

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 20 16

2015

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.

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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>966,662</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 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 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 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 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } Date } 04/17/18

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 2015 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 } 04/17/18

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** (2015)

Form 990		Two Year Comparison Report			2014 & 2015
Name		For calendar year 2015, or tax year beginning 07/01/15 , ending 06/30/16			Taxpayer Identification Number
MONADNOCK HUMANE SOCIETY, INC.					** - *** 5610
			2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1.	202,652	365,290	162,638
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	464,430	467,967	3,537
	5. Investment income	5.	21,080	37,888	16,808
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	195,590	140	-195,450
	8. Net income or (loss) from fundraising events	8.	64,607	83,267	18,660
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	12,722	1,413	-11,309
	11. Other revenue	11.	5,979	10,697	4,718
	12. Total revenue. Add lines 1 through 11	12.	967,060	966,662	-398
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	846,711	915,595	68,884
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	77,285	47,611	-29,674
	19. Occupancy, rent, utilities, and maintenance	19.	69,805		-69,805
	20. Depreciation and Depletion	20.	127,359	110,973	-16,386
	21. Other expenses	21.	229,605	298,415	68,810
	22. Total expenses. Add lines 13 through 21	22.	1,350,765	1,372,594	21,829
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-383,705	-405,932	-22,227
Other Information	24. Total exempt revenue	24.	967,060	966,662	-398
	25. Total unrelated revenue	25.	147,343	708	-146,635
	26. Total excludable revenue	26.	604,343	574,063	-30,280
	27. Total assets	27.	3,112,891	2,725,963	-386,928
	28. Total liabilities	28.	99,971	126,670	26,699
	29. Retained earnings	29.	3,012,920	2,599,293	-413,627
	30. Number of voting members of governing body	30.	16	17	
	31. Number of independent voting members of governing body	31.	16	17	
	32. Number of employees	32.	43	37	
	33. Number of volunteers	33.			

Form 990T	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning 07/01/15 , ending 06/30/16		

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

		2014	2015	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.	147,343	708	-146,635
11. Total trade or business income. Combine lines 1 through 10	11.	147,343	708	-146,635	
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
22. Other deductions	22.				
23. Total deductions. Add lines 12 through 22	23.				
24. Taxable income before NOL. Subtract line 23 from 11	24.	147,343	708	-146,635	
25. Net operating loss deduction	25.				
26. Specific deduction	26.	1,000	1,000		
27. Unrelated business taxable income.	27.	146,343	-292	-146,635	
Tax & Credits	28. Income tax (corporate or trust)	28.	40,324	-40,324	
	29. Proxy tax	29.			
	30. Alternative minimum tax	30.			
	31. Total taxes	31.	40,324		-40,324
	32. Other credits	32.			
	33. General business credit	33.			
	34. Credit for prior year minimum tax	34.			
	35. Total credits	35.			
	36. Net tax after credits	36.	40,324		-40,324
	37. Recapture taxes	37.			
38. Total Taxes	38.	40,324		-40,324	
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.	40,324		-40,324
	45. Overpayment applied to next year	45.			
	46. Penalties	46.	936		-936
47. Total due/(Refund)	47.	41,260		-41,260	

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.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONADNOCK HUMANE SOCIETY, INC.		D Employer identification number ** - *** 5610
	Doing business as		E Telephone number 603-352-0035
	Number and street (or P.O. box if mail is not delivered to street address) 101 WEST SWANZEY ROAD	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code SWANZEY NH 03446		G Gross receipts \$ 1,086,400
F Name and address of principal officer: CHRISTOPHER BOWEN			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF MONADNOCK HUMANE SOCIETY IS TO FOSTER A COMPASSIONATE COMMUNITY BY PROMOTING AND PROVIDING FOR THE WELL-BEING OF ANIMALS.	
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	17
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	37
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	708
7b Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 202,652 Current Year: 365,290
	9 Program service revenue (Part VIII, line 2g)	464,430 467,967
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	216,670 38,028
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,308 95,377
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	967,060 966,662
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0 0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	846,711 915,595
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	b Total fundraising expenses (Part IX, column (D), line 25) u 187,982	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	504,054 456,999
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,350,765 1,372,594	
19 Revenue less expenses. Subtract line 18 from line 12	-383,705 -405,932	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 3,112,891 End of Year: 2,725,963
	21 Total liabilities (Part X, line 26)	99,971 126,670
	22 Net assets or fund balances. Subtract line 21 from line 20	3,012,920 2,599,293

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 04/18/17	Check <input type="checkbox"/> 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 \$ **1,051,783** including grants of \$) (Revenue \$ **499,733**)

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 1,051,783**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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**

CHRIS BOWEN
SWANZEY

101 WEST SWANZEY ROAD

NH 03446

603-352-0035

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) CHRISTOPHER BOWEN	1.00									
TREASURER	0.00	X		X			0	0	0	
(3) KATHERINE CLARK	1.00									
CHAIR	0.00	X		X			0	0	0	
(4) HALLIE DUGRENIER	1.00									
TRUSTEE	0.00	X					0	0	0	
(5) MIKE HABIBY	1.00									
TRUSTEE	0.00	X					0	0	0	
(6) BRY KINGSBURY	1.00									
TRUSTEE	0.00	X					0	0	0	
(7) KATHY REILLY	1.00									
VICE-CHAIR	0.00	X					0	0	0	
(8) SCOTT ROCHWARG	1.00									
TRUSTEE	0.00	X					0	0	0	
(9) VALERIE STARBUCK	1.00									
TRUSTEE	0.00	X					0	0	0	
(10) BOB SUTHERLAND	1.00									
TRUSTEE	0.00	X					0	0	0	
(11) JENNIFER THOMPSON	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) KRISTEN TROMBLY	1.00									
SECRETARY	0.00	X		X			0	0	0	
(13) SHARON WIRANT	1.00									
CO-CHAIR DEVELOPMENT	0.00	X					0	0	0	
(14) BOB SCHAUMANN	1.00									
TRUSTEE	0.00	X					0	0	0	
(15) CARLA FOLKERT	1.00									
LIFETIME VP	0.00	X					0	0	0	
(16) LINDA GUINANE	1.00									
LIFETIME VP	0.00	X					0	0	0	
(17) MIKE FAULKNER	1.00									
CO-CHAIR DEVELOPMENT	0.00	X		X			0	0	0	
1b Sub-total							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	365,290				
	g Noncash contributions included in lines 1a-1f: \$		8,490				
	h Total. Add lines 1a-1f	u	365,290				
Program Service Revenue	2a PROGRAMS	Busn. Code					
		900099	299,042	299,042			
	b BOARDING/DAYCARE	812900	168,925	168,925			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	467,967				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	37,888	20,926		16,962	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	9,989				
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)	9,989					
	d Net rental income or (loss)	u	9,989	9,989			
	7a Gross amount from sales of assets other than inventory	(i) Securities	50,000				
		(ii) Other					
	b Less: cost or other basis & sales exps.	49,860					
	c Gain or (loss)	140					
	d Net gain or (loss)	u	140	140			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	127,831				
		b Less: direct expenses	44,564				
c Net income or (loss) from fundraising events		u	83,267			56,666	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a	26,727					
	b Less: cost of goods sold	25,314					
	c Net income or (loss) from sales of inventory	u	1,413	1,413			
Miscellaneous Revenue		Busn. Code					
11a WEB COMMISSIONS	900099	708		708			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u	708					
12 Total revenue. See instructions.	u	966,662	500,435	708	73,628		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	788,478	564,550	94,618	129,310
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	68,493	49,041	8,219	11,233
10 Payroll taxes	58,624	41,975	7,035	9,614
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,908		4,908	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	42,703	30,844	4,740	7,119
12 Advertising and promotion	12,352	8,843	1,483	2,026
13 Office expenses	9,150	2,745	915	5,490
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	624			624
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,973	106,179	2,397	2,397
23 Insurance	25,912	24,792	560	560
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 UTILITIES	53,293	50,758	1,268	1,267
b PROGRAM SUPPLIES & EXP	52,182	52,182		
c VETERINARY CARE	37,683	37,683		
d REPAIRS AND MAINTENANCE	35,176	33,502	837	837
e All other expenses	72,043	48,689	5,849	17,505
25 Total functional expenses. Add lines 1 through 24e	1,372,594	1,051,783	132,829	187,982
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	96,162	1	43,823
	2	Savings and temporary cash investments	121,376	2	246,220
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,376	4	85
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	19,943	8	6,425
	9	Prepaid expenses and deferred charges	10,914	9	1,580
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,584,767		
	b	Less: accumulated depreciation	10b 2,216,231	10c	1,368,536
	11	Investments—publicly traded securities	1,408,783	11	1,059,294
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,112,891	16	2,725,963	
Liabilities	17	Accounts payable and accrued expenses	93,220	17	121,898
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,751	23	4,772
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	99,971	26	126,670
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,871,239	27	2,450,573
	28	Temporarily restricted net assets	19,714	28	27,181
	29	Permanently restricted net assets	121,967	29	121,539
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,012,920	33	2,599,293	
34	Total liabilities and net assets/fund balances	3,112,891	34	2,725,963	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	966,662
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,372,594
3	Revenue less expenses. Subtract line 2 from line 1	3	-405,932
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,012,920
5	Net unrealized gains (losses) on investments	5	-7,695
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,599,293

Part XII Financial Statements and Reporting

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 11, 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	259,022	216,721	857,786	198,522	356,800	1,888,851
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	259,022	216,721	857,786	198,522	356,800	1,888,851
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,888,851

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	259,022	216,721	857,786	198,522	356,800	1,888,851
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,948	44,231	44,461	27,059	20,926	176,625
9 Net income from unrelated business activities, whether or not the business is regularly carried on		119,833	147,448	160,065	84,445	511,791
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,577,267

12 Gross receipts from related activities, etc. (see instructions) 12 2,266,299

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	73.29%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	73.78%

16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. 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—2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.

OMB No. 1545-0047

2015

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 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EPPE-S-JEFFERSON FOUNDATION 129 WEST STREET KEENE NH 03431	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LINDA GUINANE PO BOX 908 KEENE NH 03431	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHARLES LEUTZINGER 78 TIGHE FARM ROAD WILTON NH 03086	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROBERT A. EADES REVOCABLE TRUST OF 2 PO BOX 272 KEENE NH 03431	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JONATHON STARBUCK PO BOX 147 SPOFFORD NH 03462	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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

2015

Open to Public Inspection

Name of the organization

Employer identification number

MONADNOCK HUMANE SOCIETY, INC.

** - *** 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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	121,967	110,362	97,255	92,801	43,589
b Contributions					50,000
c Net investment earnings, gains, and losses	9,278	11,605	13,107	4,454	-788
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u**
 - b Permanent endowment **u**
 - c Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,870		40,870
b Buildings		2,955,069	1,748,397	1,206,672
c Leasehold improvements		83,995	35,455	48,540
d Equipment		155,065	108,102	46,963
e Other		349,768	324,277	25,491
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	1,368,536

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

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

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

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

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

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

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

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

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 X - FIN 48 FOOTNOTE

THE FOOTNOTE TO THE FINANCIAL STATEMENTS REPORTS THAT MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information (continued)

CLIENT COPY

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

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

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

CLIENT COPY

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>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	64,686	35,028	28,117	127,831
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	64,686	35,028	28,117	127,831
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	17,239	8,427	18,898	44,564
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					83,267

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

Name of the organization

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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

MONADNOCK HUMANE SOCIETY, INC.

Employer identification number

**** - ***5610**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

**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.**

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 XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION

THERE WAS NO CHANGE IN THE PROCESS

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.
u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. **179**

Name(s) shown on return

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	2,000,000
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 2014 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not 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	110,973

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	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"/> u		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2015 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	110,973
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** (2015)

Year Ended: June 30, 2016

_*5610

Monadnock Humane Society, Inc.
101 WEST SWANZEY ROAD
Swanzy, NH 03446

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

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Federal Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
17	Equipment	6/01/00	71,716				71,716	10	HY 200DB	71,716	0
18	Jensen Stenbeck Contract	6/01/00	152,647				152,647	10	HY 200DB	152,647	0
19	Counter Tech	6/01/00	3,480				3,480	5	HY 200DB	3,480	0
21	Jensen Stenbeck	6/01/00	47,262				47,262	5	HY 200DB	47,262	0
22	Gap Mountain Drilling	6/01/00	5,747				5,747	10	HY 200DB	5,747	0
23	My Carpenter	6/01/00	672				672	10	HY 200DB	672	0
24	Signworks Sign	6/01/00	1,000				1,000	10	HY 200DB	1,000	0
26	Computer Equip	1/01/00	3,738				3,738	5	HY 200DB	3,738	0
27	Computers	1/01/05	3,466				3,466	5	HY 200DB	3,466	0
28	Website	5/01/08	2,390			X	1,195	5	HY 200DB	2,390	0
29	Website	2/01/08	5,415			X	2,707	5	HY 200DB	5,415	0
31	Computer System	4/01/09	860			X	430	5	HY 200DB	860	0
32	Computer Terminal	4/01/09	550			X	275	5	HY 200DB	550	0
33	4 Port USB KVM	4/01/05	129				129	5	HY 200DB	129	0
34	Laptop	5/01/09	705			X	352	5	HY 200DB	705	0
36	Email Server	12/01/09	1,872			X	936	5	HY 200DB	1,872	0
37	Software	3/01/10	1,430			X	715	5	HY 200DB	1,430	0
			<u>303,079</u>				<u>296,467</u>			<u>303,079</u>	<u>0</u>
Other Depreciation:											
1	Land	7/01/99	40,869				40,869	0	-- Land	0	0
2	land improvements	6/01/00	20,010				20,010	15	MO S/L	19,343	667
3	Paving Driveway / Road	9/01/06	6,200				6,200	20	MO S/L	2,738	310
4	Dandy Flooring	10/01/07	8,640				8,640	20	MO S/L	3,348	432
5	400 Ft of Paving	5/01/08	8,700				8,700	15	MO S/L	4,108	580
6	HVAC System Upgrade	12/01/08	28,710				28,710	15	MO S/L	12,601	1,914
7	Door (for clinic)	1/01/09	632				632	15	MO S/L	270	42
8	HVAC (system repairs)	6/01/09	6,628				6,628	15	MO S/L	2,764	442
9	Boarding & Training Sign	5/01/10	1,010				1,010	10	MO S/L	522	101
10	Metal dutch door	10/01/10	930				930	15	MO S/L	295	62
11	Paint for homeroom doors	12/01/10	336				336	15	MO S/L	102	22
12	Fencing (Kennel area)	12/01/10	5,450				5,450	15	MO S/L	1,665	363
13	Homeroom Doors (8)	3/01/11	6,900				6,900	15	MO S/L	1,993	460
14	Homeroom Door	6/01/11	271				271	15	MO S/L	81	18
15	Homeroom Doors (3)	11/01/12	1,077				1,077	15	MO S/L	126	42
16	Fencing (B&D play yard)	6/01/15	4,940				4,940	15	MO S/L	27	27
39	CISCO Network Switch	11/01/11	992				992	5	MO S/L	710	198
40	Server (HP ProLiant ML350)	4/01/14	10,823				10,823	5	MO S/L	2,166	1,083
41	Desktops (3)	3/01/14	5,142				5,142	5	MO S/L	686	1,028
42	HP ProBook 450	3/01/14	820				820	5	MO S/L	110	55
43	HP Elite 800	6/01/15	1,564				1,564	5	MO S/L	26	313
44	HVAC Motherboard	10/30/15	6,550				6,550	5	MO S/L	0	255
45	HVAC Compressor	11/09/15	3,250				3,250	15	MO S/L	0	144
46	HVAC Assembly	4/07/16	1,586				1,586	15	MO S/L	0	26
47	Washer & Dryer	3/07/16	3,090				3,090	5	MO S/L	0	103
48	Carport Shelter	6/30/16	3,571				3,571	20	MO S/L	0	0
49	Computer (finance)	5/31/16	1,478				1,478	5	MO S/L	0	49
50	Firewall (Sequoya)	12/16/15	2,200				2,200	5	MO S/L	0	257
57	Concrete Frame	6/01/00	1,586,993				1,586,993	40	MO S/L	595,124	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	119,040	7,936
61	Flooring - Ceramic	6/01/00	215,986				215,986	20	MO S/L	161,986	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	360,780	24,052
64	Electrical	4/01/01	164,216				164,216	20	MO S/L	123,164	8,211
65	Building Improvements	4/01/01	5,635				5,635	40	MO S/L	1,997	141
66	Building Improvements	5/01/02	29,820				29,820	40	MO S/L	9,760	746
67	Shelter Improvements	12/01/03	17,381				17,381	40	MO S/L	5,002	435
68	Roof	5/01/04	2,500				2,500	15	MO S/L	1,864	167
69	MMA Flooring	1/01/07	19,995				19,995	20	MO S/L	8,500	1,000
70	MCA Flooring	3/01/07	8,880				8,880	20	MO S/L	3,663	444
71	Water heating pump	6/01/08	385				385	10	MO S/L	273	39
72	Feline Spay Packs	6/01/08	1,875				1,875	10	MO S/L	1,316	188
73	Canine Spay Packs	6/01/08	1,300				1,300	10	MO S/L	910	130
74	Deluxe Dental Kit	6/01/08	220				220	10	MO S/L	154	22
75	Mayo Instrument Stand	6/01/08	293				293	10	MO S/L	203	29

-*5610

Federal Asset Report

FYE: 6/30/2016

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	1,743	249
77	Dental Scaler/Polisher	6/01/08	1,100				1,100	10 MO S/L	770	110
79	Medi-Lite Ceiling Mount	6/01/08	875				875	10 MO S/L	616	88
80	Medi-Lite Floor Model	6/01/08	939				939	10 MO S/L	658	94
81	VME Tabletop Anesthesia (2)	6/01/08	3,589				3,589	10 MO S/L	2,513	359
82	Hydraulic Pump Surgical Table	6/01/08	1,725				1,725	10 MO S/L	1,211	173
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555				1,555	10 MO S/L	1,092	156
84	Pulse Oximeter w/ SAC	6/01/08	1,177				1,177	10 MO S/L	826	118
85	Kennels for Vet Clinic	7/01/08	4,333				4,333	10 MO S/L	2,995	433
86	ISO Vaporizer	9/01/08	1,912				1,912	10 MO S/L	1,305	191
87	ultrasonic Cleaner & Basket	9/01/05	449				449	10 MO S/L	307	45
88	Dental Equipment	5/01/10	3,995				3,995	10 MO S/L	2,067	400
89	Centrifuge Swing Out	5/01/10	836				836	10 MO S/L	434	84
90	Narcotics Cabinet	7/01/10	590				590	10 MO S/L	295	59
91	Vital Signs Monitor (capnography)	9/01/10	1,808				1,808	10 MO S/L	875	181
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561				4,561	10 MO S/L	496	248
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	2,345	134
95	Printers	1/01/04	3,401				3,401	5 MO S/L	3,401	0
96	Biolights - 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	1,822	308
99	Hand Jack	9/01/09	388				388	7 MO S/L	317	55
100	Cat Condos for Boarding	12/01/09	7,087				7,087	10 MO S/L	3,958	709
101	Top Dog Flooring & Adhesive	2/01/10	2,530				2,530	15 MO S/L	915	169
102	Kennels (for Boarding)	3/01/10	3,129				3,129	10 MO S/L	1,664	312
103	Gates & Fencing (for Daycare)	6/01/10	6,759				6,759	15 MO S/L	2,255	451
104	Washer/Dryer	4/01/10	1,020				1,020	10 MO S/L	527	102
105	Cat Cotillion Floor	1/01/16	1,774				1,774	20 MO S/L	0	44
106	B&D Training Package	5/01/16	1,795				1,795	5 MO S/L	0	60
107	HVAC system repairs	12/01/09	2,250				2,250	15 MO S/L	838	150
108	Auto Scrubber	12/01/09	3,400				3,400	10 MO S/L	1,870	340
109	Filtration Tank: Washing Machine	1/01/10	545				545	10 MO S/L	298	55
110	Magicaire 4.0 Belt Driver	3/01/10	1,123				1,123	10 MO S/L	597	112
111	Washer & Dryer	2/01/10	12,450				12,450	10 MO S/L	6,744	1,245
112	8 Tokyo Cages	8/01/10	926				926	10 MO S/L	456	93
113	Whirlpool Refrigerator	5/01/11	510				510	10 MO S/L	213	51
114	HVAC unit for computer room	7/01/11	4,950				4,950	15 MO S/L	1,293	330
115	Cannon Copier (adoption desk)	5/01/12	1,295				1,295	10 MO S/L	400	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	0	128
Total Other Depreciation			<u>3,301,697</u>				<u>3,301,697</u>		<u>1,822,189</u>	<u>110,973</u>
Total ACRS and Other Depreciation			<u>3,301,697</u>				<u>3,301,697</u>		<u>1,822,189</u>	<u>110,973</u>
Grand Totals			3,604,776				3,598,164		2,125,268	110,973
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>3,604,776</u>				<u>3,598,164</u>		<u>2,125,268</u>	<u>110,973</u>

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Bonus Depreciation Report

FYE: 6/30/2016

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

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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Future Depreciation Report**FYE: 6/30/17**

FYE: 6/30/2016

Form 990, Page 1

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

Other Depreciation:

1	Land	7/01/99	40,869	0	0
2	land improvements	6/01/00	20,010	0	0
3	Paving Driveway / Road	9/01/06	6,200	310	0
4	Dandy Flooring	10/01/07	8,640	432	0
5	400 Ft of Paving	5/01/08	8,700	580	0
6	HVAC System Upgrade	12/01/08	28,710	1,914	0
7	Door (for clinic)	1/01/09	632	42	0
8	HVAC (system repairs)	6/01/09	6,628	442	0
9	Boarding & Training Sign	5/01/10	1,010	101	0
10	Metal dutch door	10/01/10	930	62	0
11	Paint for homeroom doors	12/01/10	336	22	0
12	Fencing (Kennel area)	12/01/10	5,450	363	0
13	Homeroom Doors (8)	3/01/11	6,900	460	0
14	Homeroom Door	6/01/11	271	18	0
15	Homeroom Doors (3)	11/01/12	1,077	72	0
16	Fencing (B&D play yard)	6/01/15	4,940	329	0
39	CISCO Network Switch	11/01/11	992	84	0
40	Server (HP ProLiant ML350)	4/01/14	10,823	2,165	0
41	Desktops (3)	3/01/14	5,142	1,028	0
42	HP ProBook 450	3/01/14	820	164	0
43	HP Elite 800	6/01/15	1,564	313	0
44	HVAC Motherboard	10/30/15	6,550	1,310	0
45	HVAC Compressor	11/09/15	3,250	217	0
46	HVAC Assembly	4/07/16	1,586	106	0
47	Washer & Dryer	3/07/16	3,090	618	0
48	Carpport Shelter	6/30/16	3,571	179	0
49	Computer (finance)	5/31/16	1,478	296	0
50	Firewall (Sequoia)	12/16/15	2,200	440	0
57	Concrete Frame	6/01/00	1,586,993	39,675	0
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	0
61	Flooring - Ceramic	6/01/00	215,986	10,799	0
62	Painting	6/01/00	38,369	0	0
63	Plumbing	6/01/00	481,031	24,052	0
64	Electrical	4/01/01	164,216	8,211	0
65	Building Improvements	4/01/01	5,635	141	0
66	Building Improvements	5/01/02	29,820	746	0
67	Shelter Improvements	12/01/03	17,381	435	0
68	Roof	5/01/04	2,500	167	0
69	MMA Flooring	1/01/07	19,995	1,000	0
70	MCA Flooring	3/01/07	8,880	444	0
71	Water heating pump	6/01/08	385	39	0
72	Feline Spay Packs	6/01/08	1,875	188	0

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Future Depreciation Report**FYE: 6/30/17**

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
73	Canine Spay Packs	6/01/08	1,300	130	0
74	Deluxe Dental Kit	6/01/08	220	22	0
75	Mayo Instrument Stand	6/01/08	293	29	0
76	Mobile Treatment Cabinets (2)	6/01/08	2,489	249	0
77	Dental Scaler/Polisher	6/01/08	1,100	110	0
79	Medi-Lite Ceiling Mount	6/01/08	875	88	0
80	Medi-Lite Floor Model	6/01/08	939	94	0
81	VME Tabletop Anesthesia (2)	6/01/08	3,589	359	0
82	Hydraulic Pump Surgical Table	6/01/08	1,725	173	0
83	Vetrosen Scavenger Anesthesia	6/01/08	1,555	156	0
84	Pulse Oximeter w/ SAC	6/01/08	1,177	118	0
85	Kennels for Vet Clinic	7/01/08	4,333	433	0
86	ISO Vaporizer	9/01/08	1,912	191	0
87	ultrasonic Cleaner & Basket	9/01/05	449	45	0
88	Dental Equipment	5/01/10	3,995	400	0
89	Centrifuge Swing Out	5/01/10	836	84	0
90	Narcotics Cabinet	7/01/10	590	59	0
91	Vital Signs Monitor (capnography)	9/01/10	1,808	181	0
92	Autoclave; Tuttnauer EZ 10	1/01/14	4,561	456	0
93	Equipment	1/01/01	42,803	0	0
94	Cat Gazebo	10/01/97	2,681	134	0
95	Printers	1/01/04	3,401	0	0
96	Biolights - 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	16	0
100	Cat Condos for Boarding	12/01/09	7,087	709	0
101	Top Dog Flooring & Adhesive	2/01/10	2,530	169	0
102	Kennels (for Boarding)	3/01/10	3,129	313	0
103	Gates & Fencing (for Daycare)	6/01/10	6,759	451	0
104	Washer/Dryer	4/01/10	1,020	102	0
105	Cat Cotillion Floor	1/01/16	1,774	89	0
106	B&D Training Package	5/01/16	1,795	359	0
107	HVAC system repairs	12/01/09	2,250	150	0
108	Auto Scrubber	12/01/09	3,400	340	0
109	Filtration Tank: Washing Machine	1/01/10	545	55	0
110	Magicaire 4.0 Belt Driver	3/01/10	1,123	112	0
111	Washer & Dryer	2/01/10	12,450	1,245	0
112	8 Tokyo Cages	8/01/10	926	93	0
113	Whirlpool Refrigerator	5/01/11	510	51	0
114	HVAC unit for computer room	7/01/11	4,950	330	0
115	Cannon Copier (adoption desk)	5/01/12	1,295	130	0
116	Other Equipment	6/01/00	6,064	0	0
117	Outside Lighting	11/01/15	2,875	192	0
Total Other Depreciation			3,301,697	114,625	0
Total ACRS and Other Depreciation			3,301,697	114,625	0
Grand Totals			3,604,776	114,625	0

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2015
	For calendar year 2015, or tax year beginning 07/01/15 , and ending 06/30/16	

Name **MONADNOCK HUMANE SOCIETY, INC.**

Employer Identification Number
**** - *** 5610**

		(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	28,117			28,117
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	28,117			28,117
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	18,898			18,898

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Form 990	Tax Return History	2015
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number ** - ***5610
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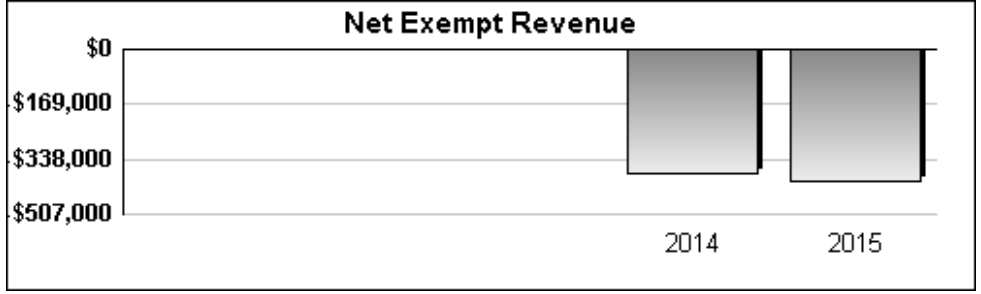
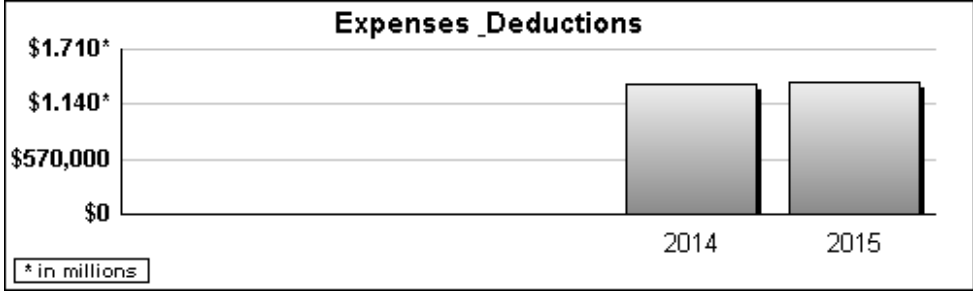
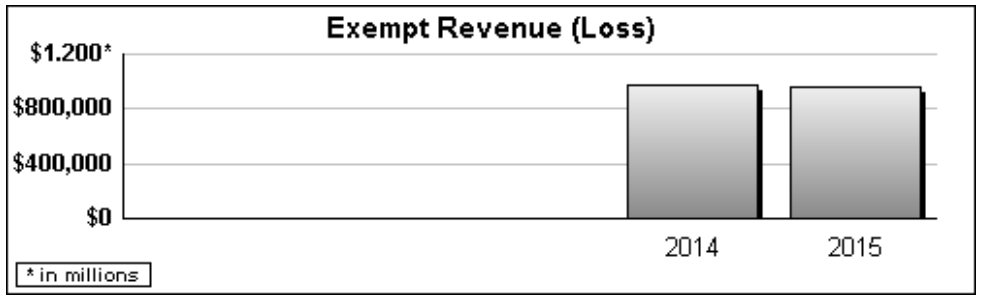
	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants				202,652	365,290	
Membership dues						
Program service revenue				464,430	467,967	
Capital gain or loss				195,590	140	
Investment income				21,080	37,888	
Fundraising revenue (income/loss)				64,607	83,267	
Gaming revenue (income/loss)						
Other revenue				18,701	12,110	
Total revenue				967,060	966,662	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				846,711	915,595	
Professional fees				77,285	47,611	
Occupancy costs				69,805		
Depreciation and depletion				127,359	110,973	
Other expenses				229,605	298,415	
Total expenses				1,350,765	1,372,594	
Excess or (Deficit)				-383,705	-405,932	
Total exempt revenue				967,060	966,662	
Total unrelated revenue				147,343	708	
Total excludable revenue				604,343	574,063	
Total Assets				3,112,891	2,725,963	
Total Liabilities				99,971	126,670	
Net Fund Balances				3,012,920	2,599,293	

Form **990T** **Tax Return History** **2015**

Name **MONADNOCK HUMANE SOCIETY, INC.** Employer Identification Number
****_***5610**

	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income				147,343	708	
Total trade or business income.				147,343	708	
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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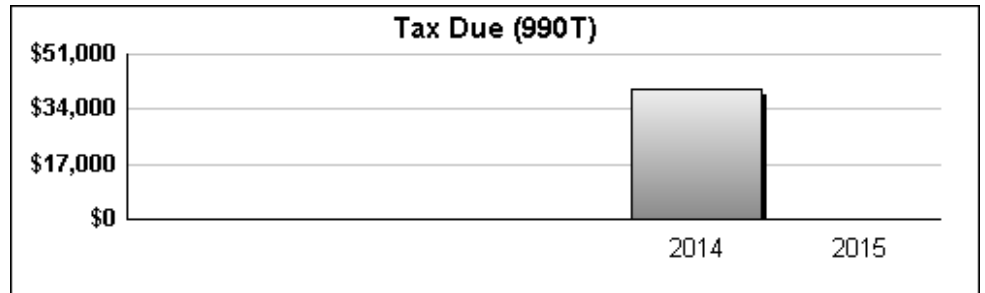
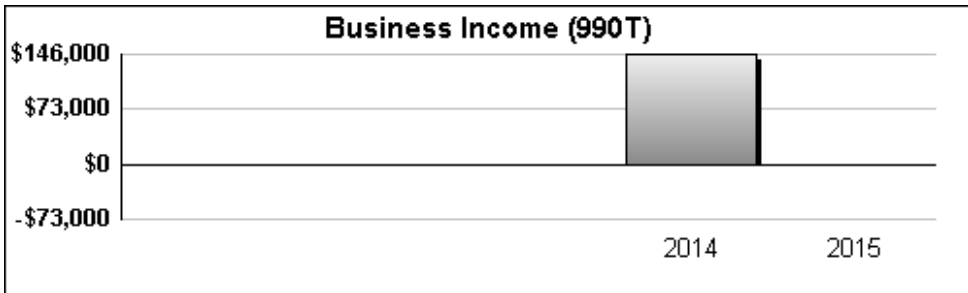
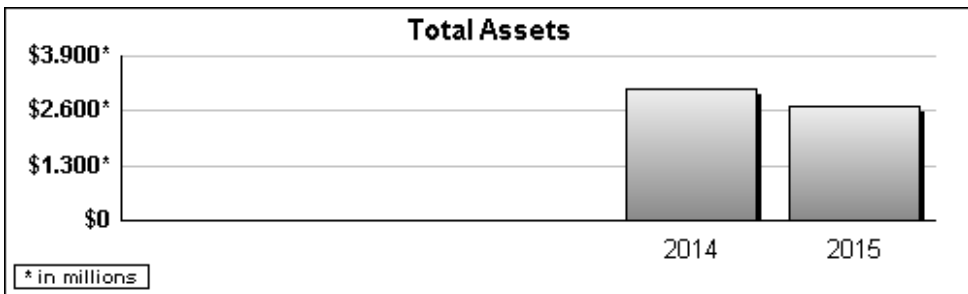
Form 990T	Tax Return History	2015
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Name MONADNOCK HUMANE SOCIETY, INC.	Employer Identification Number **_***5610
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	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				146,343	-292	
Income tax (corporate or trust)				40,324		
Other taxes						
Total taxes				40,324		
General business credit						
Other credits						
Net tax after credits				40,324		
Estimated tax payments						
Other payments						
Balance due/Overpayment				40,324		

* Income shown net of expenses

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Federal Statements

Tax-Exempt 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>InState Muni (\$ or %)</u>
INVESTMENT INTEREST	INCOME	\$ 5,213					
TOTAL		<u>\$ 5,213</u>					

Tax-Exempt 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>InState Muni (\$ or %)</u>
		\$ 15,713					
TOTAL		<u>\$ 15,713</u>					

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Federal Statements

FYE: 6/30/2016

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 37,959	\$ 26,100	\$ 4,740	\$ 7,119
BOARDING/DAYCARE				
OTHER FEES	4,744	4,744		
TOTAL	\$ 42,703	\$ 30,844	\$ 4,740	\$ 7,119

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROGRAM SUPPLIES & EXP	\$ 13,046	\$ 13,046		
PROFESSIONAL DEVELOPMENT	10,422	10,422		
BANK CHARGES	10,084			10,084
LEASED EQUIPMENT	7,992	1,776	888	5,328
VEHICLE EXP	5,795	5,795		
UTILITIES	5,380	5,380		
INTERNET EXPENSE	5,052	3,473	632	947
OTHER	4,069		4,069	
REPAIRS AND MAINTENANCE	3,551	3,551		
TELEPHONE	2,275	1,643	253	379
FEES & LICENSES	1,550	1,550		
LEASED EQUIPMENT	888	888		
MEMBERSHIP EXPENSE	761			761
INTERNET EXPENSE	631	631		
TAXES	267	254	7	6
TELEPHONE	253	253		
PROPERTY TAXES	27	27		
TOTAL	\$ 72,043	\$ 48,689	\$ 5,849	\$ 17,505

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Federal Statements

FYE: 6/30/2016

Schedule A, Part II, Line 12

<u>Description</u>	<u>Amount</u>
PROGRAMS	\$ 299,042
INVESTMENT INTEREST INCOME	5,213
	15,713
WALK FOR ANIMALS	35,028
MHS STORE	26,727
BOARDING/DAYCARE	168,925
RENTAL OF FACILITIES	9,989
TOTAL	<u>\$ 560,637</u>

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Federal Statements**Other****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
WHEELS FOR PAWS	\$ 2,835
HANDCRAFTED FOR THE HOLID	2,237
COMMUNITY FUNDRAISERS	1,728
CALENDARS	11,254
ANNUAL MEETING	93
OTHER	751
TOTAL	\$ <u>18,898</u>

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Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning **07/01/15** , and ending **06/30/16**

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MONADNOCK HUMANE SOCIETY, INC.

Net Asset / Fund Balance at Beginning of Year 3,012,920

Revenue

Contributions	365,290
Program service revenue	467,967
Investment income	37,888
Capital gain / loss	140
Fundraising / Gaming:	
Gross revenue	127,831
Direct expenses	44,564
Net income	83,267
Other income	12,110

Total revenue 966,662

Expenses

Program services	1,051,783
Management and general	132,829
Fundraising	187,982

Total expenses 1,372,594

Excess / (deficit) -405,932

Changes -7,695

Net Asset / Fund Balance at End of Year 2,599,293

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Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	966,662

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	1,372,594

Balance Sheet

	Beginning	Ending	Differences
Assets	3,112,891	2,725,963	
Liabilities	99,971	126,670	
Net assets	3,012,920	2,599,293	-413,627

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/17
 Failure to file penalty _____