

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning

, and ending

25-1064313

BEAVER COUNTY HUMANE SOCIETY

Net Asset / Fund Balance at Beginning of Year 2,647,327

Revenue

Contributions	<u>865,833</u>	
Program service revenue	<u>381,731</u>	
Investment income	<u>6,749</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>310,736</u>	
Direct expenses		
Net income	<u>310,736</u>	
Other income	<u>37,851</u>	
Total revenue		<u>1,602,900</u>

Expenses

Program services	<u>1,372,843</u>	
Management and general	<u>156,321</u>	
Fundraising	<u>42,547</u>	
Total expenses		<u>1,571,711</u>

Excess / (deficit) 31,189

Changes 9,193

Net Asset / Fund Balance at End of Year 2,687,709

Reconciliation of Revenue

Total revenue per financial statements	<u>1,707,383</u>
Less:	
Unrealized gains	<u>9,193</u>
Donated services	
Recoveries	
Other	<u>97,142</u>
Plus:	
Investment expenses	<u>1,852</u>
Other	
Total revenue per return	<u><u>1,602,900</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,667,001</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>97,142</u>
Plus:	
Investment expenses	<u>1,852</u>
Other	
Total expenses per return	<u><u>1,571,711</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,335,370</u>	<u>3,276,833</u>	
Liabilities	<u>688,043</u>	<u>589,124</u>	
Net assets	<u><u>2,647,327</u></u>	<u><u>2,687,709</u></u>	<u>40,382</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/18
 Failure to file penalty _____

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20 _____

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

BEAVER COUNTY HUMANE SOCIETY

Employer identification number

25-1064313

Name and title of officer

**DEBBIE KLESSER
PRESIDENT**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,602,900</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 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 **CYPHER & CYPHER CPA'S** 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 2017 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 2017 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 ▶ **07/11/18**

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.

25163212345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 ▶ **CHARLES R. RUPERT, CPA**

Date ▶ **07/11/18**

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.

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">BEAVER COUNTY HUMANE SOCIETY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>3394 BRODHEAD ROAD</p> City or town, state or province, country, and ZIP or foreign postal code <p>ALIQUIPPA PA 15001</p>	D Employer identification number <p align="center">25-1064313</p> E Telephone number <p align="center">724-775-5801</p> G Gross receipts \$ 1,636,279
F Name and address of principal officer: <p>DEBBIE KLESSER 3394 BRODHEAD ROAD ALIQUIPPA PA 15003</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.BEAVERCOUNTYHUMANESOCIETY.ORG		L Year of formation: 1965
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile:

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">SEE SCHEDULE O</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	50
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	760,535	865,833
	9 Program service revenue (Part VIII, line 2g)	349,346	381,731
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,288	6,749
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,191	348,587
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,227,360	1,602,900
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	855,956	914,136
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,547		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	603,724	657,575
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,459,680	1,571,711
	19 Revenue less expenses. Subtract line 18 from line 12	-232,320	31,189
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,335,370	3,276,833
	21 Total liabilities (Part X, line 26)	688,043	589,124
	22 Net assets or fund balances. Subtract line 21 from line 20	2,647,327	2,687,709

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p align="center">DEBBIE KLESSER</p> Type or print name and title <p align="center">PRESIDENT</p>	Date
Paid Preparer Use Only	Print/Type preparer's name CHARLES R. RUPERT, CPA	Preparer's signature CHARLES R. RUPERT, CPA
	Firm's name ▶ CYPHER & CYPHER CPA'S 179 E PIKE ST Firm's address ▶ CANONSBURG, PA 15317-1765	Date 07/11/18 Check <input type="checkbox"/> if self-employed PTIN
		Firm's EIN ▶ Phone no. 724-745-3543

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code:) (Expenses \$ **1,372,843** including grants of \$) (Revenue \$ **381,731**)

THE MISSION OF BEAVER COUNTY HUMANE SOCIETY IS TO PROTECT ALL DOMESTIC ANIMALS BY PROVIDING SHELTER AND CARE; ADOPTION SERVICES; INVESTIGATION, CORRECTION OR PROSECUTION OF CRUELTY OR ABUSE SITUATIONS; EDUCATION PROGRAMS; AND PROMOTION OF THE CONCEPTS OF KINDNESS AND RESPECT FOR ALL LIVING CREATURES THROUGHOUT BEAVER COUNTY.

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 **1,372,843**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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: 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?		
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?		X
9 Sponsoring organizations maintaining donor advised funds.			
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
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.		
	17		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	17		
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:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

SUSAN SALYARDS

3394 BRODHEAD ROAD

ALIQUIPPA

PA 15011

724-775-5801

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) DEBBIE KLESSER PRESIDENT	5.00 0.00	X		X				0	0	0
(2) JANIS REHM VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(3) CHAD WHELPLEY 2ND VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(4) JONATHAN TILELLI TREASURER	1.00 0.00	X		X				0	0	0
(5) JANICE L. VOYNIK SECRETARY	1.00 0.00	X		X				0	0	0
(6) ANNA MAE CAFASSO CORR. SECRETARY	1.00 0.00	X		X				0	0	0
(7) JOYCE BRECKENRIDGE BOARD DIRECTOR	0.00 0.00	X						0	0	0
(8) SCOTT CARE BOARD DIRECTOR	0.00 0.00	X						0	0	0
(9) LARRY A. DIDAY BOARD DIRECTOR	0.00 0.00	X						0	0	0
(10) ELIZABETH JOHNSTON BOARD DIRECTOR	0.00 0.00	X						0	0	0
(11) LINDA KASUNICK BOARD DIRECTOR	0.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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) DR. DOUG KNUEVEN, DVM BOARD DIRECTOR	0.00 0.00	X						0	0	0
(13) BARRY J. LIPSON BOARD DIRECTOR	0.00 0.00	X						0	0	0
(14) JACK MANNING BOARD DIRECTOR	0.00 0.00	X						0	0	0
(15) SCOTT MONIT BOARD DIRECTOR	0.00 0.00	X						0	0	0
(16) DARLENE RAMUNNO BOARD DIRECTOR	0.00 0.00	X						0	0	0
(17) WILBUR SNYDER BOARD DIRECTOR	0.00 0.00	X						0	0	0
(18) SUSAN SALYARDS EXECUTIVE DIRECTOR	40.00 0.00			X				71,531	0	0
1b Sub-total								71,531		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								71,531		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)					
	1f All other contributions, gifts, grants, and similar amounts not included above	865,833				
	g Noncash contributions included in lines 1a-1f: \$	38,000				
	h Total. Add lines 1a-1f	865,833				
Program Service Revenue	2a PROGRAM FEES	306,897	306,897			
	b ANIMAL CONTROL	74,834	74,834			
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	381,731				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	6,749			6,749
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real	17,363			
		(ii) Personal				
b Less: rental exps.		1,193				
c Rental inc. or (loss)		16,170				
d Net rental income or (loss)		16,170			16,170	
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		310,736				
b Less: direct expenses						
c Net income or (loss) from fundraising events	310,736					
9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	53,867				
	b Less: cost of goods sold	32,186				
c Net income or (loss) from sales of inventory	21,681	21,681				
Miscellaneous Revenue						
11a	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions.	1,602,900	403,412	0	22,919	

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	779,546	744,339	33,557	1,650
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	65,746		65,746	
10	Payroll taxes	68,844	65,104	3,572	168
11	Fees for services (non-employees):				
a	Management				
b	Legal	823	823		
c	Accounting	25,753	23,521		2,232
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,852		1,852	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	49,212	25,988	19,752	3,472
12	Advertising and promotion	4,627	1,464	3,163	
13	Office expenses	78,835	39,333	5,281	34,221
14	Information technology				
15	Royalties				
16	Occupancy	21,980	21,980		
17	Travel	10,002	7,606	2,342	54
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	28,343	28,343		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	106,843	106,843		
23	Insurance	47,885	40,513	7,372	
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	SERVICE EXPENSES	205,415	203,915	1,500	
b	EQUIPMENT, BUILDING MAINT	70,301	60,137	9,414	750
c	DUES & SUBSCRIPTIONS	1,980	1,597	383	
d	LICENSES & PERMITS	1,537	75	1,462	
e	All other expenses	2,187	1,262	925	
25	Total functional expenses. Add lines 1 through 24e	1,571,711	1,372,843	156,321	42,547
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	176,929	1	178,843
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	37,132	4	36,010
	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	16,852	8	15,083
	9 Prepaid expenses and deferred charges	7,715	9	14,446
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,495,192		
	b Less: accumulated depreciation	10b 593,301	2,979,530	10c 2,901,891
	11 Investments—publicly traded securities	117,212	11	130,560
	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)	3,335,370	16	3,276,833	
Liabilities	17 Accounts payable and accrued expenses	75,814	17	72,898
	18 Grants payable		18	
	19 Deferred revenue	1,650	19	4,583
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	610,579	24	511,643
	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	688,043	26	589,124
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	2,524,287	27	2,662,926
	28 Temporarily restricted net assets	123,040	28	24,783
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,647,327	33	2,687,709	
34 Total liabilities and net assets/fund balances	3,335,370	34	3,276,833	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,602,900
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,571,711
3	Revenue less expenses. Subtract line 2 from line 1	3	31,189
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,647,327
5	Net unrealized gains (losses) on investments	5	9,193
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	2,687,709

Part XII Financial Statements and Reporting

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

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

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.

2017

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

BEAVER COUNTY HUMANE SOCIETY

Employer identification number

25-1064313

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,426,926	690,915	886,416	760,535	865,833	4,630,625
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	128,978	344,609	390,753	479,301	746,334	2,089,975
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	1,555,904	1,035,524	1,277,169	1,239,836	1,612,167	6,720,600
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	113,164	129,440	143,218	129,162	270,158	785,142
c Add lines 7a and 7b	113,164	129,440	143,218	129,162	270,158	785,142
8 Public support. (Subtract line 7c from line 6.)						5,935,458

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	1,555,904	1,035,524	1,277,169	1,239,836	1,612,167	6,720,600
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,506	8,425	25,284	30,596	24,112	113,923
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	25,506	8,425	25,284	30,596	24,112	113,923
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.)	1,581,410	1,043,949	1,302,453	1,270,432	1,636,279	6,834,523
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	86.85%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	87.67%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	2%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	2%
19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

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

A series of horizontal dotted lines providing space for supplemental information.

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

Name of the organization BEAVER COUNTY HUMANE SOCIETY	Employer identification number 25-1064313
--	--

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization BEAVER COUNTY HUMANE SOCIETY	Employer identification number 25-1064313
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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		\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 18,276	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 18,245	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BEAVER COUNTY HUMANE SOCIETY	Employer identification number 25-1064313
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 10,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	\$ 8,635	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BEAVER COUNTY HUMANE SOCIETY	Employer identification number 25-1064313
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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
13		\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 7,823	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 7,420	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 7,119	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BEAVER COUNTY HUMANE SOCIETY	Employer identification number 25-1064313
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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
19	\$ 6,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	\$ 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	\$ 5,000	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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. Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

BEAVER COUNTY HUMANE SOCIETY

Employer identification number

25-1064313

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding 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 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
- 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 | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 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		375,000		375,000
b Buildings		2,622,902	349,544	2,273,358
c Leasehold improvements		203,793	53,957	149,836
d Equipment		293,497	189,800	103,697
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,901,891

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.) ▶		

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.) ▶		

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.) ▶	

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.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,707,383
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,193	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	97,142	
e	Add lines 2a through 2d	2e		106,335
3	Subtract line 2e from line 1	3		1,601,048
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	1,852	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		1,852
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,602,900

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

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

1	Total expenses and losses per audited financial statements		1	1,667,001
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	97,142	
e	Add lines 2a through 2d	2e		97,142
3	Subtract line 2e from line 1	3		1,569,859
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	1,852	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		1,852
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,571,711

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

DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS \$ 63,763

RENTAL EXPENSES \$ 1,193

RETAIL SALES - COGS \$ 32,186

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

DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS \$ 63,763

RENTAL EXPENSES \$ 1,193

RETAIL SALES - COGS \$ 32,186

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

BEAVER COUNTY HUMANE SOCIETY

Employer identification number

25-1064313

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>PAWS IN THE GAR</u>	<u>CALENDAR</u>	<u>6</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	(col. (c))
Revenue	1 Gross receipts	40,927	33,907	146,092	220,926
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	40,927	33,907	146,092	220,926
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				220,926	

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a	The organization's facility	13a		%
b	An outside facility	13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

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

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

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BEAVER COUNTY HUMANE SOCIETY

Employer identification number

25-1064313

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	1	38,000	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

BEAVER COUNTY HUMANE SOCIETY

25-1064313

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE BEAVER COUNTY HUMANE SOCIETY IS TO PROTECT ALL DOMESTIC ANIMALS BY PROVIDING SHELTER AND CARE; ADOPTION SERVICES INVESTIGATION; CORRECTION OR PROSECUTION OF CRULETY OR ABUSE SITUATIONS; EDUCATION AND PROMOTION OF THE CONCEPTS OF KINDNESS AND RESPECT FOR ALL LIVING CREATURES THROUGHOUT BEAVER COUNTY.

FORM 990, PART I, LINE 6

VOLUNTEERS DONATE THEIR TIME TO THE HUMANE SOCIETY TO ASSIST WITH SERVICES SUCH AS, PAPERWORK WITH THE AODPTION PROCESS, CUSTOMER SERVICE, AND RECRATIONAL ACTIVITIES WITH THE ANIMALS. NO VOLUNTEERS RECEIVE BENEFITS FROM THE HUMANE SOCIETY.

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

DRAFT OF AUDIT FINANCIAL STATEMENTS AND FORM 990 IS PRESENTED TO AUDIT COMMITTEE FOR APPROVAL PRIOR TO FINALIZING AND ISSUING DOCUMENTS.

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

ANNUALLY, DURING A BOARD MEETING, A VERBAL SURVEY OF BOARD MEMBERS TO DISCLOSE IF ANY POSSIBLE CONFLICTS OF INTERESTS MIGHT EXIST. A FORMAL DOCUMENT HAS BEEN IMPLEMENTED FOR BOARD MEMBERS TO COMPLETE ANNUALLY IN PLACE OF THE VERBAL SURVEY.

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

THE COMPENSATION COMMITTEE VOTES AND DECIDES ON A REASONABLE COMPENSATION

Name of the organization

BEAVER COUNTY HUMANE SOCIETY

Employer identification number

25-1064313

ARRANGEMENT. THE COMPENSATION ARRANGEMENT THEN GETS VOTED ON AT A REGULAR MONTHLY MEETING BY THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE COMPENSATION COMMITTEE VOTES AND DECIDES ON A REASONABLE COMPENSATION ARRANGEMENT. THE COMPENSATION ARRANGEMENT THEN GETS VOTED ON AT A REGULAR MONTHLY MEETING BY THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON WRITTEN REQUEST.

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

DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS	\$	63,763
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RENTAL EXPENSES	\$	1,193
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RETAIL SALES - COGS	\$	32,186
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DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS	\$	-63,763
---	----	---------

RENTAL EXPENSES	\$	-1,193
-----------------	----	--------

RETAIL SALES - COGS	\$	-32,186
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Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

Name(s) shown on return

BEAVER COUNTY HUMANE SOCIETY

Identifying number

25-1064313

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	104,097

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	771
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,975
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	106,843
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost				
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25				
26 Property used more than 50% in a qualified business use:												
2014	CHEVROLET	EXPRESS	TRUCK									
	06/27/14	100.00%	30,571	30,571	5.0	S/L-	1,975					
		%										
27 Property used 50% or less in a qualified business use:												
		%				S/L-						
		%				S/L-						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	1,975			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29		

Section B—Information on Use of Vehicles

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

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
62	TWO CLEAR PLASTIC PANELS/GROMM	6/11/13	1,163			1,163	39 MMS/L	103	29
63	AIR CONDITIONER - THRIFT STORE	7/09/13	7,750			7,750	15 HY S/L	1,808	517
119	BALLASTS - TS	2/03/15	2,219			2,219	15 HY S/L	222	148
120	GARAGE DOOR	9/04/15	1,154			1,154	15 HY S/L	115	77
			12,286			12,286		2,248	771
Other Depreciation:									
1	LAND	1/01/06	375,000			375,000	0 -- Land	0	0
7	KENNEL	6/30/00	71,704			71,704	30 MO S/L	39,437	2,390
15	KENNELS	9/26/91	1,375			1,375	5 MO S/L	1,375	0
20	PAPER SHREDDER	10/08/96	1,701			1,701	20 MO S/L	1,701	0
24	SHORELINE CAGES	6/01/00	3,255			3,255	5 MO S/L	3,255	0
25	ANIMAL CARE EQUIPMENT	6/01/00	628			628	5 MO S/L	628	0
26	CABINETS	6/01/00	320			320	5 MO S/L	320	0
32	VAPORIZER & ANESTHESIA MACHINI	5/01/05	3,708			3,708	5 MO S/L	3,708	0
33	HYDRONIC HEATER	6/01/05	150			150	5 MO S/L	150	0
35	AUTOCLAVE	5/01/05	2,204			2,204	5 MO S/L	2,204	0
36	ANESTHESIA CHAMBER	6/01/05	200			200	5 MO S/L	200	0
37	CAT CAGES (BANK OF 4)	10/01/05	3,038			3,038	5 MO S/L	3,038	0
38	COMPUTER	1/01/05	2,822			2,822	5 MO S/L	2,822	0
39	PROJECTOR	1/01/05	1,205			1,205	5 MO S/L	1,205	0
40	CAUTERY UNIT	3/01/07	4,225			4,225	5 MO S/L	4,225	0
41	COPIER (VET OFFICE)	7/01/07	1,850			1,850	5 MO S/L	1,850	0
42	COPIER (THRIFT STORE)	6/01/07	7,900			7,900	5 MO S/L	7,900	0
46	STAND DRYER	11/04/09	268			268	5 MO S/L	268	0
47	REFRACTORMETER	2/03/09	153			153	5 MO S/L	153	0
48	2010 FORD TRANSIT	10/28/10	20,500			20,500	5 MO S/L	20,500	0
50	FLOOR SCALE	8/15/11	960			960	5 MO S/L	960	0
51	PRE-CONSTRUCTION COSTS	1/01/06	108,486			108,486	39 MO S/L	11,127	2,782
53	LAWN MOWER	5/21/11	269			269	5 MO S/L	269	0
54	2011 ESB BANK LOAN - CLOSING COS	8/12/11	13,483			13,483	39 MO S/L	1,383	346
56	THRIFT STORE BUILDING	7/26/12	100,000			100,000	39 MO S/L	11,181	2,532
57	BUILDING IMPROVEMENTS - THRIFT	12/31/12	14,718			14,718	15 MO S/L	3,925	981
58	2012 ESB BANK LOAN-THRIFT STORE	7/26/12	5,521			5,521	39 MO S/L	637	142
59	BLINDS (IN KIND DONATION)	11/15/12	842			842	7 MO S/L	501	121
60	BATHTUB	5/17/12	6,941			6,941	7 MO S/L	4,545	991
61	BAFFLES - EDUCATIONAL ROOM	1/23/13	13,800			13,800	39 MO S/L	1,386	354
64	1 WASHING MACHINE - SPEEDQUEEN	1/15/13	635			635	7 MO S/L	363	91
65	1 DRYER - SPEEDQUEEN	1/15/13	610			610	7 MO S/L	349	87
66	1 DRYER	1/23/13	620			620	7 MO S/L	347	88
67	1 WASHING MACHINE	2/07/13	679			679	7 MO S/L	380	97
68	10 DELL COMPUTERS	2/25/13	11,824			11,824	5 MO S/L	9,065	2,365
69	CASH REGISTER - THRIFT STORE	3/01/13	125			125	5 MO S/L	96	25
70	STONE PANEL TRASH URN	3/05/13	205			205	7 MO S/L	112	30
71	LIFT TABLE - ULINE	5/15/13	703			703	7 MO S/L	368	101
72	STONE PARKING LOT	2/14/13	3,900			3,900	15 MO S/L	1,018	260
73	HOSE/KITCHEN FAUCETS, LNDRY TR.	3/06/13	2,984			2,984	7 MO S/L	1,634	426
75	BLACKOUT WINDOW TINT-DOG ROO	4/02/13	520			520	7 MO S/L	279	74
76	KENNELS, RUNGATE-SNYDER MFG	5/30/13	22,209			22,209	7 MO S/L	11,369	3,173
77	TELEPHONE SYSTEM ADDITIONS	8/28/13	1,453			1,453	7 MO S/L	692	207
78	IRON DESIGN WALL PANEL	5/03/13	600			600	7 MO S/L	314	86
79	STORAGE BARN & ERECTING COSTS	11/01/13	3,573			3,573	39 MO S/L	290	92
80	NAMING PLAQUES	4/04/13	11,908			11,908	7 MO S/L	6,379	1,701
81	MICROSOFT OFFICE STD ED. (10)	2/11/13	507		X	254	3 MO Amort	507	0
82	ADA SIGNS	3/06/13	455			455	7 MO S/L	249	65
83	COMPUTER NETWORKING, ROUTER, 1	6/05/13	2,302			2,302	5 MO S/L	1,649	461
84	NARCOTIC CABINET	6/27/13	262			262	7 MO S/L	131	37
85	SHORELINE KENNELS - VARIOUS SIZI	7/11/13	13,180			13,180	7 MO S/L	6,590	1,883
86	HANDHELD MONITOR PULSE	7/31/13	633			633	7 MO S/L	309	90
87	1 GAS DRYER	10/03/13	610			610	7 MO S/L	283	87
88	POLY METAL WALL MOUNT KENL DC	10/11/13	788			788	7 MO S/L	366	112
89	HANDICAPPED HANDLE FOR ACCESS	11/07/13	427			427	15 MO S/L	90	29
90	20 POCKET METAL FILING WALL MOU	11/20/13	946			946	7 MO S/L	417	135
91	BUILDING - 3394 BRODHEAD RD	1/01/13	2,353,073			2,353,073	39 MO S/L	241,341	60,335
92	SHELVING - ALPHA OMEGA	11/06/13	620			620	7 MO S/L	280	89
94	CHAMELEON/CMS SOFTWARE	10/10/14	24,860		X	12,430	3 MO Amort	21,752	3,108
95	FREEZER	3/07/14	2,386			2,386	7 MO S/L	966	340
96	FENCE - SHELTER	3/31/14	1,225			1,225	15 MO S/L	225	81

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
97	KENNEL DOORS	5/16/14	17,631			17,631	7 MO S/L	6,507	2,518
98	2 DELL COMPUTERS	10/03/14	1,461			1,461	5 MO S/L	657	292
99	ROLLING METAL LADDER	4/25/14	684			684	7 MO S/L	261	97
100	LAWN TRACTOR	4/14/14	2,637			2,637	3 MO S/L	2,417	220
101	SHELVING - BAUMAN OFFICE EQUIP	5/01/14	298			298	7 MO S/L	114	42
102	GIFT SHOP SHELVING - PET EDGE	7/18/14	600			600	7 MO S/L	207	86
103	PHONE SYSTEM - TS	3/25/14	1,595			1,595	7 MO S/L	627	227
104	SECURITY SYSTEM - TS	8/01/14	3,600			3,600	7 MO S/L	1,243	514
105	APARTMENT IMPROVEMENTS - TS	3/25/14	20,381			20,381	27 MO S/L	2,038	741
106	POINT OF SALE SYSTEM - TS	10/17/14	690			690	5 MO S/L	299	138
107	CONCRETE RAMP - TS (A&L KALCEVI	10/24/14	1,100			1,100	15 MO S/L	159	73
108	APARTMENT IMPROVEMENTS - TS	1/22/14	11,176			11,176	27 MO S/L	1,185	407
109	EXTERNAL LIGHTING- TEC ELECTRIC	1/22/14	6,605			6,605	7 MO S/L	2,752	944
110	CONCRETE (IN FENCED IN AREAS)	5/13/14	18,895			18,895	15 MO S/L	3,359	1,260
111	DOUBLE HELIX OUTLET	7/16/14	878			878	7 MO S/L	303	126
112	CCTV CAMERAS/PAGING SPEAKERS	6/18/14	4,360			4,360	15 MO S/L	727	290
113	2 DELL COMPUTERS	12/31/14	1,161			1,161	5 MO S/L	464	232
114	SHELVING	3/01/14	546			546	7 MO S/L	221	78
115	4 DRYERS	1/15/14	876			876	7 MO S/L	375	126
116	DOOR & DAM GASKET	5/07/15	2,200			2,200	7 MO S/L	524	314
117	TRAILER	9/22/15	600			600	5 MO S/L	150	120
118	AIR CONDITIONER FOR APARTMENT	5/22/15	2,123			2,123	5 MO S/L	672	425
121	HANDICAPPED TOLIET - TS	11/13/15	485			485	5 MO S/L	113	97
122	ROOF APARTMENT - TS	11/15/15	3,944			3,944	39 MO S/L	118	101
123	HVAC & BUILDING RENNOVATIONS	4/13/15	15,792			15,792	39 MO S/L	709	405
124	SEWER TAP-IN FEES	5/27/15	15,040			15,040	5 MO S/L	5,013	3,008
125	WASHER / DRYER	5/27/16	19,035			19,035	7 MO S/L	1,586	2,720
126	STEPS & WALL	8/11/16	1,596			1,596	39 MO S/L	17	41
127	HEATER UNIT	12/08/16	2,050			2,050	7 MO S/L	24	293
128	SIGN	6/27/16	30,223			30,223	39 MO S/L	387	775
129	STONE PATIO	11/10/16	2,824			2,824	39 MO S/L	12	72
130	FENCING - 10FT X 10FT & 17FT X 64" V	4/27/17	3,323			3,323	15 MO S/L	0	148
131	TELEPHONE SYSTEM	10/31/17	12,000			12,000	15 MO S/L	0	133
132	SECURITY SYSTEM	12/22/17	3,955			3,955	15 MO S/L	0	0
133	2008 SUBARU FORESTER	3/31/17	3,900			3,900	5 MO S/L	0	585
134	APARTMENT IMPROVEMENTS	9/29/17	6,025			6,025	27 MO S/L	0	55
Total Other Depreciation			<u>3,452,337</u>			<u>3,439,654</u>		<u>472,303</u>	<u>104,097</u>
Total ACRS and Other Depreciation			<u>3,452,337</u>			<u>3,439,654</u>		<u>472,303</u>	<u>104,097</u>
Listed Property:									
93	2014 CHEVROLET EXPRESS TRUCK	6/27/14	30,571			30,571	5 MO S/L	11,907	1,975
			<u>30,571</u>			<u>30,571</u>		<u>11,907</u>	<u>1,975</u>
Grand Totals			3,495,194			3,482,511		486,458	106,843
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,495,194</u>			<u>3,482,511</u>		<u>486,458</u>	<u>106,843</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
62	TWO CLEAR PLASTIC PANELS/GROMM	6/11/13	1,163			1,163	39 MMS/L	103	29
63	AIR CONDITIONER - THRIFT STORE	7/09/13	7,750			7,750	15 HY S/L	1,808	517
119	BALLASTS - TS	2/03/15	2,219			2,219	15 HY S/L	222	148
120	GARAGE DOOR	9/04/15	1,154			1,154	15 HY S/L	115	77
			12,286			12,286		2,248	771
Other Depreciation:									
1	LAND	1/01/06	0			0	0 HY	0	0
7	KENNEL	6/30/00	0			0	0 HY	0	0
15	KENNELS	9/26/91	0			0	0 HY	0	0
20	PAPER SHREDDER	10/08/96	0			0	0 HY	0	0
24	SHORELINE CAGES	6/01/00	0			0	0 HY	0	0
25	ANIMAL CARE EQUIPMENT	6/01/00	0			0	0 HY	0	0
26	CABINETS	6/01/00	0			0	0 HY	0	0
32	VAPORIZER & ANESTHESIA MACHINI	5/01/05	0			0	0 HY	0	0
33	HYDRONIC HEATER	6/01/05	0			0	0 HY	0	0
35	AUTOCLAVE	5/01/05	0			0	0 HY	0	0
36	ANESTHESIA CHAMBER	6/01/05	0			0	0 HY	0	0
37	CAT CAGES (BANK OF 4)	10/01/05	0			0	0 HY	0	0
38	COMPUTER	1/01/05	0			0	0 HY	0	0
39	PROJECTOR	1/01/05	0			0	0 HY	0	0
40	CAUTERY UNIT	3/01/07	0			0	0 HY	0	0
41	COPIER (VET OFFICE)	7/01/07	0			0	0 HY	0	0
42	COPIER (THRIFT STORE)	6/01/07	0			0	0 HY	0	0
46	STAND DRYER	11/04/09	0			0	0 HY	0	0
47	REFRACTORMETER	2/03/09	0			0	0 HY	0	0
48	2010 FORD TRANSIT	10/28/10	20,500			20,500	5 MO S/L	20,500	0
50	FLOOR SCALE	8/15/11	0			0	0 HY	0	0
51	PRE-CONSTRUCTION COSTS	1/01/06	108,486			108,486	39 MO S/L	30,483	2,782
53	LAWN MOWER	5/21/11	269			269	5 MO S/L	269	0
54	2011 ESB BANK LOAN - CLOSING COS	8/12/11	13,483			13,483	39 MO S/L	1,858	346
56	THRIFT STORE BUILDING	7/26/12	100,000			100,000	39 MO S/L	11,181	2,532
57	BUILDING IMPROVEMENTS - THRIFT	12/31/12	14,718			14,718	15 MO S/L	3,925	981
58	2012 ESB BANK LOAN-THRIFT STORE	7/26/12	5,521			5,521	39 MO S/L	637	142
59	BLINDS (IN KIND DONATION)	11/15/12	842			842	7 MO S/L	501	121
60	BATHTUB	5/17/12	6,941			6,941	7 MO S/L	4,545	991
61	BAFFLES - EDUCATIONAL ROOM	1/23/13	13,800			13,800	39 MO S/L	1,386	354
64	1 WASHING MACHINE - SPEEDQUEEN	1/15/13	635			635	7 MO S/L	363	91
65	1 DRYER - SPEEDQUEEN	1/15/13	610			610	7 MO S/L	349	87
66	1 DRYER	1/23/13	620			620	7 MO S/L	347	88
67	1 WASHING MACHINE	2/07/13	679			679	7 MO S/L	380	97
68	10 DELL COMPUTERS	2/25/13	11,824			11,824	5 MO S/L	9,065	2,365
69	CASH REGISTER - THRIFT STORE	3/01/13	125			125	5 MO S/L	96	25
70	STONE PANEL TRASH URN	3/05/13	205			205	7 MO S/L	112	30
71	LIFT TABLE - ULINE	5/15/13	703			703	7 MO S/L	368	101
72	STONE PARKING LOT	2/14/13	3,900			3,900	15 MO S/L	1,018	260
73	HOSE/KITCHEN FAUCETS, LNDRY TR.	3/06/13	2,984			2,984	7 MO S/L	1,634	426
75	BLACKOUT WINDOW TINT-DOG ROO	4/02/13	520			520	7 MO S/L	279	74
76	KENNELS, RUNGATE-SNYDER MFG	5/30/13	22,209			22,209	7 MO S/L	11,369	3,173
77	TELEPHONE SYSTEM ADDITIONS	8/28/13	1,453			1,453	7 MO S/L	692	207
78	IRON DESIGN WALL PANEL	5/03/13	600			600	7 MO S/L	314	86
79	STORAGE BARN & ERECTING COSTS	11/01/13	3,573			3,573	39 MO S/L	290	92
80	NAMING PLAQUES	4/04/13	11,908			11,908	7 MO S/L	6,379	1,701
82	ADA SIGNS	3/06/13	455			455	7 MO S/L	249	65
83	COMPUTER NETWORKING, ROUTER, I	6/05/13	2,302			2,302	5 MO S/L	1,649	461
84	NARCOTIC CABINET	6/27/13	262			262	7 MO S/L	131	37
85	SHORELINE KENNELS - VARIOUS SIZI	7/11/13	13,180			13,180	7 MO S/L	6,590	1,883
86	HANDHELD MONITOR PULSE	7/31/13	633			633	7 MO S/L	309	90
87	1 GAS DRYER	10/03/13	610			610	7 MO S/L	283	87
88	POLY METAL WALL MOUNT KENL DC	10/11/13	788			788	7 MO S/L	366	112
89	HANDICAPPED HANDLE FOR ACCESS	11/07/13	427			427	15 MO S/L	90	29
90	20 POCKET METAL FILING WALL MOU	11/20/13	946			946	7 MO S/L	417	135
91	BUILDING - 3394 BRODHEAD RD	1/01/13	2,353,073			2,353,073	39 MO S/L	241,341	60,335
92	SHELVING - ALPHA OMEGA	11/06/13	620			620	7 MO S/L	280	89
95	FREEZER	3/07/14	2,386			2,386	7 MO S/L	966	340
96	FENCE - SHELTER	3/31/14	1,225			1,225	15 MO S/L	225	81
97	KENNEL DOORS	5/16/14	17,631			17,631	7 MO S/L	6,507	2,518
98	2 DELL COMPUTERS	10/03/14	1,461			1,461	5 MO S/L	657	292

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
99	ROLLING METAL LADDER	4/25/14	684			684	7 MO S/L	261	97
100	LAWN TRACTOR	4/14/14	2,637			2,637	3 MO S/L	2,417	220
101	SHELVING - BAUMAN OFFICE EQUIP	5/01/14	298			298	7 MO S/L	114	42
102	GIFT SHOP SHELVING - PET EDGE	7/18/14	600			600	7 MO S/L	207	86
103	PHONE SYSTEM - TS	3/25/14	1,595			1,595	7 MO S/L	627	227
104	SECURITY SYSTEM -TS	8/01/14	3,600			3,600	7 MO S/L	1,243	514
105	APARTMENT IMPROVEMENTS - TS	3/25/14	20,381			20,381	27 MO S/L	2,038	741
106	POINT OF SALE SYSTEM - TS	10/17/14	690			690	5 MO S/L	299	138
107	CONCRETE RAMP - TS (A&L KALCEVI	10/24/14	1,100			1,100	15 MO S/L	159	73
108	APARTMENT IMPROVEMENTS - TS	1/22/14	11,176			11,176	27 MO S/L	1,185	407
109	EXTERNAL LIGHTING- TEC ELECTRIC	1/22/14	6,605			6,605	7 MO S/L	2,752	944
110	CONCRETE (IN FENCED IN AREAS)	5/13/14	18,895			18,895	15 MO S/L	3,359	1,260
111	DOUBLE HELIX OUTLET	7/16/14	0			0	0 HY	0	0
112	CCTV CAMERAS/PAGING SPEAKERS	6/18/14	0			0	0 HY	0	0
113	2 DELL COMPUTERS	12/31/14	1,161			1,161	5 MO S/L	464	232
114	SHELVING	3/01/14	546			546	7 MO S/L	221	78
115	4 DRYERS	1/15/14	876			876	7 MO S/L	375	126
116	DOOR & DAM GASKET	5/07/15	2,200			2,200	7 MO S/L	524	314
117	TRAILER	9/22/15	600			600	5 MO S/L	150	120
118	AIR CONDITIONER FOR APARTMENT	5/22/15	0			0	0 HY	0	0
121	HANDICAPPED TOLIET - TS	11/13/15	485			485	5 MO S/L	113	97
122	ROOF APARTMENT - TS	11/15/15	3,944			3,944	39 MO S/L	118	101
123	HVAC & BUILDING RENNOVATIONS	4/13/15	15,792			15,792	39 MO S/L	709	405
124	SEWER TAP-IN FEES	5/27/15	15,040			15,040	5 MO S/L	5,013	3,008
125	WASHER / DRYER	5/27/16	0			0	0 HY	0	0
126	STEPS & WALL	8/11/16	0			0	0 HY	0	0
127	HEATER UNIT	12/08/16	0			0	0 HY	0	0
128	SIGN	6/27/16	30,223			30,223	39 MO S/L	387	775
129	STONE PATIO	11/10/16	2,824			2,824	39 MO S/L	12	72
130	FENCING - 10FT X 10FT & 17FT X 64" V	4/27/17	3,323			3,323	15 MO S/L	0	148
131	TELEPHONE SYSTEM	10/31/17	12,000			12,000	15 MO S/L	0	133
132	SECURITY SYSTEM	12/22/17	3,955			3,955	15 MO S/L	0	0
133	2008 SUBARU FORESTER	3/31/17	3,900			3,900	5 MO S/L	0	585
134	APARTMENT IMPROVEMENTS	9/29/17	6,025			6,025	27 MO S/L	0	55
Total Other Depreciation			<u>2,914,262</u>			<u>2,914,262</u>		<u>391,147</u>	<u>94,704</u>
Total ACRS and Other Depreciation			<u>2,914,262</u>			<u>2,914,262</u>		<u>391,147</u>	<u>94,704</u>
Listed Property:									
93	2014 CHEVROLET EXPRESS TRUCK	6/27/14	30,571			30,571	5 MO S/L	11,907	1,975
			<u>30,571</u>			<u>30,571</u>		<u>11,907</u>	<u>1,975</u>
Grand Totals			2,957,119			2,957,119		405,302	97,450
Less: Dispositions and Transfers			0			0		0	0
Net Grand Totals			<u>2,957,119</u>			<u>2,957,119</u>		<u>405,302</u>	<u>97,450</u>

Bonus Depreciation Report

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								
81	MICROSOFT OFFICE STD ED. (10)	2/11/13	507		0	0	253	254
94	CHAMELEON/CMS SOFTWARE	10/10/14	24,860		0	0	12,430	12,430
	Form 990, Page 1		<u>25,367</u>		<u>0</u>	<u>0</u>	<u>12,683</u>	<u>12,684</u>
	Grand Total		<u>25,367</u>		<u>0</u>	<u>0</u>	<u>12,683</u>	<u>12,684</u>

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	62	TWO CLEAR PLASTIC PANELS/GROMMET	29	29	0
Page 1	1	63	AIR CONDITIONER - THRIFT STORE	517	517	0
Page 1	1	119	BALLASTS - TS	148	148	0
Page 1	1	120	GARAGE DOOR	77	77	0
				<u>771</u>	<u>771</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/18

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
62	TWO CLEAR PLASTIC PANELS/GROMMET	6/11/13	1,163	29	29
63	AIR CONDITIONER - THRIFT STORE	7/09/13	7,750	517	517
119	BALLASTS - TS	2/03/15	2,219	148	148
120	GARAGE DOOR	9/04/15	1,154	77	77
			12,286	771	771
Other Depreciation:					
1	LAND	1/01/06	375,000	0	0
7	KENNEL	6/30/00	71,704	2,390	0
15	KENNELS	9/26/91	1,375	0	0
20	PAPER SHREDDER	10/08/96	1,701	0	0
24	SHORELINE CAGES	6/01/00	3,255	0	0
25	ANIMAL CARE EQUIPMENT	6/01/00	628	0	0
26	CABINETS	6/01/00	320	0	0
32	VAPORIZER & ANESTHESIA MACHINES	5/01/05	3,708	0	0
33	HYDRONIC HEATER	6/01/05	150	0	0
35	AUTOCLAVE	5/01/05	2,204	0	0
36	ANESTHESIA CHAMBER	6/01/05	200	0	0
37	CAT CAGES (BANK OF 4)	10/01/05	3,038	0	0
38	COMPUTER	1/01/05	2,822	0	0
39	PROJECTOR	1/01/05	1,205	0	0
40	CAUTERY UNIT	3/01/07	4,225	0	0
41	COPIER (VET OFFICE)	7/01/07	1,850	0	0
42	COPIER (THRIFT STORE)	6/01/07	7,900	0	0
46	STAND DRYER	11/04/09	268	0	0
47	REFRACTORMETER	2/03/09	153	0	0
48	2010 FORD TRANSIT	10/28/10	20,500	0	0
50	FLOOR SCALE	8/15/11	960	0	0
51	PRE-CONSTRUCTION COSTS	1/01/06	108,486	2,781	2,781
53	LAWN MOWER	5/21/11	269	0	0
54	2011 ESB BANK LOAN - CLOSING COSTS	8/12/11	13,483	345	346
56	THRIFT STORE BUILDING	7/26/12	100,000	2,532	2,532
57	BUILDING IMPROVEMENTS - THRIFT STORE	2/31/12	14,718	981	981
58	2012 ESB BANK LOAN-THRIFT STORE CLO	7/26/12	5,521	141	141
59	BLINDS (IN KIND DONATION)	11/15/12	842	120	120
60	BATHTUB	5/17/12	6,941	992	992
61	BAFFLES - EDUCATIONAL ROOM	1/23/13	13,800	354	354
64	1 WASHING MACHINE - SPEEDQUEEN	1/15/13	635	90	90
65	1 DRYER - SPEEDQUEEN	1/15/13	610	87	87
66	1 DRYER	1/23/13	620	89	89
67	1 WASHING MACHINE	2/07/13	679	97	97
68	10 DELL COMPUTERS	2/25/13	11,824	394	394
69	CASH REGISTER - THRIFT STORE	3/01/13	125	4	4
70	STONE PANEL TRASH URN	3/05/13	205	29	29
71	LIFT TABLE - ULINE	5/15/13	703	100	100
72	STONE PARKING LOT	2/14/13	3,900	260	260
73	HOSE/KITCHEN FAUCETS, LNDRY TRAYS-	3/06/13	2,984	427	427
75	BLACKOUT WINDOW TINT-DOG ROOM	4/02/13	520	74	74
76	KENNELS, RUNGATE-SNYDER MFG	5/30/13	22,209	3,172	3,172
77	TELEPHONE SYSTEM ADDITIONS	8/28/13	1,453	208	208
78	IRON DESIGN WALL PANEL	5/03/13	600	86	86
79	STORAGE BARN & ERECTING COSTS	11/01/13	3,573	91	91
80	NAMING PLAQUES	4/04/13	11,908	1,701	1,701
81	MICROSOFT OFFICE STD ED. (10)	2/11/13	507	0	0
82	ADA SIGNS	3/06/13	455	65	65
83	COMPUTER NETWORKING, ROUTER, ETC	6/05/13	2,302	192	192
84	NARCOTIC CABINET	6/27/13	262	38	38
85	SHORELINE KENNELS - VARIOUS SIZES	7/11/13	13,180	1,882	1,882
86	HANDHELD MONITOR PULSE	7/31/13	633	91	91
87	1 GAS DRYER	10/03/13	610	87	87
88	POLY METAL WALL MOUNT KENL DOOR	10/11/13	788	113	113
89	HANDICAPPED HANDLE FOR ACCESS GATE	1/07/13	427	28	28
90	20 POCKET METAL FILING WALL MOUNTED	1/20/13	946	135	135
91	BUILDING - 3394 BROADHEAD RD	1/01/13	2,353,073	60,335	60,335
92	SHELVING - ALPHA OMEGA	11/06/13	620	89	89
94	CHAMELEON/CMS SOFTWARE	10/10/14	24,860	0	0

Future Depreciation Report FYE: 12/31/18

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
95	FREEZER	3/07/14	2,386	341	341
96	FENCE - SHELTER	3/31/14	1,225	82	82
97	KENNEL DOORS	5/16/14	17,631	2,519	2,519
98	2 DELL COMPUTERS	10/03/14	1,461	293	293
99	ROLLING METAL LADDER	4/25/14	684	98	98
100	LAWN TRACTOR	4/14/14	2,637	0	0
101	SHELVING - BAUMAN OFFICE EQUIP	5/01/14	298	43	43
102	GIFT SHOP SHELVING - PET EDGE	7/18/14	600	86	86
103	PHONE SYSTEM - TS	3/25/14	1,595	228	228
104	SECURITY SYSTEM -TS	8/01/14	3,600	514	514
105	APARTMENT IMPROVEMENTS - TS	3/25/14	20,381	741	741
106	POINT OF SALE SYSTEM - TS	10/17/14	690	138	138
107	CONCRETE RAMP - TS (A&L KALCEVIC)	10/24/14	1,100	74	74
108	APARTMENT IMPROVEMENTS - TS	1/22/14	11,176	406	406
109	EXTERNAL LIGHTING- TEC ELECTRICAL	1/22/14	6,605	943	943
110	CONCRETE (IN FENCED IN AREAS)	5/13/14	18,895	1,259	1,259
111	DOUBLE HELIX OUTLET	7/16/14	878	125	0
112	CCTV CAMERAS/PAGING SPEAKERS	6/18/14	4,360	291	0
113	2 DELL COMPUTERS	12/31/14	1,161	232	232
114	SHELVING	3/01/14	546	78	78
115	4 DRYERS	1/15/14	876	125	125
116	DOOR & DAM GASKET	5/07/15	2,200	314	314
117	TRAILER	9/22/15	600	120	120
118	AIR CONDITIONER FOR APARTMENT - TS	5/22/15	2,123	424	0
121	HANDICAPPED TOLIET - TS	11/13/15	485	97	97
122	ROOF APARTMENT - TS	11/15/15	3,944	101	101
123	HVAC & BUILDING RENNOVATIONS	4/13/15	15,792	404	404
124	SEWER TAP-IN FEES	5/27/15	15,040	3,008	3,008
125	WASHER / DRYER	5/27/16	19,035	2,719	0
126	STEPS & WALL	8/11/16	1,596	41	0
127	HEATER UNIT	12/08/16	2,050	293	0
128	SIGN	6/27/16	30,223	775	775
129	STONE PATIO	11/10/16	2,824	73	73
130	FENCING - 10FT X 10FT & 17FT X 64" WITH GATE	11/22/17	3,323	221	221
131	TELEPHONE SYSTEM	10/31/17	12,000	800	800
132	SECURITY SYSTEM	12/22/17	3,955	264	264
133	2008 SUBARU FORESTER	3/31/17	3,900	780	780
134	APARTMENT IMPROVEMENTS	9/29/17	6,025	219	219
Total Other Depreciation			<u>3,452,337</u>	<u>99,869</u>	<u>93,587</u>
Total ACRS and Other Depreciation			<u><u>3,452,337</u></u>	<u><u>99,869</u></u>	<u><u>93,587</u></u>
Listed Property:					
93	2014 CHEVROLET EXPRESS TRUCK	6/27/14	30,571	1,975	1,975
			<u>30,571</u>	<u>1,975</u>	<u>1,975</u>
Grand Totals			<u><u>3,495,194</u></u>	<u><u>102,615</u></u>	<u><u>96,333</u></u>

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

Fundraising Other Events

2017

For calendar year 2017, or tax year beginning , and ending

Name

Employer Identification Number

BEAVER COUNTY HUMANE SOCIETY

25-1064313

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		OTHER EVENTS >			(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	146,092			146,092
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	146,092			146,092
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

For calendar year 2017, or tax year beginning , ending

Name

Taxpayer Identification Number

BEAVER COUNTY HUMANE SOCIETY**25-1064313**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1. 760,535	865,833	105,298
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 349,346	381,731	32,385
	5. Investment income	5. 14,288	6,749	-7,539
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 65,236	310,736	245,500
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 21,647	21,681	34
	11. Other revenue	11. 16,308	16,170	-138
	12. Total revenue. Add lines 1 through 11	12. 1,227,360	1,602,900	375,540
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. 855,956	914,136	58,180
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 54,889	77,640	22,751
	19. Occupancy, rent, utilities, and maintenance	19. 20,272	21,980	1,708
	20. Depreciation and Depletion	20. 107,256	106,843	-413
	21. Other expenses	21. 421,307	451,112	29,805
	22. Total expenses. Add lines 13 through 21	22. 1,459,680	1,571,711	112,031
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -232,320	31,189	263,509
Other Information	24. Total exempt revenue	24. 1,227,360	1,602,900	375,540
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 401,589	426,331	24,742
	27. Total assets	27. 3,335,370	3,276,833	-58,537
	28. Total liabilities	28. 688,043	589,124	-98,919
	29. Retained earnings	29. 2,647,327	2,687,709	40,382
	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. 50	50	
	33. Number of volunteers	33. 500	500	

Form **990****Tax Return History****2017**

Name

BEAVER COUNTY HUMANE SOCIETY

Employer Identification Number

25-1064313

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	1,238,453	690,915	886,416	760,535	865,833	
Membership dues						
Program service revenue	128,978	264,083	324,713	349,346	381,731	
Capital gain or loss	-31,428		350			
Investment income	25,506	22,018	12,783	14,288	6,749	
Fundraising revenue (income/loss)	59,494	32,490	49,205	65,236	310,736	
Gaming revenue (income/loss)						
Other revenue	2,749	4,657	7,534	37,955	37,851	
Total revenue	1,423,752	1,014,163	1,281,001	1,227,360	1,602,900	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		71,871	69,159			
Other compensation	516,408	613,820	769,619	855,956	914,136	
Professional fees	46,168	66,132	76,070	54,889	77,640	
Occupancy costs	4,659	17,651	18,727	20,272	21,980	
Depreciation and depletion	16,836	110,609	109,325	107,256	106,843	
Other expenses	393,460	382,263	398,581	421,307	451,112	
Total expenses	977,531	1,262,346	1,441,481	1,459,680	1,571,711	
Excess or (Deficit)	446,221	-248,183	-160,480	-232,320	31,189	
Total exempt revenue	1,423,752	1,014,163	1,281,001	1,227,360	1,602,900	
Total unrelated revenue						
Total excludable revenue	125,805	290,758	345,380	401,589	426,331	
Total Assets	4,324,204	3,924,265	3,622,793	3,335,370	3,276,833	
Total Liabilities	962,006	856,658	748,395	688,043	589,124	
Net Fund Balances	3,362,198	3,067,607	2,874,398	2,647,327	2,687,709	

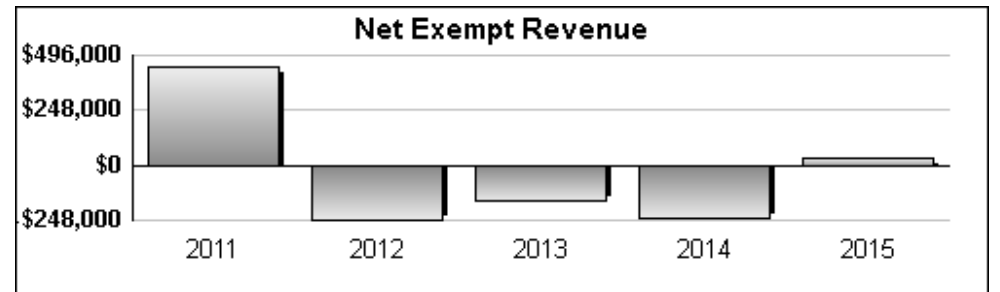
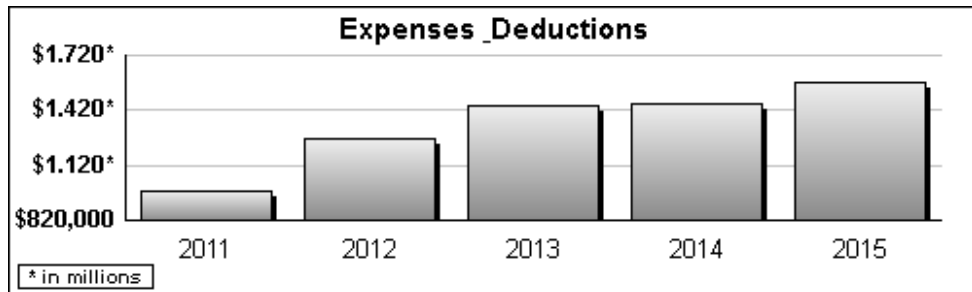
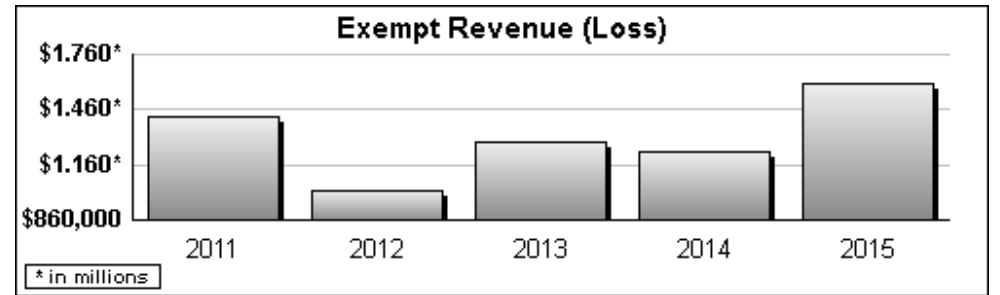
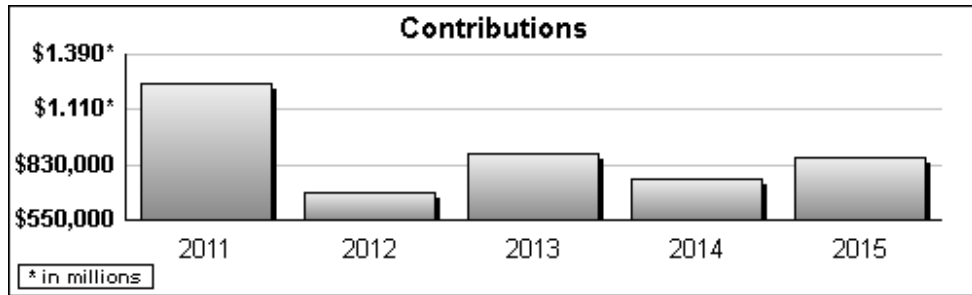
Name

BEAVER COUNTY HUMANE SOCIETY

Employer Identification Number

25-1064313

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form **990T**

Tax Return History

2017

Name

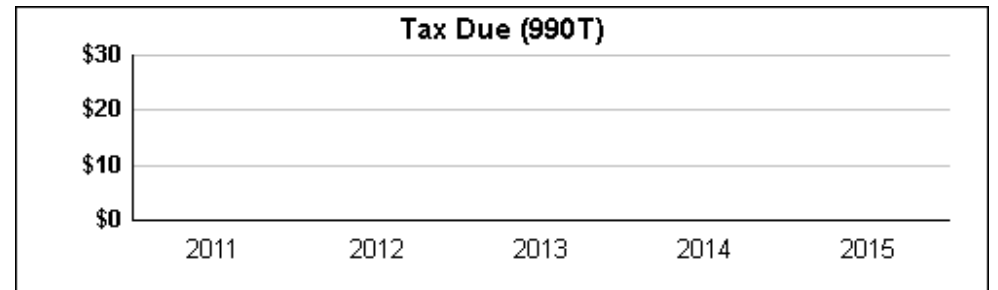
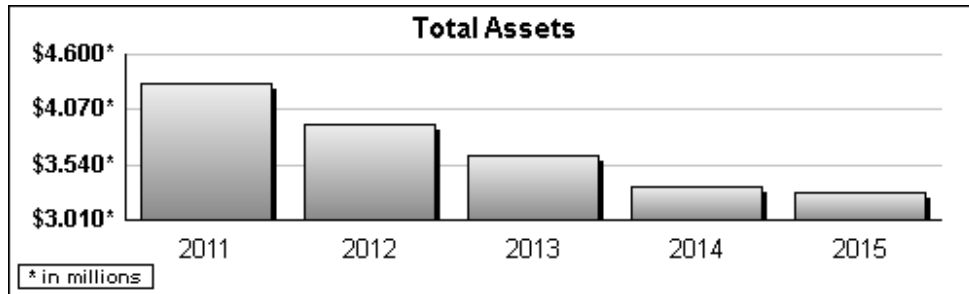
BEAVER COUNTY HUMANE SOCIETY

Employer Identification Number

25-1064313

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 181		14			
TOTAL	<u>\$ 181</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 2,781		14			
TOTAL	<u>\$ 2,781</u>					

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OUTSIDE SERVICES	\$ 28,424	\$ 5,200	\$ 19,752	\$ 3,472
CONSULTING	20,788	20,788		
TOTAL	<u>\$ 49,212</u>	<u>\$ 25,988</u>	<u>\$ 19,752</u>	<u>\$ 3,472</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
FUND RAISING	\$ 1,262	\$ 1,262		
MISCELLANEOUS	925		925	
TOTAL	<u>\$ 2,187</u>	<u>\$ 1,262</u>	<u>\$ 925</u>	<u>\$ 0</u>

Schedule A, Part III, Line 1(e)

Description	Amount
CONTRIBUTIONS	\$ 133,209
GRANTS & FOUNDATION	95,701
THRIFT STORE SALES	188,190
SPECIAL EVENTS	12,713
MISCELLANEOUS	52
DANIEL RAI	
CASH CONTRIBUTION	150,000
ELEANOR MUSUTA	
CASH CONTRIBUTION	75,000
PETERSON FAMILY FOUNDATION	
CASH CONTRIBUTION	25,000
BARBARA D'ALESSANDRIS	
CASH CONTRIBUTION	18,276
MAYER CHARITABLE FOUNDATION	
CASH CONTRIBUTION	18,245
ELINOR JONES MCCONNELL TRUST FUND	
CASH CONTRIBUTION	15,000
MARGARET RAPHAEL FOUNDATION	
CASH CONTRIBUTION	15,000
LOIS ANN SYLVESTER	
CASH CONTRIBUTION	10,100
MILLER FAMILY FUND	
CASH CONTRIBUTION	10,000
ROME INSPIRATIONS INC.	
CASH CONTRIBUTION	10,000
KIM MCKENZIE	
CASH CONTRIBUTION	8,635
BEAVER ANIMAL CLINIC, INC.	
CASH CONTRIBUTION	8,500
RAINBOW VETERINARY HOSPITAL	
CASH CONTRIBUTION	8,500
ETHEL TURNER	
CASH CONTRIBUTION	7,823
HANCOCK COUNTY SAVINGS BANK	
CASH CONTRIBUTION	7,500
DOUGLAS & JUDITH KNUEVEN	
CASH CONTRIBUTION	7,420
MARYELLEN KELLY	
CASH CONTRIBUTION	7,119
CATHERINE MARY VACCARO TRUST	

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION CAROL PAYTAS	\$ 7,000
CASH CONTRIBUTION BLACKWOOD FOUNDATION	6,050
CASH CONTRIBUTION WALTER SYLVESTER	5,600
CASH CONTRIBUTION ELIZABETH SMITH	5,200
CASH CONTRIBUTION NICHOLAS ZUNIC	5,000
CASH CONTRIBUTION	5,000
TOTAL	<u>\$ 865,833</u>

Schedule A, Part III, Line 2(e)

Description	Amount
PROGRAM FEES	\$ 306,897
ANIMAL CONTROL	74,834
PAWS IN THE GARDEN GALA CALENDAR	40,927
OTHER EVENTS > \$5,000	33,907
OTHER EVENTS < \$5,000	146,092
PET BOUTIQUE	89,810
TOTAL	<u>\$ 746,334</u>

Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
GREATER THAN \$5,000 DONATIONS	\$	\$
2017	286,521	270,158
2016	141,866	129,162
2015	156,243	143,218
2014	139,879	129,440
2013	128,978	113,164
TOTAL	<u>\$ 853,487</u>	<u>\$ 785,142</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST INCOME	\$ 181
DIVIDEND INCOME	2,781
REALIZED GAIN	886
CAPITAL GAIN DISTRIBUTION	2,901
RENTAL INCOME	17,363
TOTAL	\$ <u>24,112</u>

PAWS IN THE GARDEN GALA

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
PAWS IN THE GARDEN EXP	\$ _____
TOTAL	\$ <u>0</u>

CALENDAR

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
CALENDAR EXP	\$ _____
TOTAL	\$ <u>0</u>

OTHER EVENTS > \$5,000

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EVENTS > \$5,000 EXP	\$ _____
TOTAL	\$ <u>0</u>

OTHER EVENTS < \$5,000

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EVENTS < \$5,000 EXP	\$ _____
TOTAL	\$ <u>0</u>

PAWS IN THE GARDEN GALA

Gross receipts

<u>Description</u>	<u>Amount</u>
PAWS IN THE GARDEN GALA	\$ <u>40,927</u>
TOTAL	\$ <u><u>40,927</u></u>

CALENDAR

Gross receipts

<u>Description</u>	<u>Amount</u>
CALENDAR	\$ <u>33,907</u>
TOTAL	\$ <u><u>33,907</u></u>

OTHER EVENTS > \$5,000**Gross receipts**

<u>Description</u>	<u>Amount</u>
OTHER EVENTS > \$5,000	\$ <u>146,092</u>
TOTAL	\$ <u><u>146,092</u></u>

OTHER EVENTS < \$5,000**Gross receipts**

<u>Description</u>	<u>Amount</u>
OTHER EVENTS < \$5,000	\$ 153,573
RELATED DIRECT EXPENSE	<u>-63,763</u>
TOTAL	<u>\$ 89,810</u>

PET BOUTIQUE

Gross receipts

<u>Description</u>	<u>Amount</u>
SALES	\$ <u>53,867</u>
TOTAL	\$ <u><u>53,867</u></u>