

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

25-1064313

BEAVER COUNTY HUMANE SOCIETY

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

Revenue

Contributions	<u>886,592</u>	
Program service revenue	<u>420,872</u>	
Investment income	<u>17,540</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>224,358</u>	
Direct expenses	<u>46,100</u>	
Net income	<u>178,258</u>	
Other income	<u>35,107</u>	
Total revenue		<u>1,538,369</u>

Expenses

Program services	<u>1,429,322</u>	
Management and general	<u>150,468</u>	
Fundraising	<u>42,565</u>	
Total expenses		<u>1,622,355</u>

Excess / (deficit) -83,986

Changes -20,916

Net Asset / Fund Balance at End of Year 2,582,807

Reconciliation of Revenue

Total revenue per financial statements	<u>1,585,838</u>
Less:	
Unrealized gains	<u>-20,916</u>
Donated services	
Recoveries	
Other	<u>69,913</u>
Plus:	
Investment expenses	<u>1,528</u>
Other	
Total revenue per return	<u>1,538,369</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,690,740</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>69,913</u>
Plus:	
Investment expenses	<u>1,528</u>
Other	
Total expenses per return	<u>1,622,355</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,276,833</u>	<u>3,145,221</u>	
Liabilities	<u>589,124</u>	<u>562,414</u>	
Net assets	<u>2,687,709</u>	<u>2,582,807</u>	<u>-104,902</u>

Miscellaneous Information

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

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

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20 _____

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

2018

Department of the Treasury
Internal Revenue Service

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	1,538,369
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

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

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

Officer's signature } Date } **06/28/19**

Part III Certification and Authentication

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

25163212345
Do not enter all zeros

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

ERO's signature } **CHARLES R. RUPERT, CPA** Date } **06/28/19**

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

For Paperwork Reduction Act Notice, see back of form.

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 2018 calendar year, or tax year beginning , and ending

B Check if applicable: C Name of organization BEAVER COUNTY HUMANE SOCIETY D Employer identification number 25-1064313 E Telephone number 724-775-5801 F Name and address of principal officer: DEBBIE KLESSER 3394 BRODHEAD ROAD ALIQUIPPA PA 15003

I Tax-exempt status: 501(c)(3) J Website: WWW.BEAVERCOUNTYHUMANESOCIETY.ORG L Year of formation: 1965 M State of legal domicile: PA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... SEE SCHEDULE O; 2 Check this box if the organization discontinued its operations...; 3 Number of voting members... 18; 4 Number of independent voting members... 18; 5 Total number of individuals employed... 52; 6 Total number of volunteers... 500; 7a Total unrelated business revenue... 0; 7b Net unrelated business taxable income... 0; 8 Contributions and grants... 865,833; 9 Program service revenue... 381,731; 10 Investment income... 6,749; 11 Other revenue... 348,587; 12 Total revenue... 1,602,900; 13 Grants and similar amounts paid... 0; 14 Benefits paid to or for members... 0; 15 Salaries, other compensation... 914,136; 16a Professional fundraising fees... 0; 16b Total fundraising expenses... 42,565; 17 Other expenses... 657,575; 18 Total expenses... 1,571,711; 19 Revenue less expenses... 31,189; 20 Total assets... 3,276,833; 21 Total liabilities... 589,124; 22 Net assets or fund balances... 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 DEBBIE KLESSER Type or print name and title PRESIDENT

Paid Preparer Use Only Print/Type preparer's name CHARLES R. RUPERT, CPA Preparer's signature CHARLES R. RUPERT, CPA Date 07/29/19 Check self-employed if PTIN Firm's name CYPHER & CYPHER CPA'S Firm's EIN Firm's address 179 E PIKE ST CANONSBURG, PA 15317-1765 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 \$ **1,429,322** including grants of \$) (Revenue \$ **420,872**)

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 \$)

N/A

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

N/A

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

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

4e Total program service expenses **u 1,429,322**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	52
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	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?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 18, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

Section C. Disclosure

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

SUSAN SALYARDS 3394 BRODHEAD ROAD PA 15011 724-775-5801 ALIQUIPPA

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	5.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) JANIS REHM	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) CHAD WHELPLEY	1.00									
2ND VICE PRESIDENT	0.00	X		X			0	0	0	
(4) JONATHAN TILELLI	1.00									
TREASURER	0.00	X		X			0	0	0	
(5) JANICE L. VOYNIK	1.00									
SECRETARY	0.00	X		X			0	0	0	
(6) ANNA MAE CAFASSO	1.00									
CORR. SECRETARY	0.00	X		X			0	0	0	
(7) JOYCE BRECKENRIDGE	0.00									
BOARD DIRECTOR	0.00	X					0	0	0	
(8) SCOTT CARE	0.00									
BOARD DIRECTOR	0.00	X					0	0	0	
(9) LARRY A. DIDAY	0.00									
BOARD DIRECTOR	0.00	X					0	0	0	
(10) ELIZABETH JOHNSTON	0.00									
BOARD DIRECTOR	0.00	X					0	0	0	
(11) LINDA KASUNICK	0.00									
BOARD DIRECTOR	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	0.00									
BOARD DIRECTOR	0.00	X					0	0	0	
(13) BARRY J. LIPSON	0.00									
BOARD DIRECTOR	0.00	X					0	0	0	
(14) JACK MANNING	0.00									
BOARD DIRECTOR	0.00	X					0	0	0	
(15) SCOTT MONIT	0.00									
BOARD DIRECTOR	0.00	X					0	0	0	
(16) DARLENE RAMUNNO	0.00									
BOARD DIRECTOR	0.00	X					0	0	0	
(17) WILBUR SNYDER	0.00									
BOARD DIRECTOR	0.00	X					0	0	0	
(18) SUSAN SALYARDS	40.00									
EXECUTIVE DIRECTOR	0.00			X			71,482	0	17,242	
1b Sub-total							71,482		17,242	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							71,482		17,242	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	886,592				
	g Noncash contributions included in lines 1a-1f: \$		38,010				
	h Total. Add lines 1a-1f	u	886,592				
Program Service Revenue		Busn. Code					
	2a PROGRAM FEES		337,281	337,281			
	b ANIMAL CONTROL		83,591	83,591			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	420,872				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	17,540			17,540	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	15,959				
		(ii) Personal					
	b Less: rental exps.		3,053				
	c Rental inc. or (loss)		12,906				
	d Net rental income or (loss)	u	12,906			12,906	
	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)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	224,358				
		b Less: direct expenses	b	46,100			
c Net income or (loss) from fundraising events		u	178,258				
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a	43,311					
	b Less: cost of goods sold	b	21,110				
	c Net income or (loss) from sales of inventory	u	22,201	22,201			
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u						
12 Total revenue. See instructions.	u		1,538,369	443,073	0	30,446	

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	814,798	780,321	34,477	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	91,796	85,171	6,625	
10 Payroll taxes	69,474	66,554	2,920	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,747		26,747	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,528	1,528		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	44,013	22,630	21,383	
12 Advertising and promotion	2,430	14	2,318	98
13 Office expenses	80,234	43,187	4,516	32,531
14 Information technology				
15 Royalties				
16 Occupancy	21,834	6,143	15,691	
17 Travel	10,864	9,310	1,519	35
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	26,789	26,145	644	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	103,762	103,762		
23 Insurance	50,740	42,975	7,765	
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 MEDICAL & PROGRAM EXP	182,263	170,153	12,110	
b EQUIPMENT, BUILDING MAINT	78,121	67,029	11,092	
c FUND RAISING	11,946	944	1,101	9,901
d DUES & SUBSCRIPTIONS	3,162	2,580	582	
e All other expenses	1,854	876	978	
25 Total functional expenses. Add lines 1 through 24e	1,622,355	1,429,322	150,468	42,565
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	178,843	1	111,138
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	36,010	4	81,962
	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	15,083	8	8,816
	9	Prepaid expenses and deferred charges	14,446	9	15,940
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,547,522		
	b	Less: accumulated depreciation	10b 697,066	10c	2,850,456
	11	Investments—publicly traded securities	130,560	11	76,909
	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)	3,276,833	16	3,145,221	
Liabilities	17	Accounts payable and accrued expenses	72,898	17	62,075
	18	Grants payable		18	
	19	Deferred revenue	4,583	19	11,125
	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	511,643	24	489,214
	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	589,124	26	562,414
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	2,662,926	27	2,494,009
	28	Temporarily restricted net assets	24,783	28	88,798
	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	2,687,709	33	2,582,807	
34	Total liabilities and net assets/fund balances	3,276,833	34	3,145,221	

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	1,538,369
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,622,355
3	Revenue less expenses. Subtract line 2 from line 1	3	-83,986
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,687,709
5	Net unrealized gains (losses) on investments	5	-20,916
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	2,582,807

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

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) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	690,915	886,416	760,535	865,833	886,592	4,090,291
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	344,609	390,753	479,301	746,334	688,541	2,649,538
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	1,035,524	1,277,169	1,239,836	1,612,167	1,575,133	6,739,829
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	129,440	143,218	129,162	270,158	197,975	869,953
c Add lines 7a and 7b	129,440	143,218	129,162	270,158	197,975	869,953
8 Public support. (Subtract line 7c from line 6.)						5,869,876

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	1,035,524	1,277,169	1,239,836	1,612,167	1,575,133	6,739,829
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,425	25,284	30,596	24,112	33,499	121,916
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,425	25,284	30,596	24,112	33,499	121,916
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.)	1,043,949	1,302,453	1,270,432	1,636,279	1,608,632	6,861,745
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	85.54 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	86.85 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	2 %

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

BEAVER COUNTY HUMANE SOCIETY

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization

BEAVER COUNTY HUMANE SOCIETY

Employer identification number

25-1064313**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		\$ 8,307	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 11,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 6,050	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**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		\$ 15,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 12,139	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,095	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,000	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**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	\$ 13,873	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	\$ 6,830	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	\$ 5,933	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	\$ 10,000	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

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	\$ 23,484	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d... 2a Total number of conservation easements, 2b Total acreage restricted..., 2c Number of conservation easements..., 2d Number of conservation easements..., 3 Number of conservation easements modified..., 4 Number of states where property..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		375,000		375,000
b Buildings		2,622,902	420,551	2,202,351
c Leasehold improvements		248,234	68,981	179,253
d Equipment		301,386	207,534	93,852
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **2,850,456**

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,585,838
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-20,916	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	69,913	
e	Add lines 2a through 2d	2e		48,997
3	Subtract line 2e from line 1	3		1,536,841
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	1,528	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		1,528
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,538,369

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	1,690,740
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	69,913	
e	Add lines 2a through 2d	2e		69,913
3	Subtract line 2e from line 1	3		1,620,827
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	1,528	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		1,528
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,622,355

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 \$ 45,750

RENTAL EXPENSES \$ 3,053

RETAIL SALES - COGS \$ 21,110

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

DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS \$ 45,750

RENTAL EXPENSES \$ 3,053

RETAIL SALES - COGS \$ 21,110

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

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

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

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

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

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

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

Total ▶

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

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>CALANDAR RAFFLE</u> (event type)	<u>CALENDAR</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	51,143	41,548	126,638	219,329
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	51,143	41,548	126,638	219,329
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	15,591	6,179	23,980	45,750
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					173,579

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

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 u ()	X	1	38,010	
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

29

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?

	Yes	No
30a		X
31		X
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

BEAVER COUNTY HUMANE SOCIETY

Employer identification number

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

Employer identification number

BEAVER COUNTY HUMANE SOCIETY

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	\$	45,750
---	----	--------

RENTAL EXPENSES	\$	3,053
-----------------	----	-------

RETAIL SALES - COGS	\$	21,110
---------------------	----	--------

DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS	\$	-45,750
---	----	---------

RENTAL EXPENSES	\$	-3,053
-----------------	----	--------

RETAIL SALES - COGS	\$	-21,110
---------------------	----	---------

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

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	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	101,016

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	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 checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	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	103,762
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

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

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

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

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

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

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

26 Property used more than 50% in a qualified business use:

Table for 2014 CHEVROLET EXPRESS TRUCK with values: 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:

Table for 27 with values: 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.

Table for Section B with columns (a) through (f) for Vehicle 1 through 6, and rows 30-36 regarding miles driven and personal use.

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

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

Table for Section C with rows 37-41 regarding policy statements and requirements, and Yes/No columns.

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

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2018 tax year (see instructions):

Table for 42 with empty cells for amortization details.

43 Amortization of costs that began before your 2018 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
62	TWO CLEAR PLASTIC PANELS/GROMM	6/11/13	1,163				1,163	39	MMS/L	132	29
63	AIR CONDITIONER - THRIFT STORE	7/09/13	7,750				7,750	15	HY S/L	2,325	517
119	BALLASTS - TS	2/03/15	2,219				2,219	15	HY S/L	370	148
120	GARAGE DOOR	9/04/15	1,154				1,154	15	HY S/L	192	77
			<u>12,286</u>				<u>12,286</u>			<u>3,019</u>	<u>771</u>
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	41,827	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 MACHINE	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	13,909	2,781
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	1,729	345
56	THRIFT STORE BUILDING	7/26/12	100,000				100,000	39	MO S/L	13,713	2,532
57	BUILDING IMPROVEMENTS - THRIFT	12/31/12	14,718				14,718	15	MO S/L	4,906	981
58	2012 ESB BANK LOAN-THRIFT STORE	7/26/12	5,521				5,521	39	MO S/L	779	141
59	BLINDS (IN KIND DONATION)	11/15/12	842				842	7	MO S/L	622	120
60	BATHTUB	5/17/12	6,941				6,941	7	MO S/L	5,536	992
61	BAFFLES - EDUCATIONAL ROOM	1/23/13	13,800				13,800	39	MO S/L	1,740	354
64	1 WASHING MACHINE - SPEEDQUEEN	1/15/13	635				635	7	MO S/L	454	90
65	1 DRYER - SPEEDQUEEN	1/15/13	610				610	7	MO S/L	436	87
66	1 DRYER	1/23/13	620				620	7	MO S/L	435	89
67	1 WASHING MACHINE	2/07/13	679				679	7	MO S/L	477	97
68	10 DELL COMPUTERS	2/25/13	11,824				11,824	5	MO S/L	11,430	394
69	CASH REGISTER - THRIFT STORE	3/01/13	125				125	5	MO S/L	121	4
70	STONE PANEL TRASH URN	3/05/13	205				205	7	MO S/L	142	29
71	LIFT TABLE - ULINE	5/15/13	703				703	7	MO S/L	469	100
72	STONE PARKING LOT	2/14/13	3,900				3,900	15	MO S/L	1,278	260
73	HOSE/KITCHEN FAUCETS, LNDRY TR/	3/06/13	2,984				2,984	7	MO S/L	2,060	427
75	BLACKOUT WINDOW TINT-DOG ROOM	4/02/13	520				520	7	MO S/L	353	74
76	KENNELS, RUNGATE-SNYDER MFG	5/30/13	22,209				22,209	7	MO S/L	14,542	3,172
77	TELEPHONE SYSTEM ADDITIONS	8/28/13	1,453				1,453	7	MO S/L	899	208
78	IRON DESIGN WALL PANEL	5/03/13	600				600	7	MO S/L	400	86
79	STORAGE BARN & ERECTING COSTS	11/01/13	3,573				3,573	39	MO S/L	382	91
80	NAMING PLAQUES	4/04/13	11,908				11,908	7	MO S/L	8,080	1,701
81	MICROSOFT OFFICE STD ED. (10)	2/11/13	507			X	254	3	MOAmort	507	0
82	ADA SIGNS	3/06/13	455				455	7	MO S/L	314	65
83	COMPUTER NETWORKING, ROUTER, I	6/05/13	2,302				2,302	5	MO S/L	2,110	192
84	NARCOTIC CABINET	6/27/13	262				262	7	MO S/L	168	38
85	SHORELINE KENNELS - VARIOUS SIZ	7/11/13	13,180				13,180	7	MO S/L	8,473	1,882
86	HANDHELD MONITOR PULSE	7/31/13	633				633	7	MO S/L	399	91
87	1 GAS DRYER	10/03/13	610				610	7	MO S/L	370	87
88	POLY METAL WALL MOUNT KENL DC	10/11/13	788				788	7	MO S/L	478	113
89	HANDICAPPED HANDLE FOR ACCESS	11/07/13	427				427	15	MO S/L	119	28
90	20 POCKET METAL FILING WALL MOU	11/20/13	946				946	7	MO S/L	552	135
91	BUILDING - 3394 BRODHEAD RD	1/01/13	2,353,073				2,353,073	39	MO S/L	301,676	60,335
92	SHELVING - ALPHA OMEGA	11/06/13	620				620	7	MO S/L	369	89
94	CHAMELEON/CMS SOFTWARE	10/10/14	24,860			X	12,430	3	MOAmort	24,860	0
95	FREEZER	3/07/14	2,386				2,386	7	MO S/L	1,306	341
96	FENCE - SHELTER	3/31/14	1,225				1,225	15	MO S/L	306	82

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
97	KENNEL DOORS	5/16/14	17,631				17,631	7	MO S/L	9,025	2,519
98	2 DELL COMPUTERS	10/03/14	1,461				1,461	5	MO S/L	949	293
99	ROLLING METAL LADDER	4/25/14	684				684	7	MO S/L	358	98
100	LAWN TRACTOR	4/14/14	2,637				2,637	3	MO S/L	2,637	0
101	SHELVING - BAUMAN OFFICE EQUIP	5/01/14	298				298	7	MO S/L	156	43
102	GIFT SHOP SHELVING - PET EDGE	7/18/14	600				600	7	MO S/L	293	86
103	PHONE SYSTEM - TS	3/25/14	1,595				1,595	7	MO S/L	854	228
104	SECURITY SYSTEM -TS	8/01/14	3,600				3,600	7	MO S/L	1,757	514
105	APARTMENT IMPROVEMENTS - TS	3/25/14	20,381				20,381	27	MO S/L	2,779	741
106	POINT OF SALE SYSTEM - TS	10/17/14	690				690	5	MO S/L	437	138
107	CONCRETE RAMP - TS (A&L KALCEVI	10/24/14	1,100				1,100	15	MO S/L	232	74
108	APARTMENT IMPROVEMENTS - TS	1/22/14	11,176				11,176	27	MO S/L	1,592	406
109	EXTERNAL LIGHTING- TEC ELECTRIC	1/22/14	6,605				6,605	7	MO S/L	3,696	943
110	CONCRETE (IN FENCED IN AREAS)	5/13/14	18,895				18,895	15	MO S/L	4,619	1,259
111	DOUBLE HELIX OUTLET	7/16/14	878				878	7	MO S/L	429	125
112	CCTV CAMERAS/PAGING SPEAKERS	6/18/14	4,360				4,360	15	MO S/L	1,017	291
113	2 DELL COMPUTERS	12/31/14	1,161				1,161	5	MO S/L	696	232
114	SHELVING	3/01/14	546				546	7	MO S/L	299	78
115	4 DRYERS	1/15/14	876				876	7	MO S/L	501	125
116	DOOR & DAM GASKET	5/07/15	2,200				2,200	7	MO S/L	838	314
117	TRAILER	9/22/15	600				600	5	MO S/L	270	120
118	AIR CONDITIONER FOR APARTMENT -	5/22/15	2,123				2,123	5	MO S/L	1,097	424
121	HANDICAPPED TOLIET - TS	11/13/15	485				485	5	MO S/L	210	97
122	ROOF APARTMENT - TS	11/15/15	3,944				3,944	39	MO S/L	219	101
123	HVAC & BUILDING RENNOVATIONS	4/13/15	15,792				15,792	39	MO S/L	1,114	404
124	SEWER TAP-IN FEES	5/27/15	15,040				15,040	5	MO S/L	8,021	3,008
125	WASHER / DRYER	5/27/16	19,035				19,035	7	MO S/L	4,306	2,719
126	STEPS & WALL	8/11/16	1,596				1,596	39	MO S/L	58	41
127	HEATER UNIT	12/08/16	2,050				2,050	7	MO S/L	317	293
128	SIGN	6/27/16	30,223				30,223	39	MO S/L	1,162	775
129	STONE PATIO	11/10/16	2,824				2,824	39	MO S/L	84	73
130	FENCING - 10FT X 10FT & 17FT X 64" W	4/27/17	3,323				3,323	15	MO S/L	148	221
131	TELEPHONE SYSTEM	10/31/17	12,000				12,000	15	MO S/L	133	800
132	SECURITY SYSTEM	12/22/17	3,955				3,955	15	MO S/L	0	264
133	2008 SUBARU FORESTER	3/31/17	3,900				3,900	5	MO S/L	585	780
134	APARTMENT IMPROVEMENTS	9/29/17	6,025				6,025	27	MO S/L	55	219
135	SURGICAL EQUIPMENT	9/13/18	2,695				2,695	5	MO S/L	0	180
136	SECURITY SYSTEM	9/13/18	545				545	5	MO S/L	0	36
137	LED PROCEDURE LIGHT	10/21/18	4,649				4,649	5	MO S/L	0	155
138	ALARM SYSTEM - TS	1/20/18	352				352	7	MO S/L	0	46
139	FACADE REPAIR/RENOVATION - TS	5/21/18	34,925				34,925	39	MO S/L	0	522
140	6 APARTMENT DOORS - TS	7/10/18	2,634				2,634	27	MO S/L	0	48
141	CARPETING - TS	8/14/18	1,690				1,690	7	MO S/L	0	101
142	TUB & SHOWER, DRYWALL, 6' X 20' DI	9/10/18	4,840				4,840	27	MO S/L	0	59
Total Other Depreciation			<u>3,504,667</u>				<u>3,491,984</u>			<u>576,400</u>	<u>101,016</u>
Total ACRS and Other Depreciation			<u>3,504,667</u>				<u>3,491,984</u>			<u>576,400</u>	<u>101,016</u>
Listed Property:											
93	2014 CHEVROLET EXPRESS TRUCK	6/27/14	<u>30,571</u>				<u>30,571</u>	5	MO S/L	<u>13,882</u>	<u>1,975</u>
			<u>30,571</u>				<u>30,571</u>			<u>13,882</u>	<u>1,975</u>
Grand Totals			<u>3,547,524</u>				<u>3,534,841</u>			<u>593,301</u>	<u>103,762</u>
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>3,547,524</u>				<u>3,534,841</u>			<u>593,301</u>	<u>103,762</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
62	TWO CLEAR PLASTIC PANELS/GROMM	6/11/13	1,163				1,163	39	MMS/L	132	29
63	AIR CONDITIONER - THRIFT STORE	7/09/13	7,750				7,750	15	HY S/L	2,325	517
119	BALLASTS - TS	2/03/15	2,219				2,219	15	HY S/L	370	148
120	GARAGE DOOR	9/04/15	1,154				1,154	15	HY S/L	192	77
			12,286				12,286			3,019	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 MACHINE	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	33,265	2,781
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	2,204	346
56	THRIFT STORE BUILDING	7/26/12	100,000				100,000	39	MO S/L	13,713	2,532
57	BUILDING IMPROVEMENTS - THRIFT	12/31/12	14,718				14,718	15	MO S/L	4,906	981
58	2012 ESB BANK LOAN-THRIFT STORE	7/26/12	5,521				5,521	39	MO S/L	779	141
59	BLINDS (IN KIND DONATION)	11/15/12	842				842	7	MO S/L	622	120
60	BATHTUB	5/17/12	6,941				6,941	7	MO S/L	5,536	992
61	BAFFLES - EDUCATIONAL ROOM	1/23/13	13,800				13,800	39	MO S/L	1,740	354
64	1 WASHING MACHINE - SPEEDQUEEN	1/15/13	635				635	7	MO S/L	454	90
65	1 DRYER - SPEEDQUEEN	1/15/13	610				610	7	MO S/L	436	87
66	1 DRYER	1/23/13	620				620	7	MO S/L	435	89
67	1 WASHING MACHINE	2/07/13	679				679	7	MO S/L	477	97
68	10 DELL COMPUTERS	2/25/13	11,824				11,824	5	MO S/L	11,430	394
69	CASH REGISTER - THRIFT STORE	3/01/13	125				125	5	MO S/L	121	4
70	STONE PANEL TRASH URN	3/05/13	205				205	7	MO S/L	142	29
71	LIFT TABLE - ULINE	5/15/13	703				703	7	MO S/L	469	100
72	STONE PARKING LOT	2/14/13	3,900				3,900	15	MO S/L	1,278	260
73	HOSE/KITCHEN FAUCETS, LNDRY TR	3/06/13	2,984				2,984	7	MO S/L	2,060	427
75	BLACKOUT WINDOW TINT-DOG ROOM	4/02/13	520				520	7	MO S/L	353	74
76	KENNELS, RUNGATE-SNYDER MFG	5/30/13	22,209				22,209	7	MO S/L	14,542	3,172
77	TELEPHONE SYSTEM ADDITIONS	8/28/13	1,453				1,453	7	MO S/L	899	208
78	IRON DESIGN WALL PANEL	5/03/13	600				600	7	MO S/L	400	86
79	STORAGE BARN & ERECTING COSTS	11/01/13	3,573				3,573	39	MO S/L	382	91
80	NAMING PLAQUES	4/04/13	11,908				11,908	7	MO S/L	8,080	1,701
82	ADA SIGNS	3/06/13	455				455	7	MO S/L	314	65
83	COMPUTER NETWORKING, ROUTER, I	6/05/13	2,302				2,302	5	MO S/L	2,110	192
84	NARCOTIC CABINET	6/27/13	262				262	7	MO S/L	168	38
85	SHORELINE KENNELS - VARIOUS SIZ	7/11/13	13,180				13,180	7	MO S/L	8,473	1,882
86	HANDHELD MONITOR PULSE	7/31/13	633				633	7	MO S/L	399	91
87	1 GAS DRYER	10/03/13	610				610	7	MO S/L	370	87
88	POLY METAL WALL MOUNT KENL DC	10/11/13	788				788	7	MO S/L	478	113
89	HANDICAPPED HANDLE FOR ACCESS	11/07/13	427				427	15	MO S/L	119	28
90	20 POCKET METAL FILING WALL MOI	11/20/13	946				946	7	MO S/L	552	135
91	BUILDING - 3394 BRODHEAD RD	1/01/13	2,353,073				2,353,073	39	MO S/L	301,676	60,335
92	SHELIVING - ALPHA OMEGA	11/06/13	620				620	7	MO S/L	369	89
95	FREEZER	3/07/14	2,386				2,386	7	MO S/L	1,306	341
96	FENCE - SHELTER	3/31/14	1,225				1,225	15	MO S/L	306	82
97	KENNEL DOORS	5/16/14	17,631				17,631	7	MO S/L	9,025	2,519
98	2 DELL COMPUTERS	10/03/14	1,461				1,461	5	MO S/L	949	293

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
99	ROLLING METAL LADDER	4/25/14	684			684	7	MO S/L	358	98
100	LAWN TRACTOR	4/14/14	2,637			2,637	3	MO S/L	2,637	0
101	SHELVING - BAUMAN OFFICE EQUIP	5/01/14	298			298	7	MO S/L	156	43
102	GIFT SHOP SHELVING - PET EDGE	7/18/14	600			600	7	MO S/L	293	86
103	PHONE SYSTEM - TS	3/25/14	1,595			1,595	7	MO S/L	854	228
104	SECURITY SYSTEM -TS	8/01/14	3,600			3,600	7	MO S/L	1,757	514
105	APARTMENT IMPROVEMENTS - TS	3/25/14	20,381			20,381	27	MO S/L	2,779	741
106	POINT OF SALE SYSTEM - TS	10/17/14	690			690	5	MO S/L	437	138
107	CONCRETE RAMP - TS (A&L KALCEVI	10/24/14	1,100			1,100	15	MO S/L	232	74
108	APARTMENT IMPROVEMENTS - TS	1/22/14	11,176			11,176	27	MO S/L	1,592	406
109	EXTERNAL LIGHTING- TEC ELECTRIC	5/22/14	6,605			6,605	7	MO S/L	3,696	943
110	CONCRETE (IN FENCED IN AREAS)	5/13/14	18,895			18,895	15	MO S/L	4,619	1,259
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	696	232
114	SHELVING	3/01/14	546			546	7	MO S/L	299	78
115	4 DRYERS	1/15/14	876			876	7	MO S/L	501	125
116	DOOR & DAM GASKET	5/07/15	2,200			2,200	7	MO S/L	838	314
117	TRAILER	9/22/15	600			600	5	MO S/L	270	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	210	97
122	ROOF APARTMENT - TS	11/15/15	3,944			3,944	39	MO S/L	219	101
123	HVAC & BUILDING RENNOVATIONS	4/13/15	15,792			15,792	39	MO S/L	1,114	404
124	SEWER TAP-IN FEES	5/27/15	15,040			15,040	5	MO S/L	8,021	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	1,162	775
129	STONE PATIO	11/10/16	2,824			2,824	39	MO S/L	84	73
130	FENCING - 10FT X 10FT & 17FT X 64" W	4/27/17	3,323			3,323	15	MO S/L	148	221
131	TELEPHONE SYSTEM	10/31/17	12,000			12,000	15	MO S/L	133	800
132	SECURITY SYSTEM	12/22/17	3,955			3,955	15	MO S/L	0	264
133	2008 SUBARU FORESTER	3/31/17	3,900			3,900	5	MO S/L	585	780
134	APARTMENT IMPROVEMENTS	9/29/17	6,025			6,025	27	MO S/L	55	219
135	SURGICAL EQUIPMENT	9/13/18	2,695			2,695	5	MO S/L	0	180
136	SECURITY SYSTEM	9/13/18	545			545	5	MO S/L	0	36
137	LED PROCEDURE LIGHT	10/21/18	4,649			4,649	5	MO S/L	0	155
138	ALARM SYSTEM - TS	1/20/18	352			352	7	MO S/L	0	46
139	FACADE REPAIR/RENOVATION - TS	5/21/18	34,925			34,925	39	MO S/L	0	522
140	6 APARTMENT DOORS - TS	7/10/18	2,634			2,634	27	MO S/L	0	48
141	CARPETING - TS	8/14/18	1,690			1,690	7	MO S/L	0	101
142	TUB & SHOWER, DRYWALL, 6' X 20' DI	9/10/18	4,840			4,840	27	MO S/L	0	59
Total Other Depreciation			<u>2,966,592</u>			<u>2,966,592</u>			<u>485,851</u>	<u>94,734</u>
Total ACRS and Other Depreciation			<u>2,966,592</u>			<u>2,966,592</u>			<u>485,851</u>	<u>94,734</u>
Listed Property:										
93	2014 CHEVROLET EXPRESS TRUCK	6/27/14	30,571			30,571	5	MO S/L	13,882	1,975
			<u>30,571</u>			<u>30,571</u>			<u>13,882</u>	<u>1,975</u>
Grand Totals			3,009,449			3,009,449			502,752	97,480
Less: Dispositions and Transfers			0			0			0	0
Net Grand Totals			<u>3,009,449</u>			<u>3,009,449</u>			<u>502,752</u>	<u>97,480</u>

Bonus Depreciation Report
Form 990, Page 1

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
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
	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

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	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
				771	771	0
				771	771	0

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	516	516
119	BALLASTS - TS	2/03/15	2,219	148	148
120	GARAGE DOOR	9/04/15	1,154	77	77
			<u>12,286</u>	<u>770</u>	<u>770</u>

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	2,782	2,782
53	LAWN MOWER	5/21/11	269	0	0
54	2011 ESB BANK LOAN - CLOSING COSTS	8/12/11	13,483	346	345
56	THRIFT STORE BUILDING	7/26/12	100,000	2,531	2,531
57	BUILDING IMPROVEMENTS - THRIFT STO	12/31/12	14,718	981	981
58	2012 ESB BANK LOAN-THRIFT STORE CLO	7/26/12	5,521	142	142
59	BLINDS (IN KIND DONATION)	11/15/12	842	100	100
60	BATHTUB	5/17/12	6,941	413	413
61	BAFFLES - EDUCATIONAL ROOM	1/23/13	13,800	353	353
64	1 WASHING MACHINE - SPEEDQUEEN	1/15/13	635	91	91
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	0	0
69	CASH REGISTER - THRIFT STORE	3/01/13	125	0	0
70	STONE PANEL TRASH URN	3/05/13	205	29	29
71	LIFT TABLE - ULINE	5/15/13	703	101	101
72	STONE PARKING LOT	2/14/13	3,900	260	260
73	HOSE/KITCHEN FAUCETS, LNDRY TRAYS-	3/06/13	2,984	426	426
75	BLACKOUT WINDOW TINT-DOG ROOM	4/02/13	520	75	75
76	KENNELS, RUNGATE-SNYDER MFG	5/30/13	22,209	3,173	3,173
77	TELEPHONE SYSTEM ADDITIONS	8/28/13	1,453	208	208
78	IRON DESIGN WALL PANEL	5/03/13	600	85	85
79	STORAGE BARN & ERECTING COSTS	11/01/13	3,573	92	92
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	0	0
84	NARCOTIC CABINET	6/27/13	262	37	37
85	SHORELINE KENNELS - VARIOUS SIZES	7/11/13	13,180	1,883	1,883
86	HANDHELD MONITOR PULSE	7/31/13	633	90	90
87	1 GAS DRYER	10/03/13	610	88	88
88	POLY METAL WALL MOUNT KENL DOOR	10/11/13	788	112	112
89	HANDICAPPED HANDLE FOR ACCESS GA	11/07/13	427	29	29
90	20 POCKET METAL FILING WALL MOUNTI	11/20/13	946	135	135
91	BUILDING - 3394 BRODHEAD RD	1/01/13	2,353,073	60,335	60,335
92	SHELVING - ALPHA OMEGA	11/06/13	620	88	88
94	CHAMELEON/CMS SOFTWARE	10/10/14	24,860	0	0

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	219	219
99	ROLLING METAL LADDER	4/25/14	684	98	98
100	LAWN TRACTOR	4/14/14	2,637	0	0
101	SHELIVING - BAUMAN OFFICE EQUIP	5/01/14	298	42	42
102	GIFT SHOP SHELIVING - PET EDGE	7/18/14	600	85	85
103	PHONE SYSTEM - TS	3/25/14	1,595	228	228
104	SECURITY SYSTEM -TS	8/01/14	3,600	515	515
105	APARTMENT IMPROVEMENTS - TS	3/25/14	20,381	741	741
106	POINT OF SALE SYSTEM - TS	10/17/14	690	115	115
107	CONCRETE RAMP - TS (A&L KALCEVIC)	10/24/14	1,100	73	73
108	APARTMENT IMPROVEMENTS - TS	1/22/14	11,176	407	407
109	EXTERNAL LIGHTING- TEC ELECTRICAL	1/22/14	6,605	944	944
110	CONCRETE (IN FENCED IN AREAS)	5/13/14	18,895	1,260	1,260
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	233	233
114	SHELIVING	3/01/14	546	78	78
115	4 DRYERS	1/15/14	876	125	125
116	DOOR & DAM GASKET	5/07/15	2,200	315	315
117	TRAILER	9/22/15	600	120	120
118	AIR CONDITIONER FOR APARTMENT - TS	5/22/15	2,123	425	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	405	405
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	72	72
130	FENCING - 10FT X 10FT & 17FT X 64" WITH	4/27/17	3,323	222	222
131	TELEPHONE SYSTEM	10/31/17	12,000	800	800
132	SECURITY SYSTEM	12/22/17	3,955	263	263
133	2008 SUBARU FORESTER	3/31/17	3,900	780	780
134	APARTMENT IMPROVEMENTS	9/29/17	6,025	219	219
135	SURGICAL EQUIPMENT	9/13/18	2,695	539	539
136	SECURITY SYSTEM	9/13/18	545	109	109
137	LED PROCEDURE LIGHT	10/21/18	4,649	930	930
138	ALARM SYSTEM - TS	1/20/18	352	50	50
139	FACADE REPAIR/RENOVATION - TS	5/21/18	34,925	896	896
140	6 APARTMENT DOORS - TS	7/10/18	2,634	96	96
141	CARPETING - TS	8/14/18	1,690	241	241
142	TUB & SHOWER, DRYWALL, 6' X 20' DECK	9/10/18	4,840	176	176
Total Other Depreciation			<u>3,504,667</u>	<u>101,627</u>	<u>95,342</u>
Total ACRS and Other Depreciation			<u>3,504,667</u>	<u>101,627</u>	<u>95,342</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>3,547,524</u>	<u>104,372</u>	<u>98,087</u>

Description **CALANDAR RAFFLE**

Name
BEAVER COUNTY HUMANE SOCIETY

Taxpayer Identification Number
25-1064313

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>51,143</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>51,143</u>
8. Cost of Goods Sold	8.	<u>15,591</u>
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	<u>15,591</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>35,552</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	<u>15,591</u>
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	<u>15,591</u>

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Description **CALENDAR**

Name
BEAVER COUNTY HUMANE SOCIETY

Taxpayer Identification Number
25-1064313

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	41,548
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	41,548
8. Cost of Goods Sold	8.	6,179
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	6,179
16. Net Income/Loss. Line 7 minus Line 15	16.	35,369

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	6,179
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	6,179

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Description **OTHER EVENTS > \$5,000**

Name
BEAVER COUNTY HUMANE SOCIETY

Taxpayer Identification Number
25-1064313

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	126,638
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	126,638
8. Cost of Goods Sold	8.	23,980
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	23,980
16. Net Income/Loss. Line 7 minus Line 15	16.	102,658

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	23,980
Ending inventory	
Total Cost of Goods Sold	23,980

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Name
BEAVER COUNTY HUMANE SOCIETY

Taxpayer Identification Number
25-1064313

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>5,029</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>5,029</u>
8. Cost of Goods Sold	8.	<u>350</u>
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	<u>350</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>4,679</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	<u>350</u>
Ending inventory	_____
Total Cost of Goods Sold	<u>350</u>

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Description **PET BOUTIQUE**

Name
BEAVER COUNTY HUMANE SOCIETY

Taxpayer Identification Number
25-1064313

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>43,311</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>43,311</u>
8. Cost of Goods Sold	8.	<u>21,110</u>
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	<u>21,110</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>22,201</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	<u>21,110</u>
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	<u>21,110</u>

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Name BEAVER COUNTY HUMANE SOCIETY	Taxpayer Identification Number 25-1064313
---	---

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	15,959
Expenses (see details on worksheets below):		
2. Fees for services	2.	748
3. Depreciation Expense	3.	
4. Direct Expense	4.	2,305
5. Total expenses. Add lines 8 through 12	5.	3,053
6. Net Income/Loss. Line 7 minus Line 13	6.	12,906

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	748
Other Professional Fees	
Total Fees for Services	748

Expense Details - Depreciation Expense:

On non-investment property	
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Direct Expense:

Interest	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	2,024
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	
Utilities	281
Supplies	
Other expenses	
Total Direct Expense	2,305

Information is being used for the following Form 990-T schedules:

- Schedule C
- Schedule E
- Schedule F
- Schedule G

Expense Allocation to Program Service Accomplishments for 990/990EZ:

- First
- Second
- Third
- All other

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

Fundraising Other Events

2018

For calendar year 2018, or tax year beginning _____, and ending _____

Name **BEAVER COUNTY HUMANE SOCIETY**

Employer Identification Number
25-1064313

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>OTHER EVENTS ></u>	_____	_____	(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	126,638			126,638
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	126,638			126,638
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	23,980			23,980

Form **990****Two Year Comparison Report****2017 & 2018**

For calendar year 2018, or tax year beginning

, ending

Name

Taxpayer Identification Number

BEAVER COUNTY HUMANE SOCIETY**25-1064313**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1. 865,833	886,592	20,759
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 381,731	420,872	39,141
	5. Investment income	5. 6,749	17,540	10,791
	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. 310,736	178,258	-132,478
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 21,681	22,201	520
	11. Other revenue	11. 16,170	12,906	-3,264
	12. Total revenue. Add lines 1 through 11	12. 1,602,900	1,538,369	-64,531
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. 914,136	976,068	61,932
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 77,640	72,288	-5,352
	19. Occupancy, rent, utilities, and maintenance	19. 21,980	21,834	-146
	20. Depreciation and Depletion	20. 106,843	103,762	-3,081
	21. Other expenses	21. 451,112	448,403	-2,709
	22. Total expenses. Add lines 13 through 21	22. 1,571,711	1,622,355	50,644
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 31,189	-83,986	-115,175
Other Information	24. Total exempt revenue	24. 1,602,900	1,538,369	-64,531
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 426,331	473,519	47,188
	27. Total assets	27. 3,276,833	3,145,221	-131,612
	28. Total liabilities	28. 589,124	562,414	-26,710
	29. Retained earnings	29. 2,687,709	2,582,807	-104,902
	30. Number of voting members of governing body	30. 17	18	
	31. Number of independent voting members of governing body	31. 17	18	
	32. Number of employees	32. 50	52	
	33. Number of volunteers	33. 500	500	

Form **990****Tax Return History****2018**

Name

BEAVER COUNTY HUMANE SOCIETY

Employer Identification Number

25-1064313

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	690,915	886,416	760,535	865,833	886,592	886,592
Membership dues						
Program service revenue	264,083	324,713	349,346	381,731	420,872	420,872
Capital gain or loss		350				
Investment income	22,018	12,783	14,288	6,749	17,540	17,540
Fundraising revenue (income/loss)	32,490	49,205	65,236	310,736	178,258	178,258
Gaming revenue (income/loss)						
Other revenue	4,657	7,534	37,955	37,851	35,107	35,107
Total revenue	1,014,163	1,281,001	1,227,360	1,602,900	1,538,369	1,538,369
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	71,871	69,159				
Other compensation	613,820	769,619	855,956	914,136	976,068	976,068
Professional fees	66,132	76,070	54,889	77,640	72,288	72,288
Occupancy costs	17,651	18,727	20,272	21,980	21,834	21,834
Depreciation and depletion	110,609	109,325	107,256	106,843	103,762	103,762
Other expenses	382,263	398,581	421,307	451,112	448,403	448,403
Total expenses	1,262,346	1,441,481	1,459,680	1,571,711	1,622,355	1,622,355
Excess or (Deficit)	-248,183	-160,480	-232,320	31,189	-83,986	-83,986
Total exempt revenue	1,014,163	1,281,001	1,227,360	1,602,900	1,538,369	1,538,369
Total unrelated revenue						
Total excludable revenue	290,758	345,380	401,589	426,331	473,519	473,519
Total Assets	3,924,265	3,622,793	3,335,370	3,276,833	3,145,221	3,145,221
Total Liabilities	856,658	748,395	688,043	589,124	562,414	562,414
Net Fund Balances	3,067,607	2,874,398	2,647,327	2,687,709	2,582,807	2,582,807

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 90			14		
TOTAL	<u>\$ 90</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 2,329					
TOTAL	<u>\$ 2,329</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OUTSIDE SERVICES	\$ 30,975	\$ 9,592	\$ 21,383	\$
CONSULTING	13,038	13,038		
TOTAL	<u>\$ 44,013</u>	<u>\$ 22,630</u>	<u>\$ 21,383</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
LICENSES & PERMITS	\$ 1,146	\$ 711	\$ 435	\$
MISCELLANEOUS	705	162	543	
ROUNDING	3	3		
TOTAL	<u>\$ 1,854</u>	<u>\$ 876</u>	<u>\$ 978</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
CONTRIBUTIONS	\$ 483,736
GRANTS & FOUNDATION	
THRIFT STORE SALES	188,635
SPECIAL EVENTS	
MISCELLANEOUS	157
ROUNDING	3
MAYER CHARITABLE FOUNDATION	
CASH CONTRIBUTION	8,307
ELINOR JONES MCCONNELL TRUST FUND	
CASH CONTRIBUTION	15,000
MILLER FAMILY FUND	
CASH CONTRIBUTION	10,000
RAINBOW VETERINARY HOSPITAL	
CASH CONTRIBUTION	5,750
CATHERINE MARY VACCARO TRUST	
CASH CONTRIBUTION	11,500
CAROL PAYTAS	
CASH CONTRIBUTION	6,050
NICHOLAS ZUNIC	
CASH CONTRIBUTION	15,100
CARMAA INC.	
CASH CONTRIBUTION	12,139
CAROLINE FREDRICKA HOLDSHIP	
CASH CONTRIBUTION	5,000
BANFIELD FOUNDATION	
CASH CONTRIBUTION	5,095
DIEHL AUTOMOTIVE GROUP	
CASH CONTRIBUTION	10,000
EDWARD B DUNLAP JR. FOUNDATION	
CASH CONTRIBUTION	5,000
SARA EVANS	
CASH CONTRIBUTION	13,873
JOSEPH HOGAN & KATHERINE CLAYTON	
CASH CONTRIBUTION	25,000
JOHN R. MCCUNE CHARITABLE TRUST	
CASH CONTRIBUTION	10,000
BIBA LUBENSKI	
CASH CONTRIBUTION	6,830
MICHAEL NALLI	
CASH CONTRIBUTION	5,933

Federal Statements

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

Description	Amount
PEDIGREE FOUNDATION CASH CONTRIBUTION	\$ 10,000
PETCO FOUNDATION CASH CONTRIBUTION	23,484
SOC. PREVENTION OF CRUELTY TO ANIMAL CASH CONTRIBUTION	10,000
TOTAL	<u>\$ 886,592</u>

Schedule A, Part III, Line 2(e)

Description	Amount
PROGRAM FEES	\$ 337,281
ANIMAL CONTROL	83,591
CALANDAR RAFFLE	51,143
CALENDAR	41,548
OTHER EVENTS > \$5,000	126,638
OTHER EVENTS < \$5,000	5,029
PET BOUTIQUE	43,311
TOTAL	<u>\$ 688,541</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	\$	\$
2018	214,061	197,975
2017	286,521	270,158
2016	141,866	129,162
2015	156,243	143,218
2014	139,879	129,440
TOTAL	<u>\$ 938,570</u>	<u>\$ 869,953</u>

Federal Statements**Schedule A, Part III, Line 10a(e)**

Description	Amount
INTEREST INCOME	\$ 90
DIVIDEND INCOME	2,329
REALIZED GAIN	12,444
CAPITAL GAIN DISTRIBUTION	2,677
RENTAL INCOME	15,959
TOTAL	<u>\$ 33,499</u>

CALANDAR RAFFLE

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>

CALANDAR RAFFLE

Gross receipts

<u>Description</u>	<u>Amount</u>
CALANDAR RAFFLE	\$ <u>51,143</u>
TOTAL	\$ <u><u>51,143</u></u>

CALENDAR

Gross receipts

<u>Description</u>	<u>Amount</u>
CALENDAR	\$ <u>41,548</u>
TOTAL	\$ <u><u>41,548</u></u>

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

<u>Description</u>	<u>Amount</u>
OTHER EVENTS > \$5,000	\$
HOAGIES	9,307
HAUNTED TRAIL	30,803
PET WALK	29,525
TEA FOR TAILS	17,814
WINGS SUDS & SONGS	39,189
TOTAL	\$ <u>126,638</u>

OTHER EVENTS > \$5,000**Other Costs**

<u>Description</u>	<u>Amount</u>
HOAGIES	\$ 5,628
HAUNTED TRAIL	2,510
PET WALK	1,763
TEA FOR TAILS	2,504
WINGS SUDS & SONGS	11,575
TOTAL	\$ <u>23,980</u>

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

<u>Description</u>	<u>Amount</u>
OTHER EVENTS < \$5,000	\$
RELATED DIRECT EXPENSE	
PET EXPO	219
GIFT WRAP	60
COINS FOR CRITTERS	2,804
HOME AND GARDEN SHOW	1,946
TOTAL	\$ <u>5,029</u>

OTHER EVENTS < \$5,000**Other Costs**

<u>Description</u>	<u>Amount</u>
PET EXPO	\$ 350
GIFT WRAP	
TOTAL	\$ <u>350</u>

PET BOUTIQUE

Gross receipts

<u>Description</u>	<u>Amount</u>
SALES	\$ <u>43,311</u>
TOTAL	\$ <u><u>43,311</u></u>