/01/07	8,640	432
5	400 Ft of Paving	5/01/08	8,700	580
6	HVAC System Upgrade	12/01/08	28,710	1,914
7	Door (for clinic)	1/01/09	632	42
8	HVAC (system repairs)	6/01/09	6,628	442
9	Boarding & Training Sign	5/01/10	1,010	0
10	Metal dutch door	10/01/10	930	62
11	Paint for homeroom doors	12/01/10	336	22
12	Fencing (Kennel area)	12/01/10	5,450	364
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	330
39	CISCO Network Switch	11/01/11	992	0
40	Server (HP ProLiant ML350)	4/01/14	10,823	0
41	Desktops (3)	3/01/14	5,142	0
42	HP ProBook 450	3/01/14	820	0
43	HP Elite 800	6/01/15	1,564	0
44	HVAC Motherboard	10/30/15	6,550	1,055
45	HVAC Compressor	11/09/15	3,250	506
46	HVAC Assembly	4/07/16	1,586	291
47	Washer & Dryer	3/07/16	3,090	515
48	Carport Shelter	6/30/16	3,571	179
49	Computer (finance)	5/31/16	1,478	247
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	0
61	Flooring - Ceramic	6/01/00	215,986	4
62	Painting	6/01/00	38,369	0
63	Plumbing	6/01/00	481,031	0
64	Electrical	4/01/01	164,216	0
65	Building Improvements	4/01/01	5,635	140
66	Building Improvements	5/01/02	29,820	746
67	Shelter Improvements	12/01/03	17,381	435
68	Roof	5/01/04	2,500	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
73	Canine Spay Packs	6/01/08	1,300	0
74	Deluxe Dental Kit	6/01/08	220	0
75	Mayo Instrument Stand	6/01/08	293	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	0
89	Centrifuge Swing Out	5/01/10	836	0
90	Narcotics Cabinet	7/01/10	590	0
91	Vital Signs Monitor (capnography)	9/01/10	1,808	29
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	457
93	Equipment	1/01/01	42,803	0
94	Cat Gazebo	10/01/97	2,681	0
95	Printers	1/01/04	3,401	0
96	Biologhts - Cat Area	3/01/04	1,200	0
97	2008 Ford E-150 Van	11/01/08	12,678	0
98	HVAC System	8/01/09	4,620	308
99	Hand Jack	9/01/09	388	0
100	Caat Condos for Boarding	12/01/09	7,087	0
101	Top Dog Flooring & Adhesive	2/01/10	2,530	168
102	Kennels (for Boarding)	3/01/10	3,129	0
103	Gates & Fencing (for Daycare)	6/01/10	6,759	451
104	Washer/Dryer	4/01/10	1,020	0
105	Cat Cotillion Floor	1/01/16	1,774	89
106	B&D Training Package	5/01/16	1,795	299
107	HVAC system repairs	12/01/09	2,250	150
108	Auto Scrubber	12/01/09	3,400	0
109	Filtration Tank: Washing Machine	1/01/10	545	0
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	0
111	Washer & Dryer	2/01/10	12,450	0
112	8 Tokyo Cages	8/01/10	926	7
113	Whirlpool Refrigerator	5/01/11	510	42
114	HVAS unit for computer room	7/01/11	4,950	330
115	Cannon Copiier (adoption desk)	5/01/12	1,295	130
116	Other Equipment	6/01/00	6,064	0
117	Outside Lighting	11/01/15	2,875	191
118	Paving	5/31/17	14,556	970
119	Septic System	9/30/16	20,197	1,347
120	Electrical Upgrades	6/30/17	1,850	123
121	HVAC Fan	7/22/16	2,884	192
122	Water Pumps	9/02/16	2,419	242
123	Capnograph	4/18/17	2,300	329
124	Drain Intereptor	8/01/17	1,350	135
125	Phone System	9/01/17	11,039	1,577
126	Deck Mower	9/01/17	2,800	560
127	Intermediate Boiler	10/01/17	2,110	211
129	ERV motor	3/01/18	2,108	211
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137	Computer (E.D.)	12/10/18	2,217	444
138	Door Replacement (18)	6/27/19	11,358	757
139	Chain Link Fence Enclosure	8/06/19	9,805	980
140	2019 Paving	9/19/19	22,400	1,493
141	Tucker's Power Equipment Snow Blower	11/06/19	1,013	203
142	C40-320 Storage Container	11/15/19	2,500	500
143	Floor Drain - Cat Clinic	11/25/19	3,690	246
144	AHU-2 Controller Upgrade	1/06/20	1,790	179
145	Public Address System	2/24/20	7,367	736

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NH</u>
146	Biomass 2020	3/15/20	95,570	9,557
147	6 Computers (Techsoup)	6/03/20	5,703	1,141
	Total Other Depreciation		<u>3,566,179</u>	<u>78,852</u>
	Total ACRS and Other Depreciation		<u>3,566,179</u>	<u>78,852</u>
Listed Property:				
128	Toyota Highlander	12/01/17	10,399	2,080
			<u>10,399</u>	<u>2,080</u>
	Grand Totals		<u>3,879,657</u>	<u>80,932</u>

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2019
For calendar year 2019, or tax year beginning 07/01/19 , and ending 06/30/20		

Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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		(a) Other event <u>OTHER</u> (event type)	(b) Other event _____ (event type)	(c) Other event _____ (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	28,643			28,643
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	28,643			28,643
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	3,208			3,208

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20		

Name

Taxpayer Identification Number

MONADNOCK HUMANE SOCIETY, INC.**02-6005610**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	1. 580,422	1,536,434	956,012
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 604,582	532,577	-72,005
	5. Investment income	5. 34,943	37,732	2,789
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 48,361	35,137	-13,224
	8. Net income or (loss) from fundraising events	8. 132,792	163,116	30,324
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 2,192	5,041	2,849
	11. Other revenue	11. 14,408	11,840	-2,568
	12. Total revenue. Add lines 1 through 11	12. 1,417,700	2,321,877	904,177
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	89,200	8,200
	16. Salaries, other compensation, and employee benefits	16. 791,599	820,627	29,028
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 79,251	85,990	6,739
	19. Occupancy, rent, utilities, and maintenance	19. 65,982	107,133	41,151
	20. Depreciation and Depletion	20. 123,565	128,015	4,450
	21. Other expenses	21. 253,888	189,394	-64,494
	22. Total expenses. Add lines 13 through 21	22. 1,395,285	1,420,359	25,074
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 22,415	901,518	879,103
Other Information	24. Total exempt revenue	24. 1,417,700	2,321,877	904,177
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 837,278	785,443	-51,835
	27. Total assets	27. 3,247,347	4,308,351	1,061,004
	28. Total liabilities	28. 73,182	245,906	172,724
	29. Retained earnings	29. 3,174,165	4,062,445	888,280
	30. Number of voting members of governing body	30. 14	14	
	31. Number of independent voting members of governing body	31. 14	14	
	32. Number of employees	32. 45	48	
	33. Number of volunteers	33.		

Form 990	Tax Return History	2019
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	365,290	546,694	904,937	580,422	1,536,434	
Membership dues						
Program service revenue	467,967	509,310	608,346	604,582	532,577	
Capital gain or loss	140	21,260	34,796	48,361	35,137	
Investment income	37,888	20,426	22,374	34,943	37,732	
Fundraising revenue (income/loss)	83,267	133,292	167,619	132,792	163,116	
Gaming revenue (income/loss)						
Other revenue	12,110	22,317	20,801	16,600	16,881	
Total revenue	966,662	1,253,299	1,758,873	1,417,700	2,321,877	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		30,356		81,000	89,200	
Other compensation	915,595	727,373	842,466	791,599	820,627	
Professional fees	47,611	53,215	94,346	79,251	85,990	
Occupancy costs		65,753	67,332	65,982	107,133	
Depreciation and depletion	110,973	117,050	122,072	123,565	128,015	
Other expenses	298,415	218,937	233,814	253,888	189,394	
Total expenses	1,372,594	1,212,684	1,360,030	1,395,285	1,420,359	
Excess or (Deficit)	-405,932	40,615	398,843	22,415	901,518	
Total exempt revenue	966,662	1,253,299	1,758,873	1,417,700	2,321,877	
Total unrelated revenue	708					
Total excludable revenue	574,063	706,605	853,936	837,278	785,443	
Total Assets	2,725,963	2,763,445	3,233,642	3,247,347	4,308,351	
Total Liabilities	126,670	51,936	102,890	73,182	245,906	
Net Fund Balances	2,599,293	2,711,509	3,130,752	3,174,165	4,062,445	

Form 990T	Tax Return History	2019
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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* Income shown net of expenses

	2015	2016	2017	2018	2019	2020
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	708					
Total trade or business income.	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	2019
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number 02-6005610
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	2015	2016	2017	2018	2019	2020
Other deductions						
Net income (990T/first activity)	708					
UBTI from all trades	708	0	0	0	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction	1,000				1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

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	\$ 2,211		14			
TOTAL	<u>\$ 2,211</u>					

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	\$ 35,521		14			
TOTAL	<u>\$ 35,521</u>					

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL SERVICES - MGT	\$ 9,553	\$	\$ 9,553	\$
PROFESSIONAL SERVICES - FUNDR	14,335			14,335
PROFESSIONAL SERVICES	-23,888	-23,888		
PROFESSIONAL SERVICES:5110.B	1,543	1,543		
PROFESSIONAL SERVICES:5110.D	21,534	21,534		
PROFESSIONAL SERVICES:5110.E	4,930	4,930		
PROF SERVICES: 5110.H - DONOR	6,814	6,814		
PROFESSIONAL SERVICES: PAYROL	6,815	6,815		
PROFESSIONAL SERVICES: SCHOLO	5,000	5,000		
RECRUITING COSTS	209	209		
TOTAL	<u>\$ 46,845</u>	<u>\$ 22,957</u>	<u>\$ 9,553</u>	<u>\$ 14,335</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
VEHICLE EXPENSE	\$ 4,682	\$ 4,682	\$	\$
LEASED EQ. - FUNDRAISING	2,805			2,805
BAD DEBT	2,453	2,453		
LEASED EQUIPMENT	1,401	1,401		
LEASED EQ. - MGT	467		467	
LICENSE & PERMIT	404	404		
MISCELLANEOUS EXPENSE	-910		-910	
TOTAL	<u>\$ 11,302</u>	<u>\$ 8,940</u>	<u>\$ -443</u>	<u>\$ 2,805</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
CONTRIBUTIONS - BOARD RESERVED	\$ 854,174
GIFTS:4010 · UNSOLICITED GIFTS	94,644
GIFTS:4011 · DONATION CANS	10,513
GIFTS:4012 · ON-LINE GIVING	21,208
GIFTS:4014 · PLANNED GIVING:4140 · B	95,749
GIFTS:4014 · PLANNED GIVING:4143 · E	118,531
GIFTS:4024 · SOLICITED GIFTS	171,655
GIFTS:4025 · APPEALS:4025.A · ANNUAL	60,329
GIFTS:4025 · APPEALS:4041 · SPECIAL	41,965
GRANTS:4130.A · GRANTS - UNRESTRICTE	24,305
NAMING OPPORTUNITIES	6,148
MEMORIALS/HONOR DONATIONS	29,066
5310 .C - PLOWING (IN KIND)	7,760
5310.K - HVAC (IN KIND)	387
TOTAL	<u>\$ 1,536,434</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
C&S WHOLESALE GROCERS, INC.	\$	\$
LINDA GUINANE	37,000	
ROBERT A. EADES REVOCABLE TRUST OF 2	146,385	51,369
VAL STARBUCK	90,000	
SUE FLESSA		
ASHOK BAHL	80,248	
WESLEY WRATCHFORD		
EPPES-JEFFERSON FOUNDATION	20,000	
AMY BODWELL	25,000	
THE MARION AUSTIN REVOCABLE TRUST		
ALBERT V. HILTON TRUST	70,000	
EMILY MORAN IRREVOCABLE TRUST	561,026	466,010
ANONYMOUS	223,750	128,734
STEPHEN H. MILLARD JR. REV LIVING TR	33,200	
THE ESTATE OF JEANNE T. COOK	50,000	
TOTAL	\$ <u>1,336,609</u>	\$ <u>646,113</u>

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 2,211
DIVIDENDS INCOME	35,521
TOTAL	<u>\$ 37,732</u>

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS INCOME	\$ 1,816
HAIRBALL	98,433
OTHER	25,435
WALK FOR ANIMALS	39,248
RENTAL INCOME	10,024
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 173,956</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
CLINICS:4116 · RABIES/MICROCH	\$ 30
CLINICS:4255 · SPAY/NEUTER CL	39,247
TOWN BILLS	4,125
ADOPTIONS FEES:4420.A · DOG	-1,768
ADOPTIONS FEES:4420.B · ADOPT	91,262
ADOPTIONS FEES:4420.C · ADOPT	54,625
ADOPTIONS FEES:4420.D · ADOPT	5,658
ADOPTIONS FEES:4420.E · ADOPT	-300
ADOPTIONS FEES:4420.F · LOST	730
SURRENDER DONATIONS	9,015
STRAY/RECLAIM FEES	6,138
AFTER CARE INCOME	2,135
RALLY/CDSP TRIALS/AGILITY	7,141
TRAINING CLASSES	91,156
CONSULTATIONS/PRIVATE LESSONS	15,020

Federal Statements**Schedule A, Part II, Line 12 - Current year (continued)**

<u>Description</u>	<u>Amount</u>
BOARDING FEES:4620.A · DOG BO	\$ 58,936
BOARDING FEES:4620.B · CAT BO	11,260
BOARDING FEES:4620.C · OTHER	535
BOARDING FEES:4620.D · DAY BO	80
DOG DAY CARE	136,013
DOG DAY CARE:4621.A · DAYCARE	-18,805
DOG DARE CARE: 4621.B - PUPPY	9,788
GROOMING SERVICES	10,556
RETAIL STORE	13,580
TOTAL	\$ <u>546,157</u>

Federal Statements**Cash - EOY**

<u>Description</u>	<u>Amount</u>
MASCOMA SAVINGS BANK	\$ 380,335
PETTY CASH - OFFICE	200
TOTAL	<u>\$ 380,535</u>

Savings - EOY

<u>Description</u>	<u>Amount</u>
EDWARD JONES - MONEY MARKET	\$ 749,128
TOTAL	<u>\$ 749,128</u>