

**Lynn C Rust CPA PC  
217R Old Homestead Hwy  
Swanzey, NH 03446-2121  
603-358-6565**

November 13, 2017

**CONFIDENTIAL**

Monadnock Humane Society, Inc.  
101 West Swanzey Road  
Swanzey, NH 03446

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

None is required. Your Form 990 for the year ended 6/30/17 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Lynn C Rust CPA PC  
217R Old Homestead Hwy  
Swanzey, NH 03446-2121

If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

**Form NHCT-2A**

The copy of the Federal Form 990 needs to be signed and dated in the presence of a public notary. The Financial Report Certificate must be notarized, verifying the signature on the tax return. Enclose a check for \$75 made payable to State of NH.

Mail to: The Attorney General  
Department of Justice  
33 Capital Street  
Concord, NH 03301-6397

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that

you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Lynn C Rust CPA PC

**Lynn C Rust CPA PC**  
**217R Old Homestead Hwy**  
**Swanzey, NH 03446-2121**  
**603-358-6565**

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Monadnock Humane Society, Inc.  
101 West Swanzey Road  
Swanzey, NH 03446

For professional services rendered in connection with the preparation of the following tax forms for year ending 6/30/17.

Form 8879-EO (IRS efile PIN Authorization)	
Two Year Report (Form 990)	
Form 990 (Exempt Organization Tax Return)	
Schedule A (Public Charity Status/Support)	
Schedule B (Schedule of Contributors)	
Schedule B, Part I (Contributors - Cash & Noncash)	
Schedule D (Financial Statements)	
Schedule G, Parts I, II & III (Fundraising/Gaming Activities)	
Schedule O (Supplemental Information)	
Form 4562 (Depreciation and Amortization)	
Schedule G Worksheet	
Historical Projection Worksheet (Form 990)	
Historical Projection Worksheet (Form 990-T)	
990 Return Summary	
Tax Return .....	5,000.00
Audited Financial Statements .....	<u>5,000.00</u>
Amount due	<u>\$ 10,000.00</u>

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 20 17

# 2016

Department of the Treasury  
Internal Revenue Service

**u Do not send to the IRS. Keep for your records.**  
**u Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

**MONADNOCK HUMANE SOCIETY, INC.**

Employer identification number

**\*\* - \*\*\*5610**

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 1 line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<u>1,253,299</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

#### 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 2016 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 2016 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 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 11/13/17

#### 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.

\*\*\*\*\*

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } 11/13/17

**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** (2016)

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2015 &amp; 2016</b>
For calendar year 2016, or tax year beginning <b>07/01/16</b> , ending <b>06/30/17</b>		

Name **MONADNOCK HUMANE SOCIETY, INC.** Taxpayer Identification Number **\*\* - \*\*\*5610**

		2015	2016	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	365,290	546,694	181,404
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	467,967	509,310	41,343
	5. Investment income	37,888	20,426	-17,462
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	140	21,260	21,120
	8. Net income or (loss) from fundraising events	83,267	133,292	50,025
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	1,413	7,209	5,796
	11. Other revenue	10,697	15,108	4,411
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>966,662</b>	<b>1,253,299</b>	<b>286,637</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		30,356	30,356
	16. Salaries, other compensation, and employee benefits	915,595	727,373	-188,222
	17. Professional fundraising fees			
	18. Other professional fees	47,611	53,215	5,604
	19. Occupancy, rent, utilities, and maintenance		65,753	65,753
	20. Depreciation and Depletion	110,973	117,050	6,077
	21. Other expenses	298,415	218,937	-79,478
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>1,372,594</b>	<b>1,212,684</b>	<b>-159,910</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-405,932</b>	<b>40,615</b>	<b>446,547</b>
<b>Other Information</b>	24. Total exempt revenue	966,662	1,253,299	286,637
	25. Total unrelated revenue	708		-708
	26. Total excludable revenue	574,063	706,605	132,542
	27. Total assets	2,725,963	2,763,445	37,482
	28. Total liabilities	126,670	51,936	-74,734
	29. Retained earnings	2,599,293	2,711,509	112,216
	30. Number of voting members of governing body	17	16	
	31. Number of independent voting members of governing body	17	16	
	32. Number of employees	37	44	
	33. Number of volunteers			

Form **990**

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17**

**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): **101 WEST SWANZEY ROAD**  
 City or town, state or province, country, and ZIP or foreign postal code: **SWANZEY NH 03446**

**D** Employer identification number: **\*\* - \*\*\* 5610**

**E** Telephone number: **603-352-0035**

**F** Name and address of principal officer: **CHRISTOPHER BOWEN**

**G** Gross receipts \$: **1,297,977**

**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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF MONADNOCK HUMANE SOCIETY IS TO FOSTER A COMPASSIONATE COMMUNITY BY PROMOTING AND PROVIDING FOR THE WELL-BEING OF ANIMALS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>44</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>365,290</b>	Current Year <b>546,694</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>467,967</b>	<b>509,310</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>38,028</b>	<b>41,686</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>95,377</b>	<b>155,609</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>966,662</b>	<b>1,253,299</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>915,595</b>	<b>757,729</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u 161,840</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>456,999</b>	<b>454,955</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,372,594</b>	<b>1,212,684</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-405,932</b>	<b>40,615</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>2,725,963</b>	End of Year <b>2,763,445</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>126,670</b>	<b>51,936</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,599,293</b>	<b>2,711,509</b>

**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: \_\_\_\_\_ Date: **11/13/17**  
 Check  if self-employed PTIN: **\*\*\*\*\***

Firm's name: **LYNN C RUST CPA PC** Firm's EIN: **\*\* - \*\*\* 6947**  
 Firm's address: **217R OLD HOMESTEAD HWY SWANZEY, NH 03446-2121** Phone no.: **603-358-6565**

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**THE MISSION OF MONADNOCK HUMANE SOCIETY IS TO FOSTER A COMPASSIONATE COMMUNITY BY PROMOTING AND PROVIDING FOR THE WELL-BEING OF ANIMALS.**

**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 \$ **943,946** including grants of \$ ) (Revenue \$ **509,310** )

**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, AND PET BEHAVIOR COUNSELING.**

CLIENT COPY

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

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

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

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

**4e** Total program service expenses **u 943,946**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X



**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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>		<b>X</b>
<b>22</b>	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>		<b>X</b>
<b>23</b>	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>		<b>X</b>
<b>24a</b>	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>		<b>X</b>
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>25b</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>		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b>	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):		
<b>28a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	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>		<b>X</b>
<b>33</b>	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>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>35b</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>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	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>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**D'ALESSIO AND ASSOCIATES, INC.      543 WEST STREET  
KEENE**

**NH 03431**

**603-352-1000**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PEGGY BEDORE	1.00									
TRUSTEE	0.00	X					0	0	0	
(2) BOB SUTHERLAND	1.00									
TRUSTEE	0.00	X					0	0	0	
(3) BOB SCHAUMANN	1.00									
TRUSTEE	0.00	X					0	0	0	
(4) CARLA FOLKERT	1.00									
LIFETIME VP	0.00	X					0	0	0	
(5) LINDA GUINANE	1.00									
LIFETIME VP	0.00	X					0	0	0	
(6) MIKE FAULKNER	1.00									
TRUSTEE	0.00	X		X			0	0	0	
(7) ELANA BARON	1.00									
TRUSTEE	0.00	X					0	0	0	
(8) MARJORIE DROPPA	1.00									
TRUSTEE	0.00	X					0	0	0	
(9) DR. MARY HOFFHEIMER	1.00									
TRUSTEE	0.00	X					0	0	0	
(10) TIMOTHY JORDON	1.00									
TRUSTEE	0.00	X					0	0	0	
(11) WESLEY WRATCHFORD	1.00									
TRUSTEE	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KATHY COLLINSWORTH</b>	40.00									
<b>EXECUTIVE DIRECTOR</b>	0.00			X			28,800	0	1,556	
(13) <b>CHRISTOPHER BOWEN</b>	1.00									
<b>TREASURER</b>	0.00			X			0	0	0	
(14) <b>VALERIE STARBUCK</b>	1.00									
<b>VICE-CHAIR</b>	0.00			X			0	0	0	
(15) <b>JENNIFER THOMPSON</b>	1.00									
<b>CHAIR</b>	0.00			X			0	0	0	
(16) <b>KRISTEN TROMBLY</b>	1.00									
<b>GOVERNANCE CHAIR</b>	0.00			X			0	0	0	
(17) <b>MARY DZIEDZINSKI</b>	1.00									
<b>SECRETARY</b>	0.00			X			0	0	0	
<b>1b Sub-total</b>							<b>28,800</b>		<b>1,556</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>28,800</b>		<b>1,556</b>	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> <b>546,694</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	<b>11,923</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u 546,694</b>				
<b>Program Service Revenue</b>	<b>2a</b> <b>PROGRAMS</b>	<b>327,567</b>	<b>327,567</b>			
	<b>b</b> <b>BOARDING</b>	<b>181,743</b>	<b>181,743</b>			
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u 509,310</b>				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u 20,426</b>			<b>20,426</b>
<b>4</b> Income from investment of tax-exempt bond proceeds		<b>u</b>				
<b>5</b> Royalties		<b>u</b>				
<b>6a</b> Gross rents		(i) Real	<b>9,484</b>			
		(ii) Personal				
<b>b</b> Less: rental exps.						
<b>c</b> Rental inc. or (loss)		<b>9,484</b>				
<b>d</b> Net rental income or (loss)		<b>u 9,484</b>	<b>9,484</b>	<b>9,484</b>		
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other	<b>21,260</b>			
<b>b</b> Less: cost or other basis & sales exps.						
<b>c</b> Gain or (loss)		<b>21,260</b>				
<b>d</b> Net gain or (loss)		<b>u 21,260</b>	<b>21,260</b>	<b>21,260</b>		
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>	<b>162,422</b>			
		<b>b</b> Less: direct expenses	<b>29,130</b>			
	<b>c</b> Net income or (loss) from fundraising events	<b>u 133,292</b>	<b>133,292</b>		<b>133,292</b>	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	<b>22,757</b>				
	<b>b</b> Less: cost of goods sold	<b>15,548</b>				
	<b>c</b> Net income or (loss) from sales of inventory	<b>u 7,209</b>	<b>7,209</b>	<b>7,209</b>		
<b>11a</b> <b>MISCELLANEOUS REVENUE</b>	Miscellaneous Revenue	<b>5,624</b>	<b>5,624</b>			
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u 5,624</b>	<b>5,624</b>			
<b>12 Total revenue.</b> See instructions.	<b>u 1,253,299</b>	<b>552,887</b>	<b>0</b>	<b>153,718</b>		

**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	30,356	21,735	3,643	4,978
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	631,186	451,929	75,742	103,515
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	39,843	28,527	4,782	6,534
10 Payroll taxes	56,344	40,342	6,762	9,240
11 Fees for services (non-employees):				
a Management	1,256	1,256		
b Legal	675	675		
c Accounting	14,975	14,975		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	36,309	21,531	5,907	8,871
12 Advertising and promotion	7,578	5,426	909	1,243
13 Office expenses	15,979	8,518	1,598	5,863
14 Information technology				
15 Royalties				
16 Occupancy	65,753	62,913	1,420	1,420
17 Travel	4,714	4,714		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	126			126
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	117,050	111,993	2,529	2,528
23 Insurance	15,027	14,378	324	325
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM SUPPLIES AND EXP</b>	61,777	61,777		
b <b>REPAIRS AND MAINTENANCE</b>	41,812	40,006	903	903
c <b>VETERINARY CARE</b>	38,418	38,418		
d <b>PROFESSIONAL DEVELOPMENT</b>	11,523	11,523		
e All other expenses	21,983	3,310	2,379	16,294
25 Total functional expenses. Add lines 1 through 24e	1,212,684	943,946	106,898	161,840
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
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>43,823</b>	<b>1</b>	<b>106,034</b>
	<b>2</b> Savings and temporary cash investments	<b>246,220</b>	<b>2</b>	<b>146,455</b>
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>85</b>	<b>4</b>	<b>14,313</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>6,425</b>	<b>8</b>	<b>2,667</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>1,580</b>	<b>9</b>	<b>26,224</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>3,648,982</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>2,353,290</b>	<b>1,368,536</b>	<b>10c</b> <b>1,295,692</b>
	<b>11</b> Investments—publicly traded securities	<b>1,059,294</b>	<b>11</b>	<b>1,172,060</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>2,725,963</b>	<b>16</b>	<b>2,763,445</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>121,898</b>	<b>17</b>	<b>49,286</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	<b>2,650</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>4,772</b>	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>126,670</b>	<b>26</b>	<b>51,936</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>2,450,573</b>	<b>27</b>	<b>2,546,129</b>
	<b>28</b> Temporarily restricted net assets	<b>27,181</b>	<b>28</b>	<b>41,543</b>
	<b>29</b> Permanently restricted net assets	<b>121,539</b>	<b>29</b>	<b>123,837</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>2,599,293</b>	<b>33</b>	<b>2,711,509</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>2,725,963</b>	<b>34</b>	<b>2,763,445</b>	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,253,299</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,212,684</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>40,615</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>2,599,293</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>71,601</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>2,711,509</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MONADNOCK HUMANE SOCIETY, INC.**

Employer identification number

**\*\*-\*\*\*5610**

**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)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	216,721	857,786	198,522	356,800	546,694	2,176,523
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	216,721	857,786	198,522	356,800	546,694	2,176,523
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						2,176,523

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4	216,721	857,786	198,522	356,800	546,694	2,176,523
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,231	44,461	27,059	20,926	20,426	157,103
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	119,833	147,448	160,065	84,445	132,292	644,083
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						2,977,709

**12** Gross receipts from related activities, etc. (see instructions) 12 4,519,136

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	73.09 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14	15	74.20 %

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2016.** 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—2015.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> 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.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>2a</b>		
<b>b</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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>3a</b>		
<b>b</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.		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 .....			
<b>d</b> From 2014 .....			
<b>e</b> From 2015 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 .....			
<b>c</b> Excess from 2014 .....			
<b>d</b> Excess from 2015 .....			
<b>e</b> Excess from 2016 .....			



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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**

**u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Name of the organization**

**Employer identification number**

**MONADNOCK HUMANE SOCIETY, INC.**

**\*\* - \*\*\*5610**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

\*\*-\*\*\*5610

**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	\$ 17,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT A. EADES REVOCABLE TRUST OF 2 PO BOX 272 KEENE NH 03431	\$ 153,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JONATHON STARBUCK PO BOX 147 SPOFFORD NH 03462	\$ 14,335	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SUE FLESSA PO BOX 1857 KEENE NH 03431	\$ 19,256	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MARJORIE CARTER PO BOX 416 DUBLIN NH 03444	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	VIRGINIA PAINE ESTATE PO BOX 473 KEENE NH 03431	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

\*\* - \*\*\*5610

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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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

**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
<b>1a</b> Beginning of year balance .....			<b>110,362</b>	<b>97,255</b>	<b>92,801</b>
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....			<b>11,605</b>	<b>13,107</b>	<b>4,454</b>
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
  - b** Permanent endowment **u** %
  - c** Temporarily restricted endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**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
<b>1a</b> Land .....		<b>95,632</b>		<b>95,632</b>
<b>b</b> Buildings .....		<b>2,955,069</b>	<b>1,842,001</b>	<b>1,113,068</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **1,208,700**

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>1,369,578</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>71,601</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>44,678</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>116,279</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>1,253,299</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>1,253,299</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>1,257,362</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>44,678</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>44,678</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>1,212,684</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>1,212,684</b>

**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** \$ **29,130**

**INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES** \$ **15,548**

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

**FUNDRAISING EXPENSES NETTED AGAINST INCOME** \$ **29,130**

**INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES** \$ **15,548**

**Part XIII** Supplemental Information *(continued)*

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2016**

Department of the Treasury  
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

⚡ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**MONADNOCK HUMANE SOCIETY, INC.**

Employer identification number

**\*\* - \*\*\*5610**

**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							
<b>Total</b>							

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

.....

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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	
		<u>HAIRBALL</u> (event type)	<u>WALK FOR ANIMAL</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	74,090	63,527	24,805	162,422
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	74,090	63,527	24,805	162,422
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	15,917	5,959	7,254	29,130
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					133,292

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



**SCHEDULE 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 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

**MONADNOCK HUMANE SOCIETY, INC.**

Employer identification number

**\*\* - \*\*\*5610**

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

**THE ORGANIZATION HAS MEMBERS.**

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

**MEMBERS ELECT THE GOVERNING BOARD AT THE ANNUAL MEETING.**

**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 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**

<b>FUNDRAISING EXPENSES NETTED AGAINST INCOME</b>	<b>\$</b>	<b>29,130</b>
<b>INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES</b>	<b>\$</b>	<b>15,548</b>
<b>FUNDRAISING EXPENSES NETTED AGAINST INCOME</b>	<b>\$</b>	<b>-29,130</b>
<b>INVENTORY PURCHASES NETTED AGAINST INVENTORY SALES</b>	<b>\$</b>	<b>-15,548</b>

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

# Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

# 2016

Attachment Sequence No. **179**

**MONADNOCK HUMANE SOCIETY, INC.**

Identifying number  
**\*\*-\*\*\*5610**

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	500,000
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	2,010,000
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 2015 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 2017. 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	117,057

### 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 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

#### Section B—Assets Placed in Service During 2016 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 2016 Tax Year Using the Alternative Depreciation System

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

### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	117,057
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** (2016)

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**Federal Asset Report**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
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>
<b>Other Depreciation:</b>									
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	3,048	310
4	Dandy Flooring	10/01/07	8,640			8,640	20 MO S/L	3,780	432
5	400 Ft of Paving	5/01/08	8,700			8,700	15 MO S/L	4,688	580
6	HVAC System Upgrade	12/01/08	28,710			28,710	15 MO S/L	14,515	1,914
7	Door (for clinic)	1/01/09	632			632	15 MO S/L	312	42
8	HVAC (system repairs)	6/01/09	6,628			6,628	15 MO S/L	3,206	442
9	Boarding & Training Sign	5/01/10	1,010			1,010	10 MO S/L	623	101
10	Metal dutch door	10/01/10	930			930	15 MO S/L	357	62
11	Paint for homeroom doors	12/01/10	336			336	15 MO S/L	124	22
12	Fencing (Kennel area)	12/01/10	5,450			5,450	15 MO S/L	2,028	363
13	Homeroom Doors (8)	3/01/11	6,900			6,900	15 MO S/L	2,453	460
14	Homeroom Door	6/01/11	271			271	15 MO S/L	99	18
15	Homeroom Doors (3)	11/01/12	1,077			1,077	25 MO S/L	168	43
16	Fencing (B&D play yard)	6/15/16	4,940			4,940	15 MO S/L	54	329
39	CISCO Network Switch	11/01/11	992			992	5 MO S/L	908	84
40	Server (HP ProLiant ML350)	4/01/14	10,823			10,823	5 MO S/L	3,249	2,165
41	Desktops (3)	3/01/14	5,142			5,142	5 MO S/L	1,714	1,028
42	HP ProBook 450	3/01/14	820			820	5 MO S/L	165	164
43	HP Elite 800	6/01/15	1,564			1,564	5 MO S/L	339	313
44	HVAC Motherboard	10/30/15	6,550			6,550	5 MO S/L	255	1,310
45	HVAC Compressor	11/09/15	3,250			3,250	5 MO S/L	144	650
46	HVAC Assembly	4/07/16	1,586			1,586	5 MO S/L	26	317
47	Washer & Dryer	3/07/16	3,090			3,090	5 MO S/L	103	618
48	Carport Shelter	6/30/16	3,571			3,571	20 MO S/L	0	179
49	Computer (finance)	5/31/16	1,478			1,478	5 MO S/L	49	296
50	Firewall	12/16/15	2,200			2,200	3 MO S/L	257	733
57	Concrete Frame	6/01/00	1,586,993			1,586,993	40 MO S/L	634,799	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	126,976	7,936
61	Flooring - Ceramic	6/01/00	215,986			215,986	20 MO S/L	172,785	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	384,832	24,052
64	Electrical	4/01/01	164,216			164,216	20 MO S/L	131,375	8,211
65	Building Improvements	4/01/01	5,635			5,635	40 MO S/L	2,138	141
66	Building Improvements	5/01/02	29,820			29,820	40 MO S/L	10,506	746
67	Shelter Improvements	12/01/03	17,381			17,381	40 MO S/L	5,437	435
68	Roof	5/01/04	2,500			2,500	15 MO S/L	2,031	167
69	MMA Flooring	1/01/07	19,995			19,995	20 MO S/L	9,500	1,000
70	MCA Flooring	3/01/07	8,880			8,880	20 MO S/L	4,107	444
71	Water heating pump	6/01/08	385			385	10 MO S/L	312	39
72	Feline Spay Packs	6/01/08	1,875			1,875	10 MO S/L	1,504	188
73	Canine Spay Packs	6/01/08	1,300			1,300	10 MO S/L	1,040	130
74	Deluxe Dental Kit	6/01/08	220			220	10 MO S/L	176	22
75	Mayo Instrument Stand	6/01/08	293			293	10 MO S/L	232	29

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**Federal Asset Report**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
76	Mobile Treatment Cabinets (2)	6/01/08	2,489				2,489	10 MO S/L	1,992	249
77	Dental Scaler/Polisher	6/01/08	1,100				1,100	10 MO S/L	880	110
79	Medi-Lite Ceiling Mount	6/01/08	875				875	10 MO S/L	704	88
80	Medi-Lite Floor Model	6/01/08	939				939	10 MO S/L	752	94
81	VME Tabletop Anesthesia (2)	6/01/08	3,589				3,589	10 MO S/L	2,872	359
82	Hydraulic Pump Surgical Table	6/01/08	1,725				1,725	10 MO S/L	1,384	173
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555				1,555	10 MO S/L	1,248	156
84	Pulse Oximeter w/ SAC	6/01/08	1,177				1,177	10 MO S/L	944	118
85	Kennels for Vet Clinic	7/01/08	4,333				4,333	10 MO S/L	3,428	433
86	ISO Vaporizer	9/01/08	1,912				1,912	10 MO S/L	1,496	191
87	ultrasonic Cleaner & Basket	9/01/05	449				449	10 MO S/L	352	45
88	Dental Equipment	5/01/10	3,995				3,995	10 MO S/L	2,467	400
89	Centrifuge Swing Out	5/01/10	836				836	10 MO S/L	518	84
90	Narcotics Cabinet	7/01/10	590				590	10 MO S/L	354	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808				1,808	10 MO S/L	1,056	181
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561				4,561	10 MO S/L	744	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	2,479	134
95	Printers	1/01/04	3,401				3,401	5 MO S/L	3,401	0
96	Biologhts - Cat Area	3/01/04	1,200				1,200	7 MO S/L	1,200	0
97	2008 Ford E-150 Van	11/01/08	12,678				12,678	5 MO S/L	12,678	0
98	HVAC System	8/01/09	4,620				4,620	15 MO S/L	2,130	308
99	Hand Jack	9/01/09	388				388	7 MO S/L	372	16
100	Caat Condos for Boarding	12/01/09	7,087				7,087	10 MO S/L	4,667	709
101	Top Dog Flooring & Adhesive	2/01/10	2,530				2,530	15 MO S/L	1,084	169
102	Kennels (for Boarding)	3/01/10	3,129				3,129	10 MO S/L	1,976	313
103	Gates & Fencing (for Daycare)	6/01/10	6,759				6,759	15 MO S/L	2,706	451
104	Washer/Dryer	4/01/10	1,020				1,020	10 MO S/L	629	102
105	Cat Cotillion Floor	1/01/16	1,774				1,774	20 MO S/L	44	89
106	B&D Training Package	5/01/16	1,795				1,795	5 MO S/L	60	359
107	HVAC system repairs	12/01/09	2,250				2,250	15 MO S/L	988	150
108	Auto Scrubber	12/01/09	3,400				3,400	10 MO S/L	2,210	340
109	Filtration Tank: Washing Machine	1/01/10	545				545	10 MO S/L	353	55
110	Magicaire 4.0 Belt Driver	3/01/10	1,123				1,123	10 MO S/L	709	112
111	Washer & Dryer	2/01/10	12,450				12,450	10 MO S/L	7,989	1,245
112	8 Tokyo Cages	8/01/10	926				926	10 MO S/L	549	93
113	Whirlpool Refrigerator	5/01/11	510				510	10 MO S/L	264	51
114	HVAs unit for computer room	7/01/11	4,950				4,950	15 MO S/L	1,623	330
115	Cannon Copier (adoption desk)	5/01/12	1,295				1,295	10 MO S/L	530	130
116	Other Equipment	6/01/00	6,064				6,064	10 MO S/L	6,064	0
117	Outside Lighting	11/01/15	2,875				2,875	15 MO S/L	128	192
118	Paving	5/31/17	14,556				14,556	15 MO S/L	0	81
119	Septic System	9/30/16	20,197				20,197	15 MO S/L	0	1,010
120	Electrical Upgrades	6/30/17	1,850				1,850	15 MO S/L	0	0
121	HVAC Fan	7/22/16	2,884				2,884	15 MO S/L	0	176
122	Water Pumps	9/02/16	2,419				2,419	10 MO S/L	0	202
123	Capnograph	4/18/17	2,300				2,300	7 MO S/L	0	55
<b>Total Other Depreciation</b>			<b>3,345,903</b>				<b>3,345,903</b>		<b>1,933,162</b>	<b>117,057</b>
<b>Total ACRS and Other Depreciation</b>			<b>3,345,903</b>				<b>3,345,903</b>		<b>1,933,162</b>	<b>117,057</b>
<b>Grand Totals</b>			<b>3,648,982</b>				<b>3,642,370</b>		<b>2,236,241</b>	<b>117,057</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>				<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>				<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>3,648,982</b>				<b>3,642,370</b>		<b>2,236,241</b>	<b>117,057</b>

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**NH Asset Report**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
<b>Prior MACRS:</b>								
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	3,048	310	310	0
4	Dandy Flooring	10/01/07	8,640	8,640	3,780	432	432	0
5	400 Ft of Paving	5/01/08	8,700	8,700	4,688	580	580	0
6	HVAC System Upgrade	12/01/08	28,710	28,710	14,515	1,914	1,914	0
7	Door (for clinic)	1/01/09	632	632	312	42	42	0
8	HVAC (system repairs)	6/01/09	6,628	6,628	3,206	442	442	0
9	Boarding & Training Sign	5/01/10	1,010	1,010	623	101	101	0
10	Metal dutch door	10/01/10	930	930	357	62	62	0
11	Paint for homeroom doors	12/01/10	336	336	124	22	22	0
12	Fencing (Kennel area)	12/01/10	5,450	5,450	2,028	363	363	0
13	Homeroom Doors (8)	3/01/11	6,900	6,900	2,453	460	460	0
14	Homeroom Door	6/01/11	271	271	99	18	18	0
15	Homeroom Doors (3)	11/01/12	1,077	1,077	168	43	43	0
16	Fencing (B&D play yard)	6/15/16	4,940	4,940	54	329	329	0
39	CISCO Network Switch	11/01/11	992	992	908	84	84	0
40	Server (HP ProLiant ML350)	4/01/14	10,823	10,823	3,249	2,165	2,165	0
41	Desktops (3)	3/01/14	5,142	5,142	1,714	1,028	1,028	0
42	HP ProBook 450	3/01/14	820	820	165	164	164	0
43	HP Elite 800	6/01/15	1,564	1,564	339	313	313	0
44	HVAC Motherboard	10/30/15	6,550	6,550	255	1,310	1,310	0
45	HVAC Compressor	11/09/15	3,250	3,250	144	650	650	0
46	HVAC Assembly	4/07/16	1,586	1,586	26	317	317	0
47	Washer & Dryer	3/07/16	3,090	3,090	103	618	618	0
48	Carport Shelter	6/30/16	3,571	3,571	0	179	179	0
49	Computer (finance)	5/31/16	1,478	1,478	49	296	296	0
50	Firewall	12/16/15	2,200	2,200	257	733	733	0
57	Concrete Frame	6/01/00	1,586,993	1,586,993	634,799	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	126,976	7,936	7,936	0
61	Flooring - Ceramic	6/01/00	215,986	215,986	172,785	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	384,832	24,052	24,052	0
64	Electrical	4/01/01	164,216	164,216	131,375	8,211	8,211	0
65	Building Improvements	4/01/01	5,635	5,635	2,138	141	141	0
66	Building Improvements	5/01/02	29,820	29,820	10,506	746	746	0
67	Shelter Improvements	12/01/03	17,381	17,381	5,437	435	435	0
68	Roof	5/01/04	2,500	2,500	2,031	167	167	0
69	MMA Flooring	1/01/07	19,995	19,995	9,500	1,000	1,000	0
70	MCA Flooring	3/01/07	8,880	8,880	4,107	444	444	0
71	Water heating pump	6/01/08	385	385	312	39	39	0
72	Feline Spay Packs	6/01/08	1,875	1,875	1,504	188	188	0
73	Canine Spay Packs	6/01/08	1,300	1,300	1,040	130	130	0
74	Deluxe Dental Kit	6/01/08	220	220	176	22	22	0
75	Mayo Instrument Stand	6/01/08	293	293	232	29	29	0



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## NH Asset Report

FYE: 6/30/2017

## 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	1,992	249	249	0
77	Dental Scaler/Polisher	6/01/08	1,100	1,100	880	110	110	0
79	Medi-Lite Ceiling Mount	6/01/08	875	875	704	88	88	0
80	Medi-Lite Floor Model	6/01/08	939	939	752	94	94	0
81	VME Tabletop Anesthesia (2)	6/01/08	3,589	3,589	2,872	359	359	0
82	Hydraulic Pump Surgical Table	6/01/08	1,725	1,725	1,384	173	173	0
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555	1,555	1,248	156	156	0
84	Pulse Oximeter w/ SAC	6/01/08	1,177	1,177	944	118	118	0
85	Kennels for Vet Clinic	7/01/08	4,333	4,333	3,428	433	433	0
86	ISO Vaporizer	9/01/08	1,912	1,912	1,496	191	191	0
87	ultrasonic Cleaner & Basket	9/01/05	449	449	352	45	45	0
88	Dental Equipment	5/01/10	3,995	3,995	2,467	400	400	0
89	Centrifuge Swing Out	5/01/10	836	836	518	84	84	0
90	Narcotics Cabinet	7/01/10	590	590	354	59	59	0
91	Vital Signs Monitor (capnography)	9/01/10	1,808	1,808	1,056	181	181	0
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	4,561	744	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	2,479	134	134	0
95	Printers	1/01/04	3,401	3,401	3,401	0	0	0
96	Biologhts - Cat Area	3/01/04	1,200	1,200	1,200	0	0	0
97	2008 Ford E-150 Van	11/01/08	12,678	12,678	12,678	0	0	0
98	HVAC System	8/01/09	4,620	4,620	2,130	308	308	0
99	Hand Jack	9/01/09	388	388	372	16	16	0
100	Caat Condos for Boarding	12/01/09	7,087	7,087	4,667	709	709	0
101	Top Dog Flooring & Adhesive	2/01/10	2,530	2,530	1,084	169	169	0
102	Kennels (for Boarding)	3/01/10	3,129	3,129	1,976	313	313	0
103	Gates & Fencing (for Daycare)	6/01/10	6,759	6,759	2,706	451	451	0
104	Washer/Dryer	4/01/10	1,020	1,020	629	102	102	0
105	Cat Cotillion Floor	1/01/16	1,774	1,774	44	89	89	0
106	B&D Training Package	5/01/16	1,795	1,795	60	359	359	0
107	HVAC system repairs	12/01/09	2,250	2,250	988	150	150	0
108	Auto Scrubber	12/01/09	3,400	3,400	2,210	340	340	0
109	Filtration Tank: Washing Machine	1/01/10	545	545	353	55	55	0
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	1,123	709	112	112	0
111	Washer & Dryer	2/01/10	12,450	12,450	7,989	1,245	1,245	0
112	8 Tokyo Cages	8/01/10	926	926	549	93	93	0
113	Whirlpool Refrigerator	5/01/11	510	510	264	51	51	0
114	HVAs unit for computer room	7/01/11	4,950	4,950	1,623	330	330	0
115	Cannon Copier (adoption desk)	5/01/12	1,295	1,295	530	130	130	0
116	Other Equipment	6/01/00	6,064	6,064	6,064	0	0	0
117	Outside Lighting	11/01/15	2,875	2,875	0	192	192	0
118	Paving	5/31/17	14,556	14,556	0	81	81	0
119	Septic System	9/30/16	20,197	20,197	0	1,010	1,010	0
120	Electrical Upgrades	6/30/17	1,850	1,850	0	0	0	0
121	HVAC Fan	7/22/16	2,884	2,884	0	176	176	0
122	Water Pumps	9/02/16	2,419	2,419	0	202	202	0
123	Capnograph	4/18/17	2,300	2,300	0	55	55	0
<b>Total Other Depreciation</b>			<b>3,345,903</b>	<b>3,345,903</b>	<b>1,933,034</b>	<b>117,057</b>	<b>117,057</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>3,345,903</b>	<b>3,345,903</b>	<b>1,933,034</b>	<b>117,057</b>	<b>117,057</b>	<b>0</b>
<b>Grand Totals</b>			<b>3,648,982</b>	<b>3,648,982</b>	<b>2,236,113</b>	<b>117,057</b>	<b>117,057</b>	<b>0</b>
<b>Less: Dispositions</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>3,648,982</b>	<b>3,648,982</b>	<b>2,236,113</b>	<b>117,057</b>	<b>117,057</b>	<b>0</b>

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**AMT Asset Report**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
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	3,048	310
4	Dandy Flooring	10/01/07	8,640			8,640	20 MO S/L	3,780	432
5	400 Ft of Paving	5/01/08	8,700			8,700	15 MO S/L	4,688	580
6	HVAC System Upgrade	12/01/08	28,710			28,710	15 MO S/L	14,515	1,914
7	Door (for clinic)	1/01/09	632			632	15 MO S/L	312	42
8	HVAC (system repairs)	6/01/09	6,628			6,628	15 MO S/L	3,206	442
9	Boarding & Training Sign	5/01/10	1,010			1,010	10 MO S/L	623	101
10	Metal dutch door	10/01/10	930			930	15 MO S/L	357	62
11	Paint for homeroom doors	12/01/10	336			336	15 MO S/L	124	22
12	Fencing (Kennel area)	12/01/10	5,450			5,450	15 MO S/L	2,028	363
13	Homeroom Doors (8)	3/01/11	6,900			6,900	15 MO S/L	2,453	460
14	Homeroom Door	6/01/11	271			271	15 MO S/L	99	18
15	Homeroom Doors (3)	11/01/12	1,077			1,077	25 MO S/L	168	43
16	Fencing (B&D play yard)	6/15/16	4,940			4,940	15 MO S/L	54	329
39	CISCO Network Switch	11/01/11	992			992	5 MO S/L	908	84
40	Server (HP ProLiant ML350)	4/01/14	10,823			10,823	5 MO S/L	3,249	2,165
41	Desktops (3)	3/01/14	5,142			5,142	5 MO S/L	1,714	1,028
42	HP ProBook 450	3/01/14	0			0	0 HY	0	0
43	HP Elite 800	6/01/15	1,564			1,564	5 MO S/L	339	313
44	HVAC Motherboard	10/30/15	6,550			6,550	5 MO S/L	255	1,310
45	HVAC Compressor	11/09/15	3,250			3,250	5 MO S/L	144	650
46	HVAC Assembly	4/07/16	1,586			1,586	5 MO S/L	26	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	49	296
50	Firewall	12/16/15	2,200			2,200	3 MO S/L	257	733
57	Concrete Frame	6/01/00	1,586,993			1,586,993	40 MO S/L	634,799	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	126,976	7,936
61	Flooring - Ceramic	6/01/00	215,986			215,986	20 MO S/L	172,785	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	384,832	24,052
64	Electrical	4/01/01	164,216			164,216	20 MO S/L	131,375	8,211
65	Building Improvements	4/01/01	5,635			5,635	40 MO S/L	2,138	141
66	Building Improvements	5/01/02	29,820			29,820	40 MO S/L	10,506	746
67	Shelter Improvements	12/01/03	17,381			17,381	40 MO S/L	5,437	435
68	Roof	5/01/04	2,500			2,500	15 MO S/L	2,031	167
69	MMA Flooring	1/01/07	19,995			19,995	20 MO S/L	9,500	1,000
70	MCA Flooring	3/01/07	8,880			8,880	20 MO S/L	4,107	444
71	Water heating pump	6/01/08	385			385	10 MO S/L	312	39
72	Feline Spay Packs	6/01/08	1,875			1,875	10 MO S/L	1,504	188
73	Canine Spay Packs	6/01/08	1,300			1,300	10 MO S/L	1,040	130
74	Deluxe Dental Kit	6/01/08	220			220	10 MO S/L	176	22
75	Mayo Instrument Stand	6/01/08	293			293	10 MO S/L	232	29

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**AMT Asset Report**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
76	Mobile Treatment Cabinets (2)	6/01/08	2,489				2,489	10 MO S/L	1,992	249
77	Dental Scaler/Polisher	6/01/08	1,100				1,100	10 MO S/L	880	110
79	Medi-Lite Ceiling Mount	6/01/08	875				875	10 MO S/L	704	88
80	Medi-Lite Floor Model	6/01/08	939				939	10 MO S/L	752	94
81	VME Tabletop Anesthesia (2)	6/01/08	3,589				3,589	10 MO S/L	2,872	359
82	Hydraulic Pump Surgical Table	6/01/08	1,725				1,725	10 MO S/L	1,384	173
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555				1,555	10 MO S/L	1,248	156
84	Pulse Oximeter w/ SAC	6/01/08	1,177				1,177	10 MO S/L	944	118
85	Kennels for Vet Clinic	7/01/08	4,333				4,333	10 MO S/L	3,428	433
86	ISO Vaporizer	9/01/08	1,912				1,912	10 MO S/L	1,496	191
87	ultrasonic Cleaner & Basket	9/01/05	449				449	10 MO S/L	352	45
88	Dental Equipment	5/01/10	3,995				3,995	10 MO S/L	2,467	400
89	Centrifuge Swing Out	5/01/10	836				836	10 MO S/L	518	84
90	Narcotics Cabinet	7/01/10	590				590	10 MO S/L	354	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808				1,808	10 MO S/L	1,056	181
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561				4,561	10 MO S/L	744	456
93	Equipment	1/01/01	0				0	0 HY	0	0
94	Cat Gazebo	10/01/97	0				0	0 HY	0	0
95	Printers	1/01/04	0				0	0 HY	0	0
96	Biologhts - Cat Area	3/01/04	0				0	0 HY	0	0
97	2008 Ford E-150 Van	11/01/08	0				0	0 HY	0	0
98	HVAC System	8/01/09	0				0	0 HY	0	0
99	Hand Jack	9/01/09	0				0	0 HY	0	0
100	Caat Condos for Boarding	12/01/09	0				0	0 HY	0	0
101	Top Dog Flooring & Adhesive	2/01/10	0				0	0 HY	0	0
102	Kennels (for Boarding)	3/01/10	0				0	0 HY	0	0
103	Gates & Fencing (for Daycare)	6/01/10	0				0	0 HY	0	0
104	Washer/Dryer	4/01/10	0				0	0 HY	0	0
105	Cat Cotillion Floor	1/01/16	0				0	0 HY	0	0
106	B&D Training Package	5/01/16	0				0	0 HY	0	0
107	HVAC system repairs	12/01/09	0				0	0 HY	0	0
108	Auto Scrubber	12/01/09	0				0	0 HY	0	0
109	Filtration Tank: Washing Machine	1/01/10	0				0	0 HY	0	0
110	Magicaire 4.0 Belt Driver	3/01/10	0				0	0 HY	0	0
111	Washer & Dryer	2/01/10	0				0	0 HY	0	0
112	8 Tokyo Cages	8/01/10	0				0	0 HY	0	0
113	Whirlpool Refrigerator	5/01/11	0				0	0 HY	0	0
114	HVAs unit for computer room	7/01/11	0				0	0 HY	0	0
115	Cannon Copier (adoption desk)	5/01/12	0				0	0 HY	0	0
116	Other Equipment	6/01/00	0				0	0 HY	0	0
117	Outside Lighting	11/01/15	0				0	0 HY	0	0
118	Paving	5/31/17	0				0	0 HY	0	0
119	Septic System	9/30/16	0				0	0 HY	0	0
120	Electrical Upgrades	6/30/17	0				0	0 HY	0	0
121	HVAC Fan	7/22/16	0				0	0 HY	0	0
122	Water Pumps	9/02/16	0				0	0 HY	0	0
123	Capnograph	4/18/17	0				0	0 HY	0	0
<b>Total Other Depreciation</b>			<u>3,165,963</u>				<u>3,165,963</u>		<u>1,835,258</u>	<u>109,224</u>
<b>Total ACRS and Other Depreciation</b>			<u>3,165,963</u>				<u>3,165,963</u>		<u>1,835,258</u>	<u>109,224</u>
<b>Grand Totals</b>			3,469,042				3,462,430		2,138,337	109,224
<b>Less: Dispositions and Transfers</b>			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>3,469,042</u>				<u>3,462,430</u>		<u>2,138,337</u>	<u>109,224</u>

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### Bonus Depreciation Report

FYE: 6/30/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
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
	<b>Form 990, Page 1</b>		<u>13,222</u>		<u>0</u>	<u>0</u>	<u>6,612</u>	<u>6,610</u>
	<b>Grand Total</b>		<u>13,222</u>		<u>0</u>	<u>0</u>	<u>6,612</u>	<u>6,610</u>

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# Depreciation Adjustment Report

FYE: 6/30/2017

## All Business Activities

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

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**Future Depreciation Report****FYE: 6/30/18**

FYE: 6/30/2017

**Form 990, Page 1**

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

**Other Depreciation:**

1	Land	7/01/99	40,869	0	0
2	land improvements	6/01/00	20,010	0	0
3	Paving Driveway / Road	9/01/06	6,200	310	310
4	Dandy Flooring	10/01/07	8,640	432	432
5	400 Ft of Paving	5/01/08	8,700	580	580
6	HVAC System Upgrade	12/01/08	28,710	1,914	1,914
7	Door (for clinic)	1/01/09	632	42	42
8	HVAC (system repairs)	6/01/09	6,628	442	442
9	Boarding & Training Sign	5/01/10	1,010	101	101
10	Metal dutch door	10/01/10	930	62	62
11	Paint for homeroom doors	12/01/10	336	23	23
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	2,164	2,164
41	Desktops (3)	3/01/14	5,142	1,029	1,029
42	HP ProBook 450	3/01/14	820	164	0
43	HP Elite 800	6/01/15	1,564	312	312
44	HVAC Motherboard	10/30/15	6,550	1,310	1,310
45	HVAC Compressor	11/09/15	3,250	650	650
46	HVAC Assembly	4/07/16	1,586	317	317
47	Washer & Dryer	3/07/16	3,090	618	0
48	Carport Shelter	6/30/16	3,571	178	0
49	Computer (finance)	5/31/16	1,478	295	295
50	Firewall	12/16/15	2,200	734	734
57	Concrete Frame	6/01/00	1,586,993	39,675	39,675
58	Carpentry	6/01/00	28,962	0	0
59	Insulation / Roofing	6/01/00	196,580	0	0
60	Metal Doors & Windows	6/01/00	158,721	7,936	7,936
61	Flooring - Ceramic	6/01/00	215,986	10,800	10,800
62	Painting	6/01/00	38,369	0	0
63	Plumbing	6/01/00	481,031	24,051	24,051
64	Electrical	4/01/01	164,216	8,211	8,211
65	Building Improvements	4/01/01	5,635	141	141
66	Building Improvements	5/01/02	29,820	745	745
67	Shelter Improvements	12/01/03	17,381	434	434
68	Roof	5/01/04	2,500	166	166
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	34	34
72	Feline Spay Packs	6/01/08	1,875	183	183

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**Future Depreciation Report****FYE: 6/30/18**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
73	Canine Spay Packs	6/01/08	1,300	130	130
74	Deluxe Dental Kit	6/01/08	220	22	22
75	Mayo Instrument Stand	6/01/08	293	30	30
76	Mobile Treatment Cabinets (2)	6/01/08	2,489	248	248
77	Dental Scaler/Polisher	6/01/08	1,100	110	110
79	Medi-Lite Ceiling Mount	6/01/08	875	83	83
80	Medi-Lite Floor Model	6/01/08	939	93	93
81	VME Tabletop Anesthesia (2)	6/01/08	3,589	358	358
82	Hydraulic Pump Surgical Table	6/01/08	1,725	168	168
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555	151	151
84	Pulse Oximeter w/ SAC	6/01/08	1,177	115	115
85	Kennels for Vet Clinic	7/01/08	4,333	434	434
86	ISO Vaporizer	9/01/08	1,912	191	191
87	ultrasonic Cleaner & Basket	9/01/05	449	45	45
88	Dental Equipment	5/01/10	3,995	399	399
89	Centrifuge Swing Out	5/01/10	836	83	83
90	Narcotics Cabinet	7/01/10	590	59	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808	181	181
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	456	456
93	Equipment	1/01/01	42,803	0	0
94	Cat Gazebo	10/01/97	2,681	68	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	708	0
101	Top Dog Flooring & Adhesive	2/01/10	2,530	168	0
102	Kennels (for Boarding)	3/01/10	3,129	313	0
103	Gates & Fencing (for Daycare)	6/01/10	6,759	450	0
104	Washer/Dryer	4/01/10	1,020	102	0
105	Cat Cotillion Floor	1/01/16	1,774	88	0
106	B&D Training Package	5/01/16	1,795	359	0
107	HVAC system repairs	12/01/09	2,250	150	0
108	Auto Scrubber	12/01/09	3,400	340	0
109	Filtration Tank: Washing Machine	1/01/10	545	54	0
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	113	0
111	Washer & Dryer	2/01/10	12,450	1,245	0
112	8 Tokyo Cages	8/01/10	926	92	0
113	Whirlpool Refrigerator	5/01/11	510	51	0
114	HVAs unit for computer room	7/01/11	4,950	330	0
115	Cannon Copiier (adoption desk)	5/01/12	1,295	129	0
116	Other Equipment	6/01/00	6,064	0	0
117	Outside Lighting	11/01/15	2,875	191	0
118	Paving	5/31/17	14,556	970	0
119	Septic System	9/30/16	20,197	1,346	0
120	Electrical Upgrades	6/30/17	1,850	123	0
121	HVAC Fan	7/22/16	2,884	193	0
122	Water Pumps	9/02/16	2,419	241	0
123	Capnograph	4/18/17	2,300	328	0
<b>Total Other Depreciation</b>			<u>3,345,903</u>	<u>118,528</u>	<u>109,108</u>
<b>Total ACRS and Other Depreciation</b>			<u>3,345,903</u>	<u>118,528</u>	<u>109,108</u>
<b>Grand Totals</b>			<u>3,648,982</u>	<u>118,528</u>	<u>109,108</u>

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**NH Future Depreciation Report****FYE: 6/30/18**

FYE: 6/30/2017

**Form 990, Page 1**

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

**Other Depreciation:**

1	Land	7/01/99	40,869	0
2	land improvements	6/01/00	20,010	0
3	Paving Driveway / Road	9/01/06	6,200	310
4	Dandy Flooring	10/01/07	8,640	432
5	400 Ft of Paving	5/01/08	8,700	580
6	HVAC System Upgrade	12/01/08	28,710	1,914
7	Door (for clinic)	1/01/09	632	42
8	HVAC (system repairs)	6/01/09	6,628	442
9	Boarding & Training Sign	5/01/10	1,010	101
10	Metal dutch door	10/01/10	930	62
11	Paint for homeroom doors	12/01/10	336	23
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	2,164
41	Desktops (3)	3/01/14	5,142	1,029
42	HP ProBook 450	3/01/14	820	164
43	HP Elite 800	6/01/15	1,564	312
44	HVAC Motherboard	10/30/15	6,550	1,310
45	HVAC Compressor	11/09/15	3,250	650
46	HVAC Assembly	4/07/16	1,586	317
47	Washer & Dryer	3/07/16	3,090	618
48	Carport Shelter	6/30/16	3,571	178
49	Computer (finance)	5/31/16	1,478	295
50	Firewall	12/16/15	2,200	734
57	Concrete Frame	6/01/00	1,586,993	39,675
58	Carpentry	6/01/00	28,962	0
59	Insulation / Roofing	6/01/00	196,580	0
60	Metal Doors & Windows	6/01/00	158,721	7,936
61	Flooring - Ceramic	6/01/00	215,986	10,800
62	Painting	6/01/00	38,369	0
63	Plumbing	6/01/00	481,031	24,051
64	Electrical	4/01/01	164,216	8,211
65	Building Improvements	4/01/01	5,635	141
66	Building Improvements	5/01/02	29,820	745
67	Shelter Improvements	12/01/03	17,381	434
68	Roof	5/01/04	2,500	166
69	MMA Flooring	1/01/07	19,995	1,000
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71	Water heating pump	6/01/08	385	34
72	Feline Spay Packs	6/01/08	1,875	183



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**NH Future Depreciation Report****FYE: 6/30/18**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	NH
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76	Mobile Treatment Cabinets (2)	6/01/08	2,489	248
77	Dental Scaler/Polisher	6/01/08	1,100	110
79	Medi-Lite Ceiling Mount	6/01/08	875	83
80	Medi-Lite Floor Model	6/01/08	939	93
81	VME Tabletop Anesthesia (2)	6/01/08	3,589	358
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86	ISO Vaporizer	9/01/08	1,912	191
87	ultrasonic Cleaner & Basket	9/01/05	449	45
88	Dental Equipment	5/01/10	3,995	399
89	Centrifuge Swing Out	5/01/10	836	83
90	Narcotics Cabinet	7/01/10	590	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808	181
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	456
93	Equipment	1/01/01	42,803	0
94	Cat Gazebo	10/01/97	2,681	68
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	708
101	Top Dog Flooring & Adhesive	2/01/10	2,530	168
102	Kennels (for Boarding)	3/01/10	3,129	313
103	Gates & Fencing (for Daycare)	6/01/10	6,759	450
104	Washer/Dryer	4/01/10	1,020	102
105	Cat Cotillion Floor	1/01/16	1,774	88
106	B&D Training Package	5/01/16	1,795	359
107	HVAC system repairs	12/01/09	2,250	150
108	Auto Scrubber	12/01/09	3,400	340
109	Filtration Tank: Washing Machine	1/01/10	545	54
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	113
111	Washer & Dryer	2/01/10	12,450	1,245
112	8 Tokyo Cages	8/01/10	926	92
113	Whirlpool Refrigerator	5/01/11	510	51
114	HVAs unit for computer room	7/01/11	4,950	330
115	Cannon Copiier (adoption desk)	5/01/12	1,295	129
116	Other Equipment	6/01/00	6,064	0
117	Outside Lighting	11/01/15	2,875	191
118	Paving	5/31/17	14,556	970
119	Septic System	9/30/16	20,197	1,346
120	Electrical Upgrades	6/30/17	1,850	123
121	HVAC Fan	7/22/16	2,884	193
122	Water Pumps	9/02/16	2,419	241
123	Capnograph	4/18/17	2,300	328
<b>Total Other Depreciation</b>			<u>3,345,903</u>	<u>118,528</u>
<b>Total ACRS and Other Depreciation</b>			<u>3,345,903</u>	<u>118,528</u>
<b>Grand Totals</b>			<u>3,648,982</u>	<u>118,528</u>

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2016</b>
	For calendar year 2016, or tax year beginning <b>07/01/16</b> , and ending <b>06/30/17</b>	

Name <b>MONADNOCK HUMANE SOCIETY, INC.</b>	Employer Identification Number <b>**-***5610</b>
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		(a) Other event <u>OTHER</u> <small>(event type)</small>	(b) Other event  <small>(event type)</small>	(c) Other event  <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	<b>24,805</b>			<b>24,805</b>
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	<b>24,805</b>			<b>24,805</b>
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	<b>7,254</b>			<b>7,254</b>

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Form <b>990</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>MONADNOCK HUMANE SOCIETY, INC.</b>	Employer Identification Number <b>** - ***5610</b>
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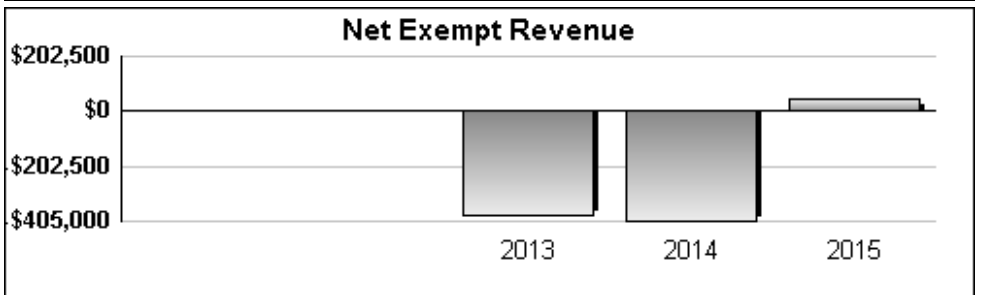
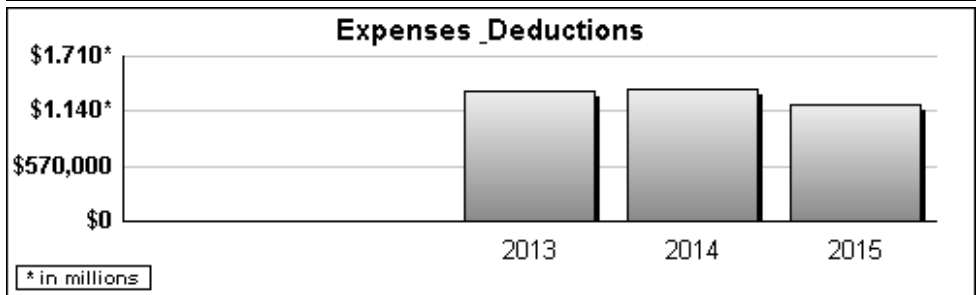
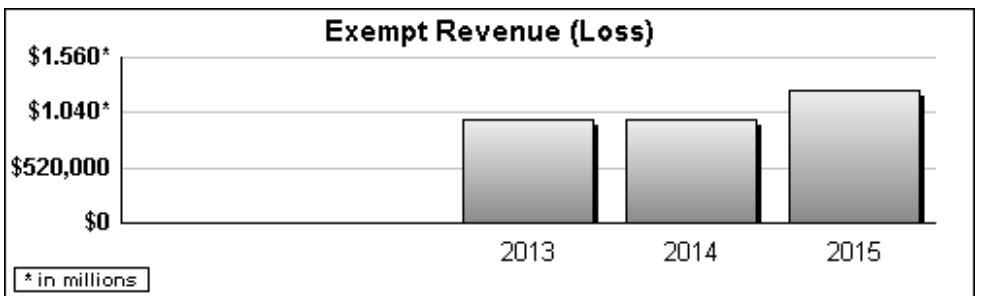
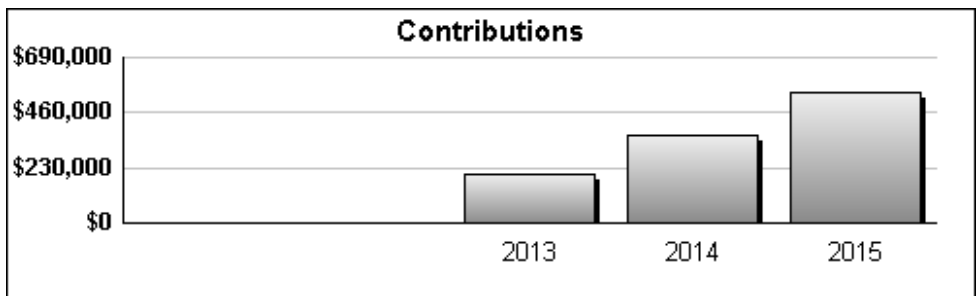
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants .....			202,652	365,290	546,694	
Membership dues .....						
Program service revenue .....			464,430	467,967	509,310	
Capital gain or loss .....			195,590	140	21,260	
Investment income .....			21,080	37,888	20,426	
Fundraising revenue (income/loss) .....			64,607	83,267	133,292	
Gaming revenue (income/loss) .....						
Other revenue .....			18,701	12,110	22,317	
<b>Total revenue</b> .....			<b>967,060</b>	<b>966,662</b>	<b>1,253,299</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....					30,356	
Other compensation .....			846,711	915,595	727,373	
Professional fees .....			77,285	47,611	53,215	
Occupancy costs .....			69,805		65,753	
Depreciation and depletion .....			127,359	110,973	117,050	
Other expenses .....			229,605	298,415	218,937	
<b>Total expenses</b> .....			<b>1,350,765</b>	<b>1,372,594</b>	<b>1,212,684</b>	
<b>Excess or (Deficit)</b> .....			<b>-383,705</b>	<b>-405,932</b>	<b>40,615</b>	
Total exempt revenue .....			967,060	966,662	1,253,299	
Total unrelated revenue .....			147,343	708		
Total excludable revenue .....			604,343	574,063	706,605	
Total Assets .....			3,112,891	2,725,963	2,763,445	
Total Liabilities .....			99,971	126,670	51,936	
Net Fund Balances .....			3,012,920	2,599,293	2,711,509	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>MONADNOCK HUMANE SOCIETY, INC.</b>	Employer Identification Number <b>**_***5610</b>
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	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income			147,343	708		
<b>Total trade or business income.</b>			<b>147,343</b>	<b>708</b>		
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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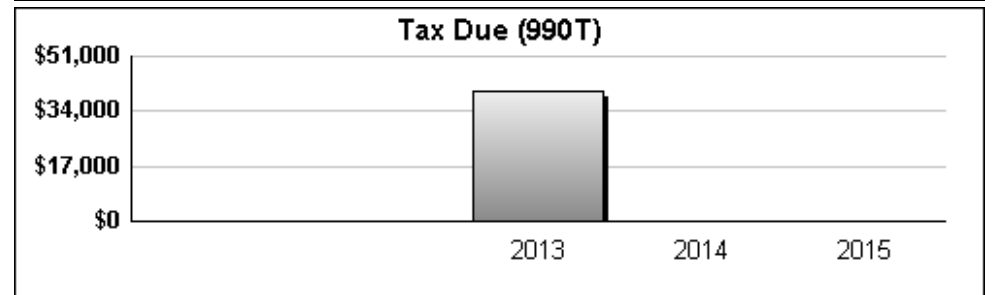
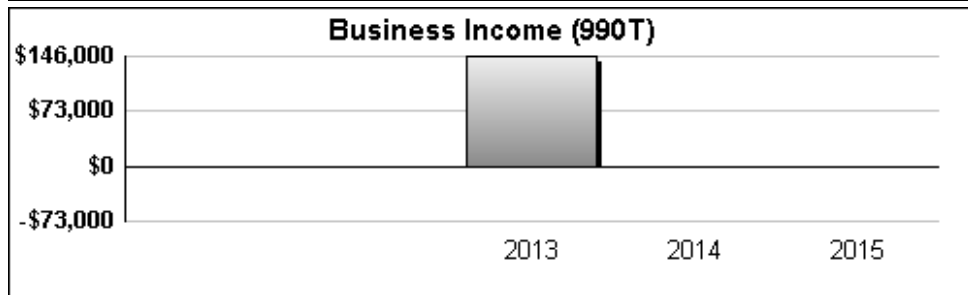
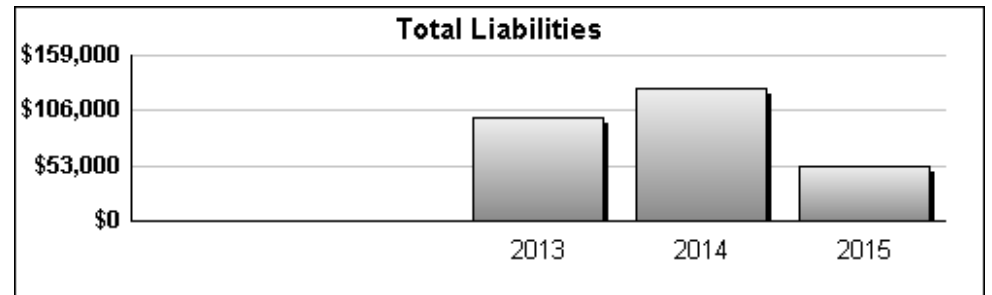
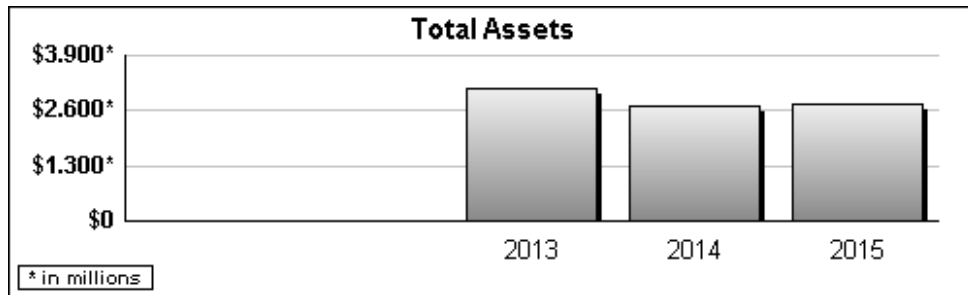
Form <b>990T</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>MONADNOCK HUMANE SOCIETY, INC.</b>	Employer Identification Number <b>** - ***5610</b>
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	2012	2013	2014	2015	2016	2017
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....			1,000	1,000		
Income after expense and deductions .....			146,343	-292		
Income tax (corporate or trust) .....			40,324			
Other taxes .....						
<b>Total taxes</b> .....			40,324			
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....			40,324			
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....			40,324			

\* Income shown net of expenses

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**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 521		14			
TOTAL	<u>\$ 521</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS INCOME	\$ 19,905		14			
TOTAL	<u>\$ 19,905</u>					

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**Federal Statements**

FYE: 6/30/2017

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 36,309	\$ 21,531	\$ 5,907	\$ 8,871
TOTAL	<u>\$ 36,309</u>	<u>\$ 21,531</u>	<u>\$ 5,907</u>	<u>\$ 8,871</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK CHARGES	\$ 10,303	\$	\$	\$ 10,303
LEASED EQUIPMENT	7,429	2,229	743	4,457
MISCELLANEOUS	1,636		1,636	
MEMBERSHIP EXPENSE	1,534			1,534
FEES AND LICENSES	1,081	1,081		
TOTAL	<u>\$ 21,983</u>	<u>\$ 3,310</u>	<u>\$ 2,379</u>	<u>\$ 16,294</u>

**Federal Statements****Schedule A, Part II, Line 1(e)**

Description	Amount
	\$ 546,694
TOTAL	\$ <u>546,694</u>

**Schedule A, Part II, Line 8(e)**

Description	Amount
INTEREST INCOME	\$ 521
DIVIDENDS INCOME	19,905
TOTAL	\$ <u>20,426</u>

**Schedule A, Part II, Line 9(e)**

Description	Amount
WALK FOR ANIMALS	\$ 57,568
HAIRBALL	58,173
OTHER	17,551
LESS: DEDUCTIONS	-1,000
TOTAL	\$ <u>132,292</u>

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
PROGRAMS	\$ 327,567
BOARDING	181,743
MISCELLANEOUS REVENUE	5,624
RETAIL STORE	22,757
RENTAL INCOME	9,484
TOTAL	\$ <u>547,175</u>



## Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning **07/01/16**, and ending **06/30/17**

\*\*-\*\*\*5610

### MONADNOCK HUMANE SOCIETY, INC.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>2,599,293</u>
<b>Revenue</b>		
Contributions	<u>546,694</u>	
Program service revenue	<u>509,310</u>	
Investment income	<u>20,426</u>	
Capital gain / loss	<u>21,260</u>	
Fundraising / Gaming:		
Gross revenue	<u>162,422</u>	
Direct expenses	<u>29,130</u>	
Net income	<u>133,292</u>	
Other income	<u>22,317</u>	
<b>Total revenue</b>		<u>1,253,299</u>
<b>Expenses</b>		
Program services	<u>943,946</u>	
Management and general	<u>106,898</u>	
Fundraising	<u>161,840</u>	
<b>Total expenses</b>		<u>1,212,684</u>
<b>Excess / (deficit)</b>		<u>40,615</u>
Changes		<u>71,601</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>2,711,509</u>

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Reconciliation of Revenue	
Total revenue per financial statements	<u>1,369,578</u>
Less:	
Unrealized gains	<u>71,601</u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>44,678</u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u>1,253,299</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,257,362</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>44,678</u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u>1,212,684</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,725,963</u>	<u>2,763,445</u>	
Liabilities	<u>126,670</u>	<u>51,936</u>	
Net assets	<u>2,599,293</u>	<u>2,711,509</u>	<u>112,216</u>

#### Miscellaneous Information

Amended return  
 Return / extended due date 11/15/17  
 Failure to file penalty