

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

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

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

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

HUMANE SOCIETY OF PORTAGE COUNTY IN

Employer identification number

**** - ***9598**

Name and title of officer

**SHEILA KESSLER
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	1,023,785
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **KERBERROSE S.C.** to enter my PIN **54481** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **12/21/18**

Part III Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **STACEY DONOVAN, CPA**

Date } **12/21/18**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990**

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">HUMANE SOCIETY OF PORTAGE COUNTY IN</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">3200 IBER LANE</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">PLOVER WI 54467</p>	D Employer identification number <p style="text-align: center;">** - ***9598</p> E Telephone number <p style="text-align: center;">715-344-6012</p> G Gross receipts \$ 1,039,808
F Name and address of principal officer: <p style="text-align: center;">SHEILA KESSLER 3200 IBER LANE PLOVER WI 54467</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.HSPCWI.ORG		L Year of formation: 1970 M State of legal domicile: WI
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	7
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 202,355	Current Year 910,822
	9 Program service revenue (Part VIII, line 2g)	308,995	50,238
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,612	19,311
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	224,107	43,414
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	759,069	1,023,785
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	461,251	446,577
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 69,636		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	339,772	313,653
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	801,023	760,230	
19 Revenue less expenses. Subtract line 18 from line 12	-41,954	263,555	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,623,610	End of Year 1,919,019
	21 Total liabilities (Part X, line 26)	31,709	31,586
	22 Net assets or fund balances. Subtract line 21 from line 20	1,591,901	1,887,433

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">SHEILA KESSLER</p> Type or print name and title	Date <p style="text-align: center;">PRESIDENT</p>
	Print/Type preparer's name <p>STACEY DONOVAN, CPA</p>	Preparer's signature <p>STACEY DONOVAN, CPA</p>
Paid Preparer Use Only	Firm's name } KERBERROSE S.C. Firm's address } 4949 KIRSCHLING CT STE 3 STEVENS POINT, WI 54481	Firm's EIN } ** - ***8423 Phone no. } 715-341-3232

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ **565,185** including grants of \$) (Revenue \$ **50,454**)

ALL RELATED EXPENSES WERE DEDICATED TO A SINGLE ACTIVITY OF HUMANE SERVICES. DURING 2017 A TOTAL OF 1245 CATS AND DOGS WERE ADMITTED INTO THE SHELTER. A TOTAL OF 1161 CATS DOGS WERE PLACED THROUGH ADOPTION, RESCUE, FOSTER CARE, RECLAMATION AND TRANSFER. FIVE MICROCHIP CLINICS WERE HELD THROUGHOUT THE COUNTY AND APPROXIMATELY 1310 CAT/DOG SPAY/NEUTERS WERE PERFORMED. OTHER ACTIVITIES INCLUDING FUNDRAISERS WERE HELD TO RAISE PUBLIC AWARENESS OF ANIMAL CARE AND TREATMENT.

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

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

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

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

4e Total program service expenses **u 565,185**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
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
25b			
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
26			
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
27			
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
28a			
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
28b			
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
28c			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			
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
30			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			
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
32			
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
33			
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
34			
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>		
35b			
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
36			
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
37			
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	
38			

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

ANN BARRETT
PLOVER

3200 IBER LANE

WI 54467

715-344-6012

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) SHEILA KESSLER PRESIDENT	5.00 0.00	X		X				0	0	0
(2) BRETT JARMAN VICE PRESIDENT	5.00 0.00	X		X				0	0	0
(3) ANN BARRETT SECRETARY	5.00 0.00	X		X				0	0	0
(4) BETH GARDNER TREASURER	5.00 0.00	X		X				0	0	0
(5) JENNY KNUTSON DIRECTOR	2.00 0.00	X						0	0	0
(6) TOM KELBE, DMV DIRECTOR	2.00 0.00	X						0	0	0
(7) JARED REDFIELD DIRECTOR	2.00 0.00	X						0	0	0
(8) CHRISTOPHER LANGENFELDT EXECUTIVE DIRECTOR	40.00 0.00			X				50,215	0	0
(9)										
(10)										
(11)										

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			
1b Sub-total							50,215			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							50,215			

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	255,896				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	654,926				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	910,822				
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Busn. Code	50,238	50,238			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	50,238				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	4,899			4,899	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities					0
		(ii) Other					0
	b Less: cost or other basis & sales exps.						0
	c Gain or (loss)						
	d Net gain or (loss)	u	14,412	14,412			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	58,165				
b Less: direct expenses		b	16,023				
c Net income or (loss) from fundraising events	u	42,142				42,142	
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						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	Busn. Code						
11a MISCELLANEOUS INCOME		1,272	1,272				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u	1,272					
12 Total revenue. See instructions.	u	1,023,785	65,922	0		47,041	

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	50,215	17,063	16,576	16,576
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	363,155	295,776	67,379	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	33,207	25,131	6,744	1,332
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,151		2,151	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,113		3,113	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	25,437	19,437	6,000	
12 Advertising and promotion	4,269	4,269		
13 Office expenses	57,685	5,166	3,061	49,458
14 Information technology	2,251	1,576	450	225
15 Royalties				
16 Occupancy	34,825	34,825		
17 Travel	5,657	5,657		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,306		2,306	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,982	46,982		
23 Insurance	16,385	13,896	2,489	
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 SUPPLIES	43,107	43,107		
b SHELTER SUPPLIES	23,483	23,483		
c BUILDING REPAIR & MAINTEN	20,971	16,777	4,194	
d DUES AND SUBSCRIPTIONS	5,472		5,472	
e All other expenses	19,559	12,040	5,474	2,045
25 Total functional expenses. Add lines 1 through 24e	760,230	565,185	125,409	69,636
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	62,631	1	81,386	
	2 Savings and temporary cash investments	436,566	2	4,366	
	3 Pledges and grants receivable, net		3	290,828	
	4 Accounts receivable, net	1,384	4	12,812	
	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		8		
	9 Prepaid expenses and deferred charges	10,425	9	11,609	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,778,199			
	b Less: accumulated depreciation	10b 671,394	1,112,604	10c	1,106,805
	11 Investments—publicly traded securities		11	288,604	
	12 Investments—other securities. See Part IV, line 11		12	122,609	
	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)		1,623,610	16	1,919,019	
Liabilities	17 Accounts payable and accrued expenses	31,709	17	31,586	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		31,709	26	31,586
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" 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	1,591,901	32	1,887,433	
33 Total net assets or fund balances	1,591,901	33	1,887,433		
34 Total liabilities and net assets/fund balances	1,623,610	34	1,919,019		

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	1,023,785
2	Total expenses (must equal Part IX, column (A), line 25)	2	760,230
3	Revenue less expenses. Subtract line 2 from line 1	3	263,555
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,591,901
5	Net unrealized gains (losses) on investments	5	22,093
6	Donated services and use of facilities	6	9,884
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	1,887,433

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

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

HUMANE SOCIETY OF PORTAGE COUNTY IN

Employer identification number

**** - ***9598**

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 51,510
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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 94.03%
Row 15: Public support percentage from 2016 Schedule A, Part II, line 14 15 96.11%

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
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 (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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: 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? Row 11b: A family member of a person described in (a) above? Row 11c: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Row 2: Activities Test. Answer (a) and (b) below. Row 3: Parent of Supported Organizations. Answer (a) and (b) below.

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).		

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

PART II, LINE 10 - OTHER INCOME DETAIL

DISCOUNTS, REFUNDS, MISCELLANEOUS IN \$ **6,930**

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

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization

Employer identification number

HUMANE SOCIETY OF PORTAGE COUNTY IN

**** - ***9598**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization HUMANE SOCIETY OF PORTAGE COUNTY IN	Employer identification number **-***9598
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SENTRY INSURANCE 1800 NORTH POINT DRIVE STEVENS POINT WI 54481	\$ 25,531	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BRETT & DARCY JARMAN 423 ACORN ST STEVENS POINT WI 54481	\$ 58,200	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

2017

Open to Public Inspection

Name of the organization

HUMANE SOCIETY OF PORTAGE COUNTY IN

Employer identification number

** - ***9598

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- 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

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		109,061		109,061
b Buildings		1,320,877	366,807	954,070
c Leasehold improvements				
d Equipment		224,652	196,376	28,276
e Other		123,609	108,211	15,398
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		1,106,805

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 BENEFICIAL INTEREST IN COMM. F	122,609	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	122,609	

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	1,086,879
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	22,093	
b	Donated services and use of facilities	2b	24,977	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	16,024	
e	Add lines 2a through 2d		2e	63,094
3	Subtract line 2e from line 1		3	1,023,785
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,023,785

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	791,347
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	15,093	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	16,024	
e	Add lines 2a through 2d		2e	31,117
3	Subtract line 2e from line 1		3	760,230
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	760,230

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

FUNDRAISING EXPENSES \$ **16,024**

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

FUNDRAISING EXPENSES \$ **16,024**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

U Attach to Form 990 or Form 990-EZ.

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

Name of the organization

HUMANE SOCIETY OF PORTAGE COUNTY IN

Employer identification number

****-***9598**

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>GOLF OUTING</u> (event type)	<u>WALK FOR WAGS</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	19,275	16,869	22,021	58,165
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	19,275	16,869	22,021	58,165
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,368	3,179	3,476	16,023
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					42,142

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

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

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

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

HUMANE SOCIETY OF PORTAGE COUNTY IN

Employer identification number

**** - ***9598**

AMENDED RETURN EXPLANATION

THE 2017 FORM 990 WAS ORIGINALLY FILED PRIOR TO THE COMPLETION OF THE
AUDITED FINANCIAL STATEMENTS. THE RETURN IS BEING AMENDED TO REFLECT THE
INFORMATION REPORTED ON THE AUDITED FINANCIAL STATEMENTS.

FORM 990 - ORGANIZATION'S MISSION

OUR MISSION IS TO PREVENT CRUELTY, ABUSE, NEGLECT AND OVERPOPULATION OF
COMPANION ANIMALS WHILE SEEKING ADOPTION OF THESE ANIMALS INTO COMPATIBLE
HOMES, AND TEACHING HUMANE AWARENESS AND RESPECT FOR ALL LIFE, THUS HELPING
TO BUILD A BETTER COMMUNITY.

FORM 990, PART I, LINE 6

VOLUNTEERS ASSIST IN THE PERFORMANCE OF ANIMAL CARE DUTIES, ASSIST
WITH FACILITIES MAINTENANCE, ASSIST WITH CLARICAL DUTIES, ASSIST WITH
ORGANIZING AND WORKING FOR FUNDRAISERS AND OTHER PUBLIC RELATIONS
FUNCTIONS.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
PRESIDENT AND TREASURER REVIEW FORM 990 BEFORE SIGNING.**

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

OFFICERS AND DIRECTORS ARE POLLED ANNUALLY REGARDING CONFLICTS.
CONFLICTS OF INTEREST ISSUES ARE SUBMITTED IN WRITING TO THE FULL BOARD
OF DIRECTORS. IT IS ADDRESSED AT THE NEXT BOARD MEETING OPPORTUNITY.
INVESTIGATION AND RESOLUTION ARE HANDLED ON A CASE BY CASE BASIS.

Name of the organization

Employer identification number

HUMANE SOCIETY OF PORTAGE COUNTY IN

** - ***9598

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE EXECUTIVE DIRECTOR'S SALARY IS DISCUSSED BY THE BOARD OF DIRECTORS AND
 APPROVED BY A MAJORITY PLUS ONE VOTE. EXTENSIVE REVIEW AND COMPARISON IS
 DONE WITH PAST DIRECTOR'S SALARIES. EXPERIENCE OF A NEW DIRECTOR IS
 FACTORED IN WHEN DETERMINING SALARY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 COPIES OF GOVERNING DOCUMENTS ARE PROVIDED UPON REQUEST RECEIVED AT THE
 SHELTER OFFICE.

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

FUNDRAISING EXPENSES	\$ 16,024
FUNDRAISING EXPENSES	\$ -16,024

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.
u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment
Sequence No. **179**

Name(s) shown on return

HUMANE SOCIETY OF PORTAGE COUNTY IN

Identifying number

**** - ***9598**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,446

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	45,337
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 2017 Tax Year Using the General Depreciation System

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	47,783
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** (2017)

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
1	BUILDING	1/02/07	1,212,886				1,212,886	39	MMS/L	309,700	31,100
2	ELECTRICAL	2/18/08	20,687				20,687	39	MMS/L	4,708	530
3	BUILDING	6/15/08	22,865				22,865	39	MMS/L	5,008	586
4	DOG ROOF	12/07/12	10,676			X	6,771	15	MQ150DB	3,905	677
10	ROAD	11/30/01	101,022			X	70,716	15	MQ150DB	101,022	0
11	TREES	6/01/07	5,759				5,759	15	HY150DB	3,889	340
16	CAMERA	3/30/01	514				514	5	HY200DB	514	0
	Mass Sale: 12/31/17										
17	DICTAPHONE	7/08/02	25			X	17	5	HY200DB	25	0
	Mass Sale: 12/31/17										
18	LATERAL FILE CABINET 4	11/15/03	745			X	372	7	HY200DB	745	0
	Mass Sale: 12/31/17										
19	CASH REGISTER	1/27/03	209			X	146	7	HY200DB	209	0
	Mass Sale: 12/31/17										
20	COPIER - SAMSUNG	6/15/06	575				575	5	HY200DB	575	0
	Mass Sale: 12/31/17										
21	TELEPHONE SYSTEM	1/02/07	4,372				4,372	7	HY200DB	4,372	0
22	COMPUTERS	1/02/07	3,078				3,078	5	HY200DB	3,078	0
	Mass Sale: 12/31/17										
24	FURNITURE	12/31/06	251				251	7	HY200DB	251	0
25	BOOKCASES	4/22/08	155			X	78	7	MQ200DB	155	0
26	COMPUTER	6/29/08	873			X	436	5	MQ200DB	873	0
27	COPIER	12/14/08	2,895			X	1,447	5	MQ200DB	2,895	0
	Mass Sale: 12/31/17										
28	SOUND SYSTEM	2/01/09	2,861			X	1,431	7	HY200DB	2,861	0
29	2003 FORD E250 VAN	7/30/03	17,550			X	8,775	5	HY200DB	17,550	0
	Mass Sale: 12/31/17										
30	LIGHTING/CAGE SETUP	7/25/03	810			X	405	5	HY200DB	810	0
31	BEDLINER	8/11/03	190			X	95	5	HY200DB	190	0
32	LETTERING	8/08/03	172			X	86	5	HY200DB	172	0
33	CELL PHONE MOUNT	7/11/03	140			X	70	5	HY200DB	140	0
34	LIGHT BAR FOR SMALL VAN	9/08/08	534			X	267	5	MQ200DB	534	0
35	2007 CHEV VAN	6/26/09	6,500			X	3,250	5	HY200DB	6,500	0
44	RADIOS	11/15/01	800			X	560	7	HY200DB	800	0
	Mass Sale: 12/31/17										
45	NEPTUNE ELECTRIC DRYER	12/18/02	609			X	426	7	HY200DB	609	0
	Mass Sale: 12/31/17										
46	WASHER	12/16/03	4,126			X	2,063	7	HY200DB	4,126	0
47	CAT CAGES	1/02/07	9,000				9,000	7	HY200DB	9,000	0
48	CAGES	1/02/07	2,874				2,874	7	HY200DB	2,874	0
49	KENNEL FENCES	1/02/07	16,846				16,846	7	HY200DB	16,846	0
50	TABLES	1/02/07	237				237	7	HY200DB	237	0
51	CAT CAGES	1/02/07	26,525				26,525	7	HY200DB	26,525	0
52	FENCES	1/02/07	19,726				19,726	7	HY200DB	19,726	0
53	CAT CAGES	3/08/07	7,672				7,672	7	HY200DB	7,672	0
54	OUTDOOR KENNELS	5/18/07	430				430	7	HY200DB	430	0
55	RIDING LAWN MOWER	6/10/07	950				950	5	HY200DB	950	0
	Mass Sale: 12/31/17										
56	CHAIRS	8/20/07	377				377	5	HY200DB	377	0
57	FANS-OUTSIDE KENNELS	8/20/07	500				500	5	HY200DB	500	0
58	FENCES	11/15/07	282				282	7	HY200DB	282	0
59	GULLATINE DOORS	11/15/07	4,235				4,235	7	HY200DB	4,235	0
60	PARTITIONS - PLEXIGLASS	12/18/07	415				415	7	HY200DB	415	0
61	SNOWBLOWER	12/01/07	1,158				1,158	5	HY200DB	1,158	0
	Mass Sale: 12/31/17										
62	DRYER 1 of 2	6/13/08	3,043			X	1,522	7	MQ200DB	3,043	0
63	DRYER 2 of 2	6/13/08	3,043			X	1,522	7	MQ200DB	3,043	0
64	CEILING FANS	9/08/08	2,738			X	1,369	7	HY200DB	2,738	0
65	FENCES - OUTSIDE KENNEL	9/21/08	3,100			X	1,550	7	HY200DB	3,100	0
66	WASHING MACHINE	10/08/08	5,795			X	2,897	5	MQ200DB	5,795	0
67	DOG PLAY YARD	11/05/08	4,592			X	2,296	7	HY200DB	4,592	0
68	DRYER INSTALLATION	4/29/09	3,578			X	1,789	7	HY200DB	3,578	0
69	OUTDOOR EXERCISE KENNEL	10/24/11	7,125			X	1,073	7	HY200DB	6,052	715
70	WASHING MACHINE	8/01/12	5,885			X	2,942	5	MQ200DB	5,494	391
71	Retractor	10/07/08	160			X	80	5	MQ200DB	160	0
72	K9 SURGICAL EQUIPMENT	10/07/08	636			X	318	5	MQ200DB	636	0
73	FELINE SURGICAL EQUIPMENT	10/07/08	596			X	298	5	MQ200DB	596	0
74	OXYGEN CYLINDER	10/29/08	239			X	120	5	MQ200DB	239	0

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
75	COUNTERTOPS-VET AREA	11/12/08	472		X	236	7 HY 200DB	472	0
76	SURGICAL PAC	11/18/08	632		X	316	5 MQ200DB	632	0
77	SCALE	11/18/08	994		X	497	5 MQ200DB	994	0
78	INSTRUMENT STAND	11/18/08	127		X	63	5 MQ200DB	127	0
79	CORDLESS CLIPPER	11/18/08	252		X	126	5 MQ200DB	252	0
80	AUTOCLAVE	11/18/08	7,973		X	3,986	5 MQ200DB	7,973	0
81	PULSE MONITOR	11/18/08	3,207		X	1,603	5 MQ200DB	3,207	0
82	SURGERY LIGHT	12/13/08	1,140		X	570	5 MQ200DB	1,140	0
83	OPHTHALMASCOPE	7/01/09	494		X	247	7 HY 200DB	494	0
84	PAVING LOT	9/25/13	7,278		X	5,107	15 MQ150DB	2,171	511
85	MICROSCOPE	1/24/13	444		X	222	7 MQ200DB	322	39
86	SCALER/POLISHER	6/30/13	1,362		X	681	7 MQ200DB	954	121
87	EQUIPMENT #4	6/30/13	338		X	169	7 MQ200DB	237	30
88	COPIER-KYOCERA km-2560	4/24/13	2,275		X	1,137	5 MQ200DB	1,919	227
	Mass Sale: 12/31/17								
89	UT ALMOND BRONZE 8' ut-21 EA	6/04/13	1,950		X	975	7 MQ200DB	1,366	173
90	INSPIRON ONE+3 DESK UNITS	3/02/13	1,259		X	630	7 MQ200DB	915	110
92	INSIGNIA 50L MONITOR	6/30/13	580		X	290	5 MQ200DB	490	65
93	TV-60"-LG PLASMA	6/30/13	1,350		X	675	7 MQ200DB	946	120
94	COMPUTER-dl380 SERVER	6/06/13	1,490		X	745	5 MQ200DB	1,257	169
95	COMPUTERS-2	6/30/13	738		X	369	5 MQ200DB	623	84
96	PRINTERS-3	6/30/13	470		X	235	5 MQ200DB	397	53
97	RICO PRINTER	6/30/13	2,445		X	1,223	5 MQ200DB	2,063	278
98	PRINTER-IBM INFOPRINT 1332	10/03/13	510		X	255	5 MQ200DB	405	56
99	COMPUTER-LENOVO C440	12/26/13	475		X	238	5 MQ200DB	377	52
100	2 CAMERAS	8/31/13	264		X	132	5 MQ200DB	215	30
101	TV-2 EA	8/31/13	996		X	498	5 MQ200DB	813	113
102	IMAX MICROCHIP SCHANNER	6/20/13	453		X	227	7 MQ200DB	317	40
103	HEATING/COOLING UPGRADE	12/31/13	15,717		X	11,314	15 MQ150DB	4,403	1,131
105	CONCRETE SOUTH TO PLAYPENS	10/30/14	2,600		X	2,001	15 HY 150DB	599	200
106	FENCING 2014	10/31/14	4,895		X	3,767	15 HY 150DB	1,128	377
107	EQUIPMENT - MISC	6/10/14	1,396		X	698	5 HY 200DB	994	161
108	CENTRIFUGE - 8 COMPARTMENT	12/30/14	640		X	320	5 HY 200DB	456	73
109	DESK & CHAIR - VET	6/16/14	348		X	174	7 HY 200DB	196	43
110	PRINTER - VET	6/16/14	137		X	68	5 HY 200DB	98	15
111	OFFICE EQUIPMENT	1/01/14	249		X	124	5 HY 200DB	178	28
112	KITCHEN SINK\FAUCET-FEEDING ARE	11/12/14	1,043		X	869	15 HY S/L	174	58
113	ELECTRIC HEAT PLAY AREA	12/12/14	3,379		X	2,816	15 HY S/L	563	188
114	HEAT PANELS (2) -OFFICE	7/03/14	1,319		X	1,099	15 HY S/L	220	73
115	RECEPTION LIGHTS/BREAKROOM	2/25/14	1,365		X	1,137	15 HY S/L	228	75
116	ANESTHESIA MACHINE	5/20/15	3,012		X	1,844	7 HY 200DB	1,168	527
117	CREDIT CARD MACHINE	10/05/15	1,198		X	733	7 HY 200DB	465	209
118	FLUID PUMP	1/08/15	849		X	520	7 HY 200DB	329	149
119	HYDRAULIC OPERATING TABLE	4/30/15	2,494		X	1,527	7 HY 200DB	967	437
120	TABLE TOP MONITOR	6/08/15	1,745		X	1,068	7 HY 200DB	677	305
121	CLOUD & WARM AIR UNIT	6/17/15	1,037		X	635	7 HY 200DB	402	182
122	HAND HELD CAPNOGRAPHY	6/17/15	1,079		X	661	7 HY 200DB	418	189
123	OXYGEN CONCENTRATOR 2.5 LITRE	6/17/15	1,868		X	1,144	7 HY 200DB	724	327
124	DISHWASHER	7/14/16	3,756		X	3,354	7 MQ200DB	402	959
125	PATIO PAVERS	8/11/16	2,500		X	2,406	15 MQ150DB	94	240
126	6 CHAIRS	10/26/16	630		X	607	7 MQ200DB	23	173
127	2006 GMC YUKON	12/13/16	6,533		X	6,181	5 MQ200DB	352	2,531
128	SE RM DUCT HTR & SUBPANEL	10/07/16	3,011			3,011	39 MMS/L	16	77
			<u>1,656,404</u>			<u>1,546,931</u>		<u>652,861</u>	<u>45,337</u>

ACRS:

12	OFFICE CHAIRS 2	2/15/83	238			238	5 HY PRE	238	0
	Mass Sale: 12/31/17								
37	WET/DRY VACUUM	9/15/83	125			125	5 HY PRE	125	0
	Mass Sale: 12/31/17								
38	CATCH POLE	1/15/84	74			74	5 HY PRE	74	0
	Mass Sale: 12/31/17								
39	LARGE DOG TRAP	1/15/85	126			126	5 HY PRE	126	0
	Mass Sale: 12/31/17								
	Total ACRS Depreciation		<u>563</u>			<u>563</u>		<u>563</u>	<u>0</u>

Other Depreciation:

5	NEMMELIN TESTING	7/08/99	69			69	0 -- Land	0	0
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Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
6	NUMMELIN TESTING	11/10/99	1,430			1,430	0 -- Land	0	0
7	LAND COST	11/30/99	472			472	0 -- Land	0	0
8	TRANSFER TAX	10/29/99	60			60	0 -- Land	0	0
9	LAND - MAPLE DRIVE	11/22/11	75,030			75,030	0 -- Land	0	0
13	FAX	7/11/96	499			499	6 MO S/L	499	0
	Mass Sale: 12/31/17								
14	PRINTER	2/04/97	130			130	5 MO S/L	130	0
	Mass Sale: 12/31/17								
15	PRINTER HP 6L	9/08/98	400			400	5 MO S/L	400	0
	Mass Sale: 12/31/17								
40	CAGES	1/15/90	1,300			1,300	10 MO S/L	1,300	0
41	CAGES	1/15/92	1,018			1,018	10 MO S/L	1,018	0
42	KENNEL AIRE CAGES	4/16/96	465			465	10 MO S/L	465	0
43	FREEZER	12/18/96	175			175	10 MO S/L	175	0
91	WINDOWS 8+BACKUP SOFTWARE	1/27/13	906		X	453	3 MOAmort	906	0
	Mass Sale: 12/31/17								
104	LAND-HWY B	10/29/99	32,000			32,000	0 -- Land	0	0
129	New Doors	4/05/17	22,585			22,585	15 MO S/L	0	1,129
130	Dalco Floor Scrubber	6/19/17	3,788			3,788	7 MO S/L	0	271
131	Generator	12/31/17	2,750			2,750	15 MO S/L	0	0
132	Paving for Generator	12/31/17	2,150			2,150	15 MO S/L	0	0
133	Refrigerator	8/02/17	1,472			1,472	7 MO S/L	0	88
134	Paper Folder	7/27/17	995			995	7 MO S/L	0	59
135	Copier 3052ci	7/26/17	2,795			2,795	5 MO S/L	0	233
136	(4) 65" TV monitors	4/06/17	3,725			3,725	5 MO S/L	0	559
137	Ritter M9 Automatic Autoclave Sterilizer	3/03/17	897			897	7 MO S/L	0	107
	Total Other Depreciation		<u>155,111</u>			<u>154,658</u>		<u>4,893</u>	<u>2,446</u>
	Total ACRS and Other Depreciation		<u>155,674</u>			<u>155,221</u>		<u>5,456</u>	<u>2,446</u>
Amortization:									
23	SOFTWARE	1/02/07	268			268	3 MOAmort	268	0
	Mass Sale: 12/31/17								
			<u>268</u>			<u>268</u>		<u>268</u>	<u>0</u>
	Grand Totals		1,812,346			1,702,420		658,585	47,783
	Less: Dispositions and Transfers		34,149			21,468		33,793	227
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,778,197</u>			<u>1,680,952</u>		<u>624,792</u>	<u>47,556</u>

WI Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	WI Prior	WI Current	Federal Current	Difference Fed - WI
Other Depreciation:								
1	BUILDING	1/02/07	0	0	0	0	31,100	31,100
2	ELECTRICAL	2/18/08	0	0	0	0	530	530
3	BUILDING	6/15/08	0	0	0	0	586	586
4	DOG ROOF	12/07/12	0	0	0	0	677	677
5	NEMMELIN TESTING	7/08/99	0	0	0	0	0	0
6	NUMMELIN TESTING	11/10/99	0	0	0	0	0	0
7	LAND COST	11/30/99	0	0	0	0	0	0
8	TRANSFER TAX	10/29/99	0	0	0	0	0	0
9	LAND - MAPLE DRIVE	11/22/11	0	0	0	0	0	0
10	ROAD	11/30/01	0	0	0	0	0	0
11	TREES	6/01/07	0	0	0	0	340	340
12	OFFICE CHAIRS 2	2/15/83	0	0	0	0	0	0
	Mass Sale: 12/31/17							
13	FAX	7/11/96	0	0	0	0	0	0
	Mass Sale: 12/31/17							
14	PRINTER	2/04/97	0	0	0	0	0	0
	Mass Sale: 12/31/17							
15	PRINTER HP 6L	9/08/98	0	0	0	0	0	0
	Mass Sale: 12/31/17							
16	CAMERA	3/30/01	0	0	0	0	0	0
	Mass Sale: 12/31/17							
17	DICTAPHONE	7/08/02	0	0	0	0	0	0
	Mass Sale: 12/31/17							
18	LATERAL FILE CABINET 4	11/15/03	0	0	0	0	0	0
	Mass Sale: 12/31/17							
19	CASH REGISTER	1/27/03	0	0	0	0	0	0
	Mass Sale: 12/31/17							
20	COPIER - SAMSUNG	6/15/06	0	0	0	0	0	0
	Mass Sale: 12/31/17							
21	TELEPHONE SYSTEM	1/02/07	0	0	0	0	0	0
22	COMPUTERS	1/02/07	0	0	0	0	0	0
	Mass Sale: 12/31/17							
23	SOFTWARE	1/02/07	0	0	0	0	0	0
	Mass Sale: 12/31/17							
24	FURNITURE	12/31/06	0	0	0	0	0	0
25	BOOKCASES	4/22/08	0	0	0	0	0	0
26	COMPUTER	6/29/08	0	0	0	0	0	0
27	COPIER	12/14/08	0	0	0	0	0	0
	Mass Sale: 12/31/17							
28	SOUND SYSTEM	2/01/09	0	0	0	0	0	0
29	2003 FORD E250 VAN	7/30/03	0	0	0	0	0	0
	Mass Sale: 12/31/17							
30	LIGHTING/CAGE SETUP	7/25/03	0	0	0	0	0	0
31	BEDLINER	8/11/03	0	0	0	0	0	0
32	LETTERING	8/08/03	0	0	0	0	0	0
33	CELL PHONE MOUNT	7/11/03	0	0	0	0	0	0
34	LIGHT BAR FOR SMALL VAN	9/08/08	0	0	0	0	0	0
35	2007 CHEV VAN	6/26/09	0	0	0	0	0	0
37	WET/DRY VACUUM	9/15/83	0	0	0	0	0	0
	Mass Sale: 12/31/17							
38	CATCH POLE	1/15/84	0	0	0	0	0	0
	Mass Sale: 12/31/17							
39	LARGE DOG TRAP	1/15/85	0	0	0	0	0	0
	Mass Sale: 12/31/17							
40	CAGES	1/15/90	0	0	0	0	0	0
41	CAGES	1/15/92	0	0	0	0	0	0
42	KENNEL AIRE CAGES	4/16/96	0	0	0	0	0	0
43	FREEZER	12/18/96	0	0	0	0	0	0
44	RADIOS	11/15/01	0	0	0	0	0	0
	Mass Sale: 12/31/17							
45	NEPTUNE ELECTRIC DRYER	12/18/02	0	0	0	0	0	0
	Mass Sale: 12/31/17							
46	WASHER	12/16/03	0	0	0	0	0	0
47	CAT CAGES	1/02/07	0	0	0	0	0	0
48	CAGES	1/02/07	0	0	0	0	0	0
49	KENNEL FENCES	1/02/07	0	0	0	0	0	0
50	TABLES	1/02/07	0	0	0	0	0	0
51	CAT CAGES	1/02/07	0	0	0	0	0	0

WI Asset Report

FYE: 12/31/2017

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Asset	Description	Date In Service	Cost	Basis for Depr	WI Prior	WI Current	Federal Current	Difference Fed - WI
52	FENCES	1/02/07	0	0	0	0	0	0
53	CAT CAGES	3/08/07	0	0	0	0	0	0
54	OUTDOOR KENNELS	5/18/07	0	0	0	0	0	0
55	RIDING LAWN MOWER	6/10/07	0	0	0	0	0	0
	Mass Sale: 12/31/17							
56	CHAIRS	8/20/07	0	0	0	0	0	0
57	FANS-OUTSIDE KENNELS	8/20/07	0	0	0	0	0	0
58	FENCES	11/15/07	0	0	0	0	0	0
59	GULLATINE DOORS	11/15/07	0	0	0	0	0	0
60	PARTITIONS - PLEXIGLASS	12/18/07	0	0	0	0	0	0
61	SNOWBLOWER	12/01/07	0	0	0	0	0	0
	Mass Sale: 12/31/17							
62	DRYER 1 of 2	6/13/08	0	0	0	0	0	0
63	DRYER 2 of 2	6/13/08	0	0	0	0	0	0
64	CEILING FANS	9/08/08	0	0	0	0	0	0
65	FENCES - OUTSIDE KENNEL	9/21/08	0	0	0	0	0	0
66	WASHING MACHINE	10/08/08	0	0	0	0	0	0
67	DOG PLAY YARD	11/05/08	0	0	0	0	0	0
68	DRYER INSTALLATION	4/29/09	0	0	0	0	0	0
69	OUTDOOR EXERCISE KENNEL	10/24/11	0	0	0	0	715	715
70	WASHING MACHINE	8/01/12	0	0	0	0	391	391
71	Retractor	10/07/08	0	0	0	0	0	0
72	K9 SURGICAL EQUIPMENT	10/07/08	0	0	0	0	0	0
73	FELINE SURGICAL EQUIPMENT	10/07/08	0	0	0	0	0	0
74	OXYGEN CYLINDER	10/29/08	0	0	0	0	0	0
75	COUNTERTOPS-VET AREA	11/12/08	0	0	0	0	0	0
76	SURGICAL PAC	11/18/08	0	0	0	0	0	0
77	SCALE	11/18/08	0	0	0	0	0	0
78	INSTRUMENT STAND	11/18/08	0	0	0	0	0	0
79	CORDLESS CLIPPER	11/18/08	0	0	0	0	0	0
80	AUTOCLAVE	11/18/08	0	0	0	0	0	0
81	PULSE MONITOR	11/18/08	0	0	0	0	0	0
82	SURGERY LIGHT	12/13/08	0	0	0	0	0	0
83	OPHTHALMASCOPE	7/01/09	0	0	0	0	0	0
84	PAVING LOT	9/25/13	0	0	0	0	511	511
85	MICROSCOPE	1/24/13	0	0	0	0	39	39
86	SCALER/POLISHER	6/30/13	0	0	0	0	121	121
87	EQUIPMENT #4	6/30/13	0	0	0	0	30	30
88	COPIER-KYOCERA km-2560	4/24/13	0	0	0	0	227	227
	Mass Sale: 12/31/17							
89	UT ALMOND BRONZE 8' ut-21 EA	6/04/13	0	0	0	0	173	173
90	INSPIRON ONE+3 DESK UNITS	3/02/13	0	0	0	0	110	110
91	WINDOWS 8+BACKUP SOFTWARE	1/27/13	0	0	0	0	0	0
	Mass Sale: 12/31/17							
92	INSIGNIA 50L MONITOR	6/30/13	0	0	0	0	65	65
93	TV-60"-LG PLASMA	6/30/13	0	0	0	0	120	120
94	COMPUTER-d1380 SERVER	6/06/13	0	0	0	0	169	169
95	COMPUTERS-2	6/30/13	0	0	0	0	84	84
96	PRINTERS-3	6/30/13	0	0	0	0	53	53
97	RICO PRINTER	6/30/13	0	0	0	0	278	278
98	PRINTER-IBM INFOPRINT 1332	10/03/13	0	0	0	0	56	56
99	COMPUTER-LENOVO C440	12/26/13	0	0	0	0	52	52
100	2 CAMERAS	8/31/13	0	0	0	0	30	30
101	TV-2 EA	8/31/13	0	0	0	0	113	113
102	IMAX MICROCHIP SCHANNER	6/20/13	0	0	0	0	40	40
103	HEATING/COOLING UPGRADE	12/31/13	0	0	0	0	1,131	1,131
104	LAND-HWY B	10/29/99	0	0	0	0	0	0
105	CONCRETE SOUTH TO PLAYPENS	10/30/14	0	0	0	0	200	200
106	FENCING 2014	10/31/14	0	0	0	0	377	377
107	EQUIPMENT - MISC	6/10/14	0	0	0	0	161	161
108	CENTRIFUGE - 8 COMPARTMENT	12/30/14	0	0	0	0	73	73
109	DESK & CHAIR - VET	6/16/14	0	0	0	0	43	43
110	PRINTER - VET	6/16/14	0	0	0	0	15	15
111	OFFICE EQUIPMENT	1/01/14	0	0	0	0	28	28
112	KITCHEN SINK/FAUCET-FEEDING AREA	11/12/14	0	0	0	0	58	58
113	ELECTRIC HEAT PLAY AREA	12/12/14	0	0	0	0	188	188
114	HEAT PANELS (2) -OFFICE	7/03/14	0	0	0	0	73	73
115	RECEPTION LIGHTS/BREAKROOM	2/25/14	0	0	0	0	75	75
116	ANESTHESIA MACHINE	5/20/15	0	0	0	0	527	527
117	CREDIT CARD MACHINE	10/05/15	0	0	0	0	209	209
118	FLUID PUMP	1/08/15	0	0	0	0	149	149

WI Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	WI Prior	WI Current	Federal Current	Difference Fed - WI
119	HYDRAULIC OPERATING TABLE	4/30/15	0	0	0	0	437	437
120	TABLE TOP MONITOR	6/08/15	0	0	0	0	305	305
121	CLOUD & WARM AIR UNIT	6/17/15	0	0	0	0	182	182
122	HAND HELD CAPNOGRAPHY	6/17/15	0	0	0	0	189	189
123	OXYGEN CONCENTRATOR 2.5 LITRE	6/17/15	0	0	0	0	327	327
124	DISHWASHER	7/14/16	0	0	0	0	959	959
125	PATIO PAVERS	8/11/16	0	0	0	0	240	240
126	6 CHAIRS	10/26/16	0	0	0	0	173	173
127	2006 GMC YUKON	12/13/16	0	0	0	0	2,531	2,531
128	SE RM DUCT HTR & SUBPANEL	10/07/16	0	0	0	0	77	77
129	New Doors	4/05/17	0	0	0	0	1,129	1,129
130	Dalco Floor Scrubber	6/19/17	0	0	0	0	271	271
131	Generator	12/31/17	2,750	2,750	0	0	0	0
132	Paving for Generator	12/31/17	2,150	2,150	0	0	0	0
133	Refrigerator	8/02/17	1,472	1,472	0	88	88	0
134	Paper Folder	7/27/17	995	995	0	59	59	0
135	Copier 3052ci	7/26/17	2,795	2,795	0	233	233	0
136	(4) 65" TV monitors	4/06/17	3,725	3,725	0	559	559	0
137	Ritter M9 Automatic Autoclave Sterilizer	3/03/17	897	897	0	107	107	0
Total Other Depreciation			<u>14,784</u>	<u>14,784</u>	<u>0</u>	<u>1,046</u>	<u>47,783</u>	<u>46,737</u>
Total ACRS and Other Depreciation			<u>14,784</u>	<u>14,784</u>	<u>0</u>	<u>1,046</u>	<u>47,783</u>	<u>46,737</u>
Grand Totals			14,784	14,784	0	1,046	47,783	46,737
Less: Dispositions			0	0	0	0	227	227
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>14,784</u>	<u>14,784</u>	<u>0</u>	<u>1,046</u>	<u>47,556</u>	<u>46,510</u>

AMT Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
1	BUILDING	1/02/07	1,212,886				1,212,886	39	MMS/L	309,700	31,100
2	ELECTRICAL	2/18/08	20,687				20,687	39	MMS/L	4,708	530
3	BUILDING	6/15/08	22,865				22,865	39	MMS/L	5,008	586
4	DOG ROOF	12/07/12	10,676			X	6,917	15	MQ150DB	3,759	692
10	ROAD	11/30/01	101,022			X	70,716	15	MQ150DB	101,022	0
11	TREES	6/01/07	5,759				5,759	15	HY150DB	3,889	340
16	CAMERA	3/30/01	514				514	5	HY150DB	514	0
	Mass Sale: 12/31/17										
17	DICTAPHONE	7/08/02	25			X	17	5	HY150DB	25	0
	Mass Sale: 12/31/17										
18	LATERAL FILE CABINET 4	11/15/03	745			X	372	7	HY150DB	745	0
	Mass Sale: 12/31/17										
19	CASH REGISTER	1/27/03	209			X	146	7	HY150DB	209	0
	Mass Sale: 12/31/17										
20	COPIER - SAMSUNG	6/15/06	575				575	5	HY150DB	575	0
	Mass Sale: 12/31/17										
21	TELEPHONE SYSTEM	1/02/07	4,372				4,372	7	HY150DB	4,372	0
22	COMPUTERS	1/02/07	3,078				3,078	5	HY150DB	3,078	0
	Mass Sale: 12/31/17										
24	FURNITURE	12/31/06	251				251	7	HY150DB	251	0
25	BOOKCASES	4/22/08	155			X	78	7	MQ150DB	155	0
26	COMPUTER	6/29/08	873			X	436	5	MQ150DB	873	0
27	COPIER	12/14/08	2,895			X	1,447	5	MQ150DB	2,895	0
	Mass Sale: 12/31/17										
28	SOUND SYSTEM	2/01/09	2,861			X	1,431	7	HY150DB	2,861	0
29	2003 FORD E250 VAN	7/30/03	17,550			X	8,775	5	HY150DB	17,550	0
	Mass Sale: 12/31/17										
30	LIGHTING/CAGE SETUP	7/25/03	810			X	405	5	HY150DB	810	0
31	BEDLINER	8/11/03	190			X	95	5	HY150DB	190	0
32	LETTERING	8/08/03	172			X	86	5	HY150DB	172	0
33	CELL PHONE MOUNT	7/11/03	140			X	70	5	HY150DB	140	0
34	LIGHT BAR FOR SMALL VAN	9/08/08	534			X	267	5	MQ150DB	534	0
35	2007 CHEV VAN	6/26/09	6,500			X	3,250	5	HY150DB	6,500	0
44	RADIOS	11/15/01	800			X	560	7	HY150DB	800	0
	Mass Sale: 12/31/17										
45	NEPTUNE ELECTRIC DRYER	12/18/02	609			X	426	7	HY150DB	609	0
	Mass Sale: 12/31/17										
46	WASHER	12/16/03	4,126			X	2,063	7	HY150DB	4,126	0
47	CAT CAGES	1/02/07	9,000				9,000	7	HY150DB	9,000	0
48	CAGES	1/02/07	2,874				2,874	7	HY150DB	2,874	0
49	KENNEL FENCES	1/02/07	16,846				16,846	7	HY150DB	16,846	0
50	TABLES	1/02/07	237				237	7	HY150DB	237	0
51	CAT CAGES	1/02/07	26,525				26,525	7	HY150DB	26,525	0
52	FENCES	1/02/07	19,726				19,726	7	HY150DB	19,726	0
53	CAT CAGES	3/08/07	7,672				7,672	7	HY150DB	7,672	0
54	OUTDOOR KENNELS	5/18/07	430				430	7	HY150DB	430	0
55	RIDING LAWN MOWER	6/10/07	950				950	5	HY150DB	950	0
	Mass Sale: 12/31/17										
56	CHAIRS	8/20/07	377				377	5	HY150DB	377	0
57	FANS-OUTSIDE KENNELS	8/20/07	500				500	5	HY150DB	500	0
58	FENCES	11/15/07	282				282	7	HY150DB	282	0
59	GULLATINE DOORS	11/15/07	4,235				4,235	7	HY150DB	4,235	0
60	PARTITIONS - PLEXIGLASS	12/18/07	415				415	7	HY150DB	415	0
61	SNOWBLOWER	12/01/07	1,158				1,158	5	HY150DB	1,158	0
	Mass Sale: 12/31/17										
62	DRYER 1 of 2	6/13/08	3,043			X	1,522	7	MQ150DB	3,043	0
63	DRYER 2 of 2	6/13/08	3,043			X	1,522	7	MQ150DB	3,043	0
64	CEILING FANS	9/08/08	2,738			X	1,369	7	HY150DB	2,738	0
65	FENCES - OUTSIDE KENNEL	9/21/08	3,100			X	1,550	7	HY150DB	3,100	0
66	WASHING MACHINE	10/08/08	5,795			X	2,897	5	MQ150DB	5,795	0
67	DOG PLAY YARD	11/05/08	4,592			X	2,296	7	HY150DB	4,592	0
68	DRYER INSTALLATION	4/29/09	3,578			X	1,789	7	HY150DB	3,578	0
69	OUTDOOR EXERCISE KENNEL	10/24/11	7,125			X	1,309	7	HY150DB	5,816	873
70	WASHING MACHINE	8/01/12	5,885			X	2,942	5	MQ150DB	5,336	549
71	Retractor	10/07/08	160			X	80	5	MQ150DB	160	0
72	K9 SURGICAL EQUIPMENT	10/07/08	636			X	318	5	MQ150DB	636	0
73	FELINE SURGICAL EQUIPMENT	10/07/08	596			X	298	5	MQ150DB	596	0
74	OXYGEN CYLINDER	10/29/08	239			X	120	5	MQ150DB	239	0

AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
37	WET/DRY VACUUM	9/15/83	0			0	0 HY	0	0
	Mass Sale: 12/31/17								
38	CATCH POLE	1/15/84	0			0	0 HY	0	0
	Mass Sale: 12/31/17								
39	LARGE DOG TRAP	1/15/85	0			0	0 HY	0	0
	Mass Sale: 12/31/17								
40	CAGES	1/15/90	0			0	0 HY	0	0
41	CAGES	1/15/92	0			0	0 HY	0	0
42	KENNEL AIRE CAGES	4/16/96	0			0	0 HY	0	0
43	FREEZER	12/18/96	0			0	0 HY	0	0
104	LAND-HWY B	10/29/99	0			0	0 HY	0	0
129	New Doors	4/05/17	0			0	0 HY	0	0
130	Dalco Floor Scrubber	6/19/17	0			0	0 HY	0	0
131	Generator	12/31/17	0			0	0 HY	0	0
132	Paving for Generator	12/31/17	0			0	0 HY	0	0
133	Refrigerator	8/02/17	0			0	0 HY	0	0
134	Paper Folder	7/27/17	0			0	0 HY	0	0
135	Copier 3052ci	7/26/17	0			0	0 HY	0	0
136	(4) 65" TV monitors	4/06/17	0			0	0 HY	0	0
137	Ritter M9 Automatic Autoclave Sterilizer	3/03/17	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		1,656,350			1,549,819		649,011	45,487
	Less: Dispositions and Transfers		31,383			19,155		30,859	333
	Net Grand Totals		<u>1,624,967</u>			<u>1,530,664</u>		<u>618,152</u>	<u>45,154</u>

Bonus Depreciation Report

FYE: 12/31/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
91	WINDOWS 8+BACKUP SOFTWARE	1/27/13	906		0	0	453	453
112	KITCHEN SINK\FAUCET-FEEDING AREA	11/12/14	1,043		0	0	174	869
113	ELECTRIC HEAT PLAY AREA	12/12/14	3,379		0	0	563	2,816
114	HEAT PANELS (2) -OFFICE	7/03/14	1,319		0	0	220	1,099
115	RECEPTION LIGHTS\BREAKROOM	2/25/14	1,365		0	0	228	1,137
4	DOG ROOF	12/07/12	10,676		0	0	3,905	6,771
10	ROAD	11/30/01	101,022		0	0	30,306	70,716
17	DICTAPHONE	7/08/02	25		0	0	8	17
18	LATERAL FILE CABINET 4	11/15/03	745		0	0	373	372
19	CASH REGISTER	1/27/03	209		0	0	63	146
25	BOOKCASES	4/22/08	155		0	0	77	78
26	COMPUTER	6/29/08	873		0	0	437	436
27	COPIER	12/14/08	2,895		0	0	1,448	1,447
28	SOUND SYSTEM	2/01/09	2,861		0	0	1,430	1,431
29	2003 FORD E250 VAN	7/30/03	17,550		0	0	8,775	8,775
30	LIGHTING/CAGE SETUP	7/25/03	810		0	0	405	405
31	BEDLINER	8/11/03	190		0	0	95	95
32	LETTERING	8/08/03	172		0	0	86	86
33	CELL PHONE MOUNT	7/11/03	140		0	0	70	70
34	LIGHT BAR FOR SMALL VAN	9/08/08	534		0	0	267	267
35	2007 CHEV VAN	6/26/09	6,500		0	0	3,250	3,250
44	RADIOS	11/15/01	800		0	0	240	560
45	NEPTUNE ELECTRIC DRYER	12/18/02	609		0	0	183	426
46	WASHER	12/16/03	4,126		0	0	2,063	2,063
62	DRYER 1 of 2	6/13/08	3,043		0	0	1,521	1,522
63	DRYER 2 of 2	6/13/08	3,043		0	0	1,521	1,522
64	CEILING FANS	9/08/08	2,738		0	0	1,369	1,369
65	FENCES - OUTSIDE KENNEL	9/21/08	3,100		0	0	1,550	1,550
66	WASHING MACHINE	10/08/08	5,795		0	0	2,898	2,897
67	DOG PLAY YARD	11/05/08	4,592		0	0	2,296	2,296
68	DRYER INSTALLATON	4/29/09	3,578		0	0	1,789	1,789
69	OUTDOOR EXERCISE KENNEL	10/24/11	7,125		0	0	6,052	1,073
70	WASHING MACHINE	8/01/12	5,885		0	0	2,943	2,942
71	Retractor	10/07/08	160		0	0	80	80
72	K9 SURGICAL EQUIPMENT	10/07/08	636		0	0	318	318
73	FELINE SURGICAL EQUIPMENT	10/07/08	596		0	0	298	298
74	OXYGEN CYLINDER	10/29/08	239		0	0	119	120
75	COUNTERTOPS-VET AREA	11/12/08	472		0	0	236	236
76	SURGICAL PAC	11/18/08	632		0	0	316	316
77	SCALE	11/18/08	994		0	0	497	497
78	INSTRUMENT STAND	11/18/08	127		0	0	64	63
79	CORDLESS CLIPPER	11/18/08	252		0	0	126	126
80	AUTOCLAVE	11/18/08	7,973		0	0	3,987	3,986
81	PULSE MONITOR	11/18/08	3,207		0	0	1,604	1,603
82	SURGERY LIGHT	12/13/08	1,140		0	0	570	570
83	OPHTHALMASCOPE	7/01/09	494		0	0	247	247
84	PAVING LOT	9/25/13	7,278		0	0	2,171	5,107
85	MICROSCOPE	1/24/13	444		0	0	222	222
86	SCALER/POLISHER	6/30/13	1,362		0	0	681	681
87	EQUIPMENT #4	6/30/13	338		0	0	169	169
88	COPIER-KYOCERA km-2560	4/24/13	2,275		0	0	1,138	1,137
89	UT ALMOND BRONZE 8' ut-21 EA	6/04/13	1,950		0	0	975	975
90	INSPIRON ONE+3 DESK UNITS	3/02/13	1,259		0	0	629	630
92	INSIGNIA 50L MONITOR	6/30/13	580		0	0	290	290
93	TV-60"-LG PLASMA	6/30/13	1,350		0	0	675	675
94	COMPUTER-dl380 SERVER	6/06/13	1,490		0	0	745	745
95	COMPUTERS-2	6/30/13	738		0	0	369	369
96	PRINTERS-3	6/30/13	470		0	0	235	235
97	RICO PRINTER	6/30/13	2,445		0	0	1,222	1,223
98	PRINTER-IBM INFOPRINT 1332	10/03/13	510		0	0	255	255
99	COMPUTER-LENOVO C440	12/26/13	475		0	0	237	238
100	2 CAMERAS	8/31/13	264		0	0	132	132
101	TV-2 EA	8/31/13	996		0	0	498	498
102	IMAX MICROCHIP SCHANNER	6/20/13	453		0	0	226	227
103	HEATING/COOLING UPGRADE	12/31/13	15,717		0	0	4,403	11,314
105	CONCRETE SOUTH TO PLAYPENS	10/30/14	2,600		0	0	599	2,001
106	FENCING 2014	10/31/14	4,895		0	0	1,128	3,767
107	EQUIPMENT - MISC	6/10/14	1,396		0	0	698	698
108	CENTRIFUGE - 8 COMPARTMENT	12/30/14	640		0	0	320	320

Bonus Depreciation Report

FYE: 12/31/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1 (continued)								
109	DESK & CHAIR - VET	6/16/14	348		0	0	174	174
110	PRINTER - VET	6/16/14	137		0	0	69	68
111	OFFICE EQUIPMENT	1/01/14	249		0	0	125	124
116	ANESTHESIA MACHINE	5/20/15	3,012		0	0	1,168	1,844
117	CREDIT CARD MACHINE	10/05/15	1,198		0	0	465	733
118	FLUID PUMP	1/08/15	849		0	0	329	520
119	HYDRAULIC OPERATING TABLE	4/30/15	2,494		0	0	967	1,527
120	TABLE TOP MONITOR	6/08/15	1,745		0	0	677	1,068
121	CLOUD & WARM AIR UNIT	6/17/15	1,037		0	0	402	635
122	HAND HELD CAPNOGRAPHY	6/17/15	1,079		0	0	418	661
123	OXYGEN CONCENTRATOR 2.5 LITRE	6/17/15	1,868		0	0	724	1,144
124	DISHWASHER	7/14/16	3,756		0	0	402	3,354
125	PATIO PAVERS	8/11/16	2,500		0	0	94	2,406
126	6 CHAIRS	10/26/16	630		0	0	23	607
127	2006 GMC YUKON	12/13/16	6,533		0	0	352	6,181
	Form 990, Page 1		292,085		0	0	109,926	182,159
	*Less: Dispositions and Transfers		26,014		0	0	12,681	13,333
	Net Form 990, Page 1		266,071		0	0	97,245	168,826
	Grand Total		292,085		0	0	109,926	182,159
	Less: Dispositions and Transfers		26,014		0	0	12,681	13,333
	Net Grand Total		266,071		0	0	97,245	168,826

Federal Aggregate Report

FYE: 12/31/2017

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>179</u>	<u>Salvage</u>	<u>Prior</u>	<u>Current</u>	<u>Total</u>	<u>Net Book Value</u>	<u>Method</u>	<u>Life</u>
	2005 GMC	8/01/12	130	0	0	32	98	130	0	200DB	5
	2006 GMC YUKON	12/13/16	6,403	0	0	320	2,433	2,753	3,650	200DB	5
127	2006 GMC YUKON	12/13/16	6,533	0	0	352	2,531	2,883	3,650	200DB	5
	Grand Totals		6,533	0	0	352	2,531	2,883	3,650		
	Less: Dispositions		0	0	0	0	0	0	0		
	Net Grand Totals		<u>6,533</u>	<u>0</u>	<u>0</u>	<u>352</u>	<u>2,531</u>	<u>2,883</u>	<u>3,650</u>		

AMT Aggregate Report

FYE: 12/31/2017

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>179</u>	<u>Salvage</u>	<u>Prior</u>	<u>Current</u>	<u>Total</u>	<u>Net Book Value</u>	<u>Method</u>	<u>Life</u>
	2005 GMC	8/01/12	191	0	0	49	142	191	0	150DB	5
	2006 GMC YUKON	12/13/16	6,288	0	0	236	1,815	2,051	4,237	150DB	5
127	2006 GMC YUKON	12/13/16	6,479	0	0	285	1,957	2,242	4,237	150DB	5
	Grand Totals		6,479	0	0	285	1,957	2,242	4,237		
	Less: Dispositions		0	0	0	0	0	0	0		
	Net Grand Totals		<u>6,479</u>	<u>0</u>	<u>0</u>	<u>285</u>	<u>1,957</u>	<u>2,242</u>	<u>4,237</u>		

Depreciation Adjustment Report

FYE: 12/31/2017

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	BUILDING	31,100	31,100	0
Page 1	1	2	ELECTRICAL	530	530	0
Page 1	1	3	BUILDING	586	586	0
Page 1	1	4	DOG ROOF	677	692	-15
Page 1	1	10	ROAD	0	0	0
Page 1	1	11	TREES	340	340	0
Page 1	1	16	CAMERA	0	0	0
Page 1	1	17	DICTAPHONE	0	0	0
Page 1	1	18	LATERAL FILE CABINET 4	0	0	0
Page 1	1	19	CASH REGISTER	0	0	0
Page 1	1	20	COPIER - SAMSUNG	0	0	0
Page 1	1	21	TELEPHONE SYSTEM	0	0	0
Page 1	1	22	COMPUTERS	0	0	0
Page 1	1	24	FURNITURE	0	0	0
Page 1	1	25	BOOKCASES	0	0	0
Page 1	1	26	COMPUTER	0	0	0
Page 1	1	27	COPIER	0	0	0
Page 1	1	28	SOUND SYSTEM	0	0	0
Page 1	1	29	2003 FORD E250 VAN	0	0	0
Page 1	1	30	LIGHTING/CAGE SETUP	0	0	0
Page 1	1	31	BEDLINER	0	0	0
Page 1	1	32	LETTERING	0	0	0
Page 1	1	33	CELL PHONE MOUNT	0	0	0
Page 1	1	34	LIGHT BAR FOR SMALL VAN	0	0	0
Page 1	1	35	2007 CHEV VAN	0	0	0
Page 1	1	44	RADIOS	0	0	0
Page 1	1	45	NEPTUNE ELECTRIC DRYER	0	0	0
Page 1	1	46	WASHER	0	0	0
Page 1	1	47	CAT CAGES	0	0	0
Page 1	1	48	CAGES	0	0	0
Page 1	1	49	KENNEL FENCES	0	0	0
Page 1	1	50	TABLES	0	0	0
Page 1	1	51	CAT CAGES	0	0	0
Page 1	1	52	FENCES	0	0	0
Page 1	1	53	CAT CAGES	0	0	0
Page 1	1	54	OUTDOOR KENNELS	0	0	0
Page 1	1	55	RIDING LAWN MOWER	0	0	0
Page 1	1	56	CHAIRS	0	0	0
Page 1	1	57	FANS-OUTSIDE KENNELS	0	0	0
Page 1	1	58	FENCES	0	0	0
Page 1	1	59	GUILLATINE DOORS	0	0	0
Page 1	1	60	PARTITIONS - PLEXIGLASS	0	0	0
Page 1	1	61	SNOWBLOWER	0	0	0
Page 1	1	62	DRYER 1 of 2	0	0	0
Page 1	1	63	DRYER 2 of 2	0	0	0
Page 1	1	64	CEILING FANS	0	0	0
Page 1	1	65	FENCES - OUTSIDE KENNEL	0	0	0
Page 1	1	66	WASHING MACHINE	0	0	0
Page 1	1	67	DOG PLAY YARD	0	0	0
Page 1	1	68	DRYER INSTALLATON	0	0	0
Page 1	1	69	OUTDOOR EXERCISE KENNEL	715	873	-158
Page 1	1	70	WASHING MACHINE	391	549	-158
Page 1	1	71	Retractor	0	0	0
Page 1	1	72	K9 SURGICAL EQUIPMENT	0	0	0
Page 1	1	73	FELINE SURGICAL EQUIPMENT	0	0	0
Page 1	1	74	OXYGEN CYLINDER	0	0	0
Page 1	1	75	COUNTERTOPS-VET AREA	0	0	0
Page 1	1	76	SURGICAL PAC	0	0	0
Page 1	1	77	SCALE	0	0	0
Page 1	1	78	INSTRUMENT STAND	0	0	0
Page 1	1	79	CORDLESS CLIPPER	0	0	0
Page 1	1	80	AUTOCLAVE	0	0	0
Page 1	1	81	PULSE MONITOR	0	0	0
Page 1	1	82	SURGERY LIGHT	0	0	0
Page 1	1	83	OPHTHALMASCOPE	0	0	0
Page 1	1	84	PAVING LOT	511	511	0

Depreciation Adjustment Report**All Business Activities**

FYE: 12/31/2017

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	85	MICROSCOPE	39	54	-15
Page 1	1	86	SCALER/POLISHER	121	167	-46
Page 1	1	87	EQUIPMENT #4	30	41	-11
Page 1	1	88	COPIER-KYOCERA km-2560	227	333	-106
Page 1	1	89	UT ALMOND BRONZE 8' ut-21 EA	173	238	-65
Page 1	1	90	INSPIRON ONE+3 DESK UNITS	110	153	-43
Page 1	1	92	INSIGNIA 50L MONITOR	65	98	-33
Page 1	1	93	TV-60"-LG PLASMA	120	165	-45
Page 1	1	94	COMPUTER-d1380 SERVER	169	249	-80
Page 1	1	95	COMPUTERS-2	84	124	-40
Page 1	1	96	PRINTERS-3	53	79	-26
Page 1	1	97	RICO PRINTER	278	410	-132
Page 1	1	98	PRINTER-IBM INFOPRINT 1332	56	84	-28
Page 1	1	99	COMPUTER-LENOVO C440	52	78	-26
Page 1	1	100	2 CAMERAS	30	43	-13
Page 1	1	101	TV-2 EA	113	165	-52
Page 1	1	102	IMAX MICROCHIP SCHANNER	40	55	-15
Page 1	1	103	HEATING/COOLING UPGRADE	1,131	1,131	0
Page 1	1	105	CONCRETE SOUTH TO PLAYPENS	200	200	0
Page 1	1	106	FENCING 2014	377	377	0
Page 1	1	107	EQUIPMENT - MISC	161	233	-72
Page 1	1	108	CENTRIFUGE - 8 COMPARTMENT	73	107	-34
Page 1	1	109	DESK & CHAIR - VET	43	43	0
Page 1	1	110	PRINTER - VET	15	23	-8
Page 1	1	111	OFFICE EQUIPMENT	28	42	-14
Page 1	1	112	KITCHEN SINK/FAUCET-FEEDING AREA	58	69	-11
Page 1	1	113	ELECTRIC HEAT PLAY AREA	188	226	-38
Page 1	1	114	HEAT PANELS (2) -OFFICE	73	88	-15
Page 1	1	115	RECEPTION LIGHTS/BREAKROOM	75	91	-16
Page 1	1	116	ANESTHESIA MACHINE	527	453	74
Page 1	1	117	CREDIT CARD MACHINE	209	180	29
Page 1	1	118	FLUID PUMP	149	128	21
Page 1	1	119	HYDRAULIC OPERATING TABLE	437	374	63
Page 1	1	120	TABLE TOP MONITOR	305	262	43
Page 1	1	121	CLOUD & WARM AIR UNIT	182	155	27
Page 1	1	122	HAND HELD CAPNOGRAPHY	189	162	27
Page 1	1	123	OXYGEN CONCENTRATOR 2.5 LITRE	327	281	46
Page 1	1	124	DISHWASHER	959	740	219
Page 1	1	125	PATIO PAVERS	240	240	0
Page 1	1	126	6 CHAIRS	173	131	42
Page 1	1	127	2006 GMC YUKON	2,531	1,957	574
Page 1	1	128	SE RM DUCT HTR & SUBPANEL	77	77	0
				<u>45,337</u>	<u>45,487</u>	<u>-150</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	BUILDING	1/02/07	1,212,886	31,100	31,100
2	ELECTRICAL	2/18/08	20,687	531	531
3	BUILDING	6/15/08	22,865	586	586
4	DOG ROOF	12/07/12	10,676	617	630
10	ROAD	11/30/01	101,022	0	0
11	TREES	6/01/07	5,759	340	340
21	TELEPHONE SYSTEM	1/02/07	4,372	0	0
24	FURNITURE	12/31/06	251	0	0
25	BOOKCASES	4/22/08	155	0	0
26	COMPUTER	6/29/08	873	0	0
28	SOUND SYSTEM	2/01/09	2,861	0	0
30	LIGHTING/CAGE SETUP	7/25/03	810	0	0
31	BEDLINER	8/11/03	190	0	0
32	LETTERING	8/08/03	172	0	0
33	CELL PHONE MOUNT	7/11/03	140	0	0
34	LIGHT BAR FOR SMALL VAN	9/08/08	534	0	0
35	2007 CHEV VAN	6/26/09	6,500	0	0
46	WASHER	12/16/03	4,126	0	0
47	CAT CAGES	1/02/07	9,000	0	0
48	CAGES	1/02/07	2,874	0	0
49	KENNEL FENCES	1/02/07	16,846	0	0
50	TABLES	1/02/07	237	0	0
51	CAT CAGES	1/02/07	26,525	0	0
52	FENCES	1/02/07	19,726	0	0
53	CAT CAGES	3/08/07	7,672	0	0
54	OUTDOOR KENNELS	5/18/07	430	0	0
56	CHAIRS	8/20/07	377	0	0
57	FANS-OUTSIDE KENNELS	8/20/07	500	0	0
58	FENCES	11/15/07	282	0	0
59	GUILLETINE DOORS	11/15/07	4,235	0	0
60	PARTITIONS - PLEXIGLASS	12/18/07	415	0	0
62	DRYER 1 of 2	6/13/08	3,043	0	0
63	DRYER 2 of 2	6/13/08	3,043	0	0
64	CEILING FANS	9/08/08	2,738	0	0
65	FENCES - OUTSIDE KENNEL	9/21/08	3,100	0	0
66	WASHING MACHINE	10/08/08	5,795	0	0
67	DOG PLAY YARD	11/05/08	4,592	0	0
68	DRYER INSTALLATON	4/29/09	3,578	0	0
69	OUTDOOR EXERCISE KENNEL	10/24/11	7,125	358	436
70	WASHING MACHINE	8/01/12	5,885	0	0
71	Retractor	10/07/08	160	0	0
72	K9 SURGICAL EQUIPMENT	10/07/08	636	0	0
73	FELINE SURGICAL EQUIPMENT	10/07/08	596	0	0
74	OXYGEN CYLINDER	10/29/08	239	0	0
75	COUNTERTOPS-VET AREA	11/12/08	472	0	0
76	SURGICAL PAC	11/18/08	632	0	0
77	SCALE	11/18/08	994	0	0
78	INSTRUMENT STAND	11/18/08	127	0	0
79	CORDLESS CLIPPER	11/18/08	252	0	0
80	AUTOCLAVE	11/18/08	7,973	0	0
81	PULSE MONITOR	11/18/08	3,207	0	0
82	SURGERY LIGHT	12/13/08	1,140	0	0
83	OPHTHALMASCOPE	7/01/09	494	0	0
84	PAVING LOT	9/25/13	7,278	460	460
85	MICROSCOPE	1/24/13	444	39	54
86	SCALER/POLISHER	6/30/13	1,362	121	166
87	EQUIPMENT #4	6/30/13	338	30	41
89	UT ALMOND BRONZE 8' ut-21 EA	6/04/13	1,950	173	238
90	INSPIRON ONE+3 DESK UNITS	3/02/13	1,259	110	153
92	INSIGNIA 50L MONITOR	6/30/13	580	25	36
93	TV-60"-LG PLASMA	6/30/13	1,350	120	165
94	COMPUTER-d1380 SERVER	6/06/13	1,490	64	94
95	COMPUTERS-2	6/30/13	738	31	46
96	PRINTERS-3	6/30/13	470	20	29
97	RICO PRINTER	6/30/13	2,445	104	154
98	PRINTER-IBM INFOPRINT 1332	10/03/13	510	49	73
99	COMPUTER-LENOVO C440	12/26/13	475	46	68

Asset	Description	Date In Service	Cost	Tax	AMT
100	2 CAMERAS	8/31/13	264	19	28
101	TV-2 EA	8/31/13	996	70	103
102	IMAX MICROCHIP SCHANNER	6/20/13	453	41	56
103	HEATING/COOLING UPGRADE	12/31/13	15,717	1,018	1,018
105	CONCRETE SOUTH TO PLAYPENS	10/30/14	2,600	180	180
106	FENCING 2014	10/31/14	4,895	339	339
107	EQUIPMENT - MISC	6/10/14	1,396	160	232
108	CENTRIFUGE - 8 COMPARTMENT	12/30/14	640	74	107
109	DESK & CHAIR - VET	6/16/14	348	31	43
110	PRINTER - VET	6/16/14	137	16	23
111	OFFICE EQUIPMENT	1/01/14	249	29	42
112	KITCHEN SINK\FAUCET-FEEDING AREA	11/12/14	1,043	54	70
113	ELECTRIC HEAT PLAY AREA	12/12/14	3,379	175	225
114	HEAT PANELS (2) -OFFICE	7/03/14	1,319	68	88
115	RECEPTION LIGHTS\BREAKROOM	2/25/14	1,365	71	91
116	ANESTHESIA MACHINE	5/20/15	3,012	376	369
117	CREDIT CARD MACHINE	10/05/15	1,198	150	146
118	FLUID PUMP	1/08/15	849	106	104
119	HYDRAULIC OPERATING TABLE	4/30/15	2,494	311	306
120	TABLE TOP MONITOR	6/08/15	1,745	218	214
121	CLOUD & WARM AIR UNIT	6/17/15	1,037	129	127
122	HAND HELD CAPNOGRAPHY	6/17/15	1,079	135	132
123	OXYGEN CONCENTRATOR 2.5 LITRE	6/17/15	1,868	234	228
124	DISHWASHER	7/14/16	3,756	684	581
125	PATIO PAVERS	8/11/16	2,500	217	217
126	6 CHAIRS	10/26/16	630	124	103
127	2006 GMC YUKON	12/13/16	6,533	1,460	1,271
128	SE RM DUCT HTR & SUBPANEL	10/07/16	3,011	78	78
			<u>1,625,021</u>	<u>41,491</u>	<u>41,921</u>

Other Depreciation:

5	NEMMELIN TESTING	7/08/99	69	0	0
6	NUMMELIN TESTING	11/10/99	1,430	0	0
7	LAND COST	11/30/99	472	0	0
8	TRANSFER TAX	10/29/99	60	0	0
9	LAND - MAPLE DRIVE	11/22/11	75,030	0	0
40	CAGES	1/15/90	1,300	0	0
41	CAGES	1/15/92	1,018	0	0
42	KENNEL AIRE CAGES	4/16/96	465	0	0
43	FREEZER	12/18/96	175	0	0
104	LAND-HWY B	10/29/99	32,000	0	0
129	New Doors	4/05/17	22,585	1,506	0
130	Dalco Floor Scrubber	6/19/17	3,788	541	0
131	Generator	12/31/17	2,750	183	0
132	Paving for Generator	12/31/17	2,150	143	0
133	Refrigerator	8/02/17	1,472	210	0
134	Paper Folder	7/27/17	995	142	0
135	Copier 3052ci	7/26/17	2,795	559	0
136	(4) 65" TV monitors	4/06/17	3,725	745	0
137	Ritter M9 Automatic Autoclave Sterilizer	3/03/17	897	128	0
	Total Other Depreciation		<u>153,176</u>	<u>4,157</u>	<u>0</u>

Total ACRS and Other Depreciation	<u>153,176</u>	<u>4,157</u>	<u>0</u>
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Grand Totals	<u>1,778,197</u>	<u>45,648</u>	<u>41,921</u>
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Asset	Description	Date In Service	Cost	WI
Prior MACRS:				
1	BUILDING	1/02/07	0	0
2	ELECTRICAL	2/18/08	0	0
3	BUILDING	6/15/08	0	0
4	DOG ROOF	12/07/12	0	0
10	ROAD	11/30/01	0	0
11	TREES	6/01/07	0	0
21	TELEPHONE SYSTEM	1/02/07	0	0
24	FURNITURE	12/31/06	0	0
25	BOOKCASES	4/22/08	0	0
26	COMPUTER	6/29/08	0	0
28	SOUND SYSTEM	2/01/09	0	0
30	LIGHTING/CAGE SETUP	7/25/03	0	0
31	BEDLINER	8/11/03	0	0
32	LETTERING	8/08/03	0	0
33	CELL PHONE MOUNT	7/11/03	0	0
34	LIGHT BAR FOR SMALL VAN	9/08/08	0	0
35	2007 CHEV VAN	6/26/09	0	0
46	WASHER	12/16/03	0	0
47	CAT CAGES	1/02/07	0	0
48	CAGES	1/02/07	0	0
49	KENNEL FENCES	1/02/07	0	0
50	TABLES	1/02/07	0	0
51	CAT CAGES	1/02/07	0	0
52	FENCES	1/02/07	0	0
53	CAT CAGES	3/08/07	0	0
54	OUTDOOR KENNELS	5/18/07	0	0
56	CHAIRS	8/20/07	0	0
57	FANS-OUTSIDE KENNELS	8/20/07	0	0
58	FENCES	11/15/07	0	0
59	GUILLETINE DOORS	11/15/07	0	0
60	PARTITIONS - PLEXIGLASS	12/18/07	0	0
62	DRYER 1 of 2	6/13/08	0	0
63	DRYER 2 of 2	6/13/08	0	0
64	CEILING FANS	9/08/08	0	0
65	FENCES - OUTSIDE KENNEL	9/21/08	0	0
66	WASHING MACHINE	10/08/08	0	0
67	DOG PLAY YARD	11/05/08	0	0
68	DRYER INSTALLATON	4/29/09	0	0
69	OUTDOOR EXERCISE KENNEL	10/24/11	0	0
70	WASHING MACHINE	8/01/12	0	0
71	Retractor	10/07/08	0	0
72	K9 SURGICAL EQUIPMENT	10/07/08	0	0
73	FELINE SURGICAL EQUIPMENT	10/07/08	0	0
74	OXYGEN CYLINDER	10/29/08	0	0
75	COUNTERTOPS-VET AREA	11/12/08	0	0
76	SURGICAL PAC	11/18/08	0	0
77	SCALE	11/18/08	0	0
78	INSTRUMENT STAND	11/18/08	0	0
79	CORDLESS CLIPPER	11/18/08	0	0
80	AUTOCLAVE	11/18/08	0	0
81	PULSE MONITOR	11/18/08	0	0
82	SURGERY LIGHT	12/13/08	0	0
83	OPHTHALMASCOPE	7/01/09	0	0
84	PAVING LOT	9/25/13	0	0
85	MICROSCOPE	1/24/13	0	0
86	SCALER/POLISHER	6/30/13	0	0
87	EQUIPMENT #4	6/30/13	0	0
89	UT ALMOND BRONZE 8' ut-21 EA	6/04/13	0	0
90	INSPIRON ONE+3 DESK UNITS	3/02/13	0	0
92	INSIGNIA 50L MONITOR	6/30/13	0	0
93	TV-60"-LG PLASMA	6/30/13	0	0
94	COMPUTER-d1380 SERVER	6/06/13	0	0
95	COMPUTERS-2	6/30/13	0	0
96	PRINTERS-3	6/30/13	0	0
97	RICO PRINTER	6/30/13	0	0
98	PRINTER-IBM INFOPRINT 1332	10/03/13	0	0
99	COMPUTER-LENOVO C440	12/26/13	0	0

Asset	Description	Date In Service	Cost	WI
100	2 CAMERAS	8/31/13	0	0
101	TV-2 EA	8/31/13	0	0
102	IMAX MICROCHIP SCHANNER	6/20/13	0	0
103	HEATING/COOLING UPGRADE	12/31/13	0	0
105	CONCRETE SOUTH TO PLAYPENS	10/30/14	0	0
106	FENCING 2014	10/31/14	0	0
107	EQUIPMENT - MISC	6/10/14	0	0
108	CENTRIFUGE - 8 COMPARTMENT	12/30/14	0	0
109	DESK & CHAIR - VET	6/16/14	0	0
110	PRINTER - VET	6/16/14	0	0
111	OFFICE EQUIPMENT	1/01/14	0	0
112	KITCHEN SINK\FAUCET-FEEDING AREA	11/12/14	0	0
113	ELECTRIC HEAT PLAY AREA	12/12/14	0	0
114	HEAT PANELS (2) -OFFICE	7/03/14	0	0
115	RECEPTION LIGHTS\BREAKROOM	2/25/14	0	0
116	ANESTHESIA MACHINE	5/20/15	0	0
117	CREDIT CARD MACHINE	10/05/15	0	0
118	FLUID PUMP	1/08/15	0	0
119	HYDRAULIC OPERATING TABLE	4/30/15	0	0
120	TABLE TOP MONITOR	6/08/15	0	0
121	CLOUD & WARM AIR UNIT	6/17/15	0	0
122	HAND HELD CAPNOGRAPHY	6/17/15	0	0
123	OXYGEN CONCENTRATOR 2.5 LITRE	6/17/15	0	0
124	DISHWASHER	7/14/16	0	0
125	PATIO PAVERS	8/11/16	0	0
126	6 CHAIRS	10/26/16	0	0
127	2006 GMC YUKON	12/13/16	0	0
128	SE RM DUCT HTR & SUBPANEL	10/07/16	0	0
			<u>0</u>	<u>0</u>

Other Depreciation:

5	NEMMELIN TESTING	7/08/99	0	0
6	NUMMELIN TESTING	11/10/99	0	0
7	LAND COST	11/30/99	0	0
8	TRANSFER TAX	10/29/99	0	0
9	LAND - MAPLE DRIVE	11/22/11	0	0
40	CAGES	1/15/90	0	0
41	CAGES	1/15/92	0	0
42	KENNEL AIRE CAGES	4/16/96	0	0
43	FREEZER	12/18/96	0	0
104	LAND-HWY B	10/29/99	0	0
129	New Doors	4/05/17	0	0
130	Dalco Floor Scrubber	6/19/17	0	0
131	Generator	12/31/17	2,750	183
132	Paving for Generator	12/31/17	2,150	143
133	Refrigerator	8/02/17	1,472	210
134	Paper Folder	7/27/17	995	142
135	Copier 3052ci	7/26/17	2,795	559
136	(4) 65" TV monitors	4/06/17	3,725	745
137	Ritter M9 Automatic Autoclave Sterilizer	3/03/17	897	128
	Total Other Depreciation		<u>14,784</u>	<u>2,110</u>
	Total ACRS and Other Depreciation		<u>14,784</u>	<u>2,110</u>
	Grand Totals		<u>14,784</u>	<u>2,110</u>

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2017
For calendar year 2017, or tax year beginning _____, and ending _____		

Name **HUMANE SOCIETY OF PORTAGE COUNTY IN**

Employer Identification Number
****-***9598**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		PET FEST <small>(event type)</small>	 <small>(event type)</small>	 <small>(event type)</small>	
Revenue	1 Gross receipts	22,021			22,021
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	22,021			22,021
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	3,476			3,476

Form **990****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning , ending

Name

Taxpayer Identification Number

HUMANE SOCIETY OF PORTAGE COUNTY IN**** - ***9598**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	202,355	654,926	452,571
	2. Membership dues and assessments			
	3. Government contributions and grants		255,896	255,896
	4. Program service revenue	308,995	50,238	-258,757
	5. Investment income	8,124	4,899	-3,225
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	15,488	14,412	-1,076
	8. Net income or (loss) from fundraising events	223,604	42,142	-181,462
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	503	1,272	769
	12. Total revenue. Add lines 1 through 11	759,069	1,023,785	264,716
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		50,215	50,215
	16. Salaries, other compensation, and employee benefits	461,251	396,362	-64,889
	17. Professional fundraising fees			
	18. Other professional fees	17,229	30,701	13,472
	19. Occupancy, rent, utilities, and maintenance	68,534	34,825	-33,709
	20. Depreciation and Depletion	50,108	46,982	-3,126
	21. Other expenses	203,901	201,145	-2,756
	22. Total expenses. Add lines 13 through 21	801,023	760,230	-40,793
	23. Excess or (Deficit). Subtract line 22 from line 12	-41,954	263,555	305,509
Other Information	24. Total exempt revenue	759,069	1,023,785	264,716
	25. Total unrelated revenue			
	26. Total excludable revenue	333,110	112,963	-220,147
	27. Total assets	1,623,610	1,919,019	295,409
	28. Total liabilities	31,709	31,586	-123
	29. Retained earnings	1,591,901	1,887,433	295,532
	30. Number of voting members of governing body	10	7	
	31. Number of independent voting members of governing body	9	7	
	32. Number of employees	35	45	
	33. Number of volunteers		7	

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

Name

HUMANE SOCIETY OF PORTAGE COUNTY IN

Employer Identification Number

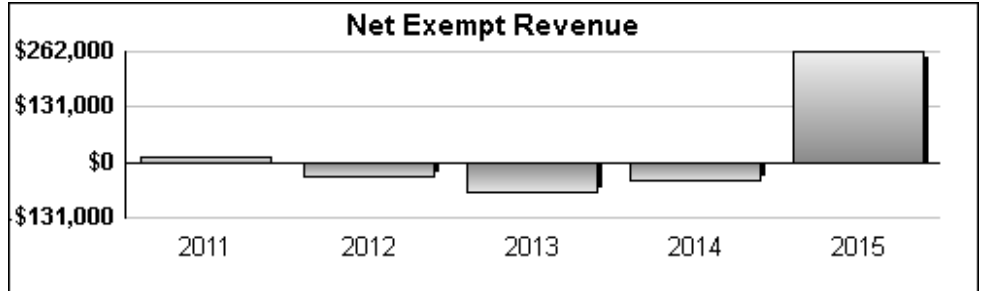
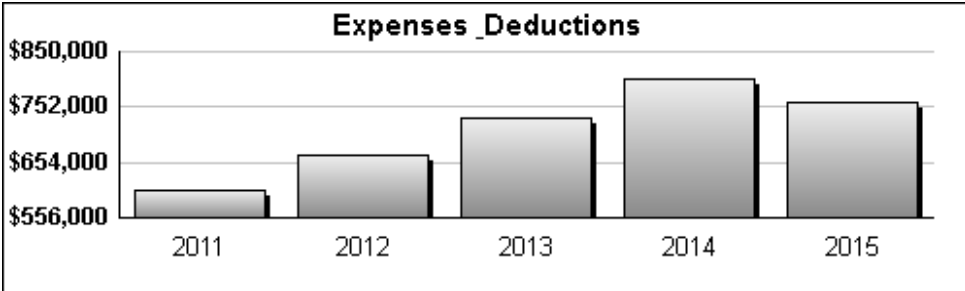
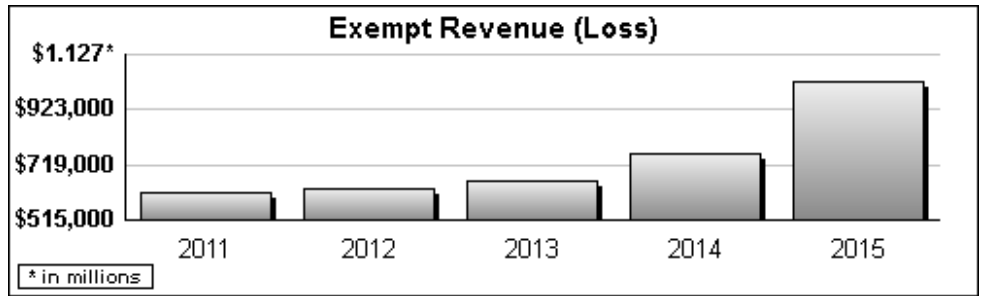
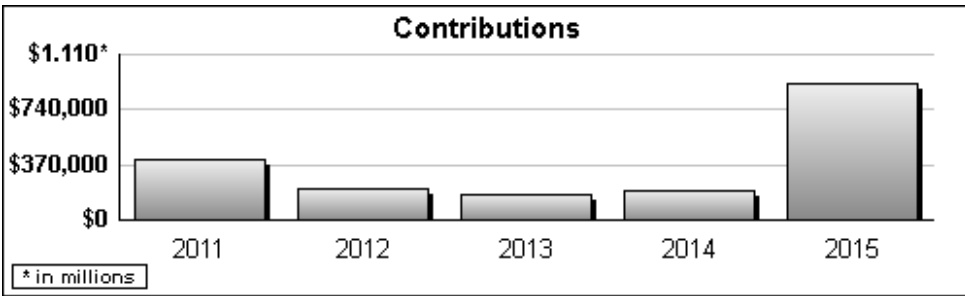
****_***9598**

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	403,033	204,296	170,534	202,355	910,822	
Membership dues						
Program service revenue	66,874	313,317	296,718	308,995	50,238	
Capital gain or loss	22,895	13,369	39,175	15,488	14,412	
Investment income	9,468	11,570	9,146	8,124	4,899	
Fundraising revenue (income/loss)	114,647	89,494	139,474	223,604	42,142	
Gaming revenue (income/loss)						
Other revenue	168	1,633	6,850	503	1,272	
Total revenue	617,085	633,679	661,897	759,069	1,023,785	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.					50,215	
Other compensation	335,134	351,199	434,078	461,251	396,362	
Professional fees	10,973	13,548	13,594	17,229	30,701	
Occupancy costs	52,012	58,671	51,127	68,534	34,825	
Depreciation and depletion	61,916	57,449	51,825	50,108	46,982	
Other expenses	145,308	187,082	181,428	203,901	201,145	
Total expenses	605,343	667,949	732,052	801,023	760,230	
Excess or (Deficit)	11,742	-34,270	-70,155	-41,954	263,555	
Total exempt revenue	617,085	633,679	661,897	759,069	1,023,785	
Total unrelated revenue						
Total excludable revenue	99,405	339,889	351,889	333,110	112,963	
Total Assets	1,813,145	1,760,878	1,658,031	1,623,610	1,919,019	
Total Liabilities	25,935	11,303	24,177	31,709	31,586	
Net Fund Balances	1,787,210	1,749,575	1,633,854	1,591,901	1,887,433	

Form 990T	Tax Return History	2017
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Name HUMANE SOCIETY OF PORTAGE COUNTY IN	Employer Identification Number **-***9598
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

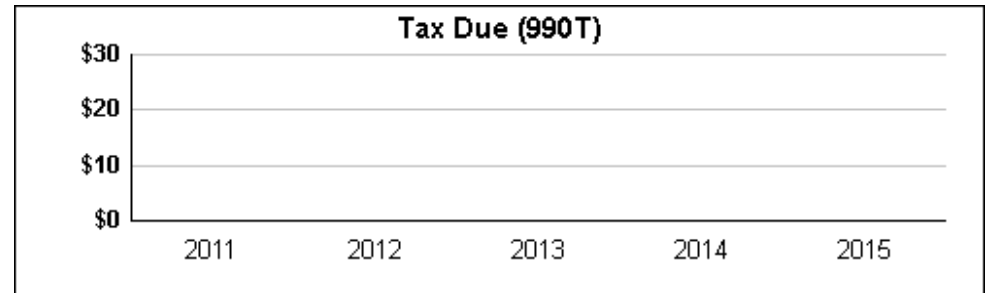
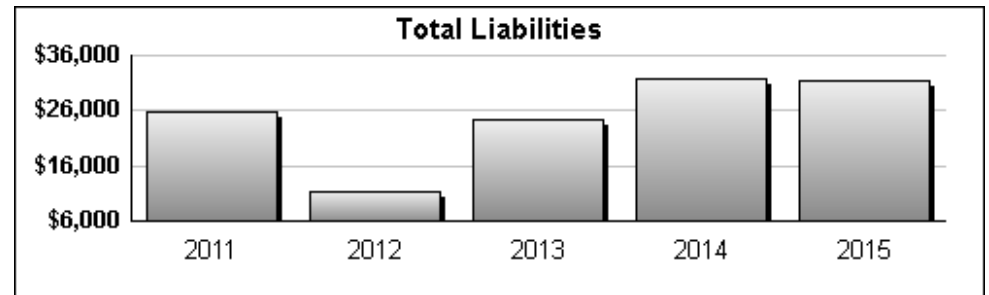
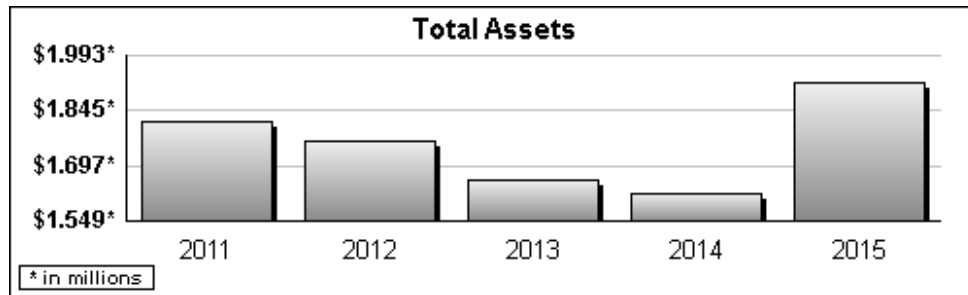


Form **990T** Tax Return History **2017**

Name **HUMANE SOCIETY OF PORTAGE COUNTY IN** Employer Identification Number ****-***9598**

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

* Income shown net of expenses



Federal Statements

FYE: 12/31/2017

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 2,738			25 WI		
TOTAL	<u>\$ 2,738</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TOTAL	\$ 2,161			25 WI		
	<u>\$ 2,161</u>					

Federal Statements

FYE: 12/31/2017

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PUBLIC RELATIONS	\$ 6,000	\$	\$ 6,000	\$
SHELTER VET SERVICES	19,437	19,437		
TOTAL	\$ 25,437	\$ 19,437	\$ 6,000	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE	\$ 5,383	\$ 3,768	\$ 1,077	\$ 538
TRAINING/EDUCATION	4,450	4,450		
BANK AND CREDIT CARD FEES	4,286		4,286	
MISCELLANEOUS EXPENSES	2,311	693	111	1,507
LICENSES AND PERMITS	2,058	2,058		
VOLUNTEER EXPENSE	691	691		
UNIFORMS	380	380		
TOTAL	\$ 19,559	\$ 12,040	\$ 5,474	\$ 2,045

Federal Statements

FYE: 12/31/2017

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
	\$ 255,896
PUBLIC DONATIONS	533,745
PATRICIA OKRAY	
CASH CONTRIBUTION	7,000
SCHIERL SALES CORP	
CASH CONTRIBUTION	7,300
PETER MCPARTLAND	
CASH CONTRIBUTION	18,150
SHELTER SUPPLIES	
SENTRY INSURANCE	
CASH CONTRIBUTION	25,531
BRETT & DARCY JARMAN	
CASH CONTRIBUTION	58,200
SHELTER SUPPLIES	
MADDIE'S FUND	
CASH CONTRIBUTION	5,000
TOTAL	<u>\$ 910,822</u>

Federal Statements

FYE: 12/31/2017

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
EDWARD J OKRAY FOUNDATION	\$	\$
PATRICIA OKRAY	7,000	
SCHIERL SALES CORP	7,300	
PETER MCPARTLAND	18,150	
SENTRY INSURANCE	25,531	
CHARLOTTE LUNDREN ESTATE		
BRETT & DARCY JARMAN	58,200	18,367
MADDIE'S FUND	5,000	
TOTAL	\$ <u>121,181</u>	\$ <u>18,367</u>

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

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 2,738
	<u>2,161</u>
TOTAL	\$ <u><u>4,899</u></u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
WALK FOR WAGS	\$ 16,869
PET FEST	22,021
GOLF OUTING	<u>19,275</u>
TOTAL	\$ <u><u>58,165</u></u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
PROGRAM SERVICE REVENUE	\$ 50,238
MISCELLANEOUS INCOME	<u>1,272</u>
TOTAL	\$ <u><u>51,510</u></u>