

**Federal  
Tax Return**

**WHITMAN COUNTY HUMANE SOCIETY, INC**

**2019**

**GEHRING & FARRWOOD, INC  
POB 1142, 520 E MAIN ST  
PULLMAN, WA 99163  
Phone: (509) 332-2900  
Fax: (509) 592-4954  
tim@gehringfarrwood.com**



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FARRWOOD**

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tim@gehringfarrwood.com

June 9, 2020

WHITMAN COUNTY HUMANE SOCIETY, INC  
1340 SE OLD MOSCOW ROAD  
PULLMAN, WA 99163

Dear TOM,

Enclosed please find two copies of the 2019 Form 990 for WHITMAN COUNTY HUMANE SOCIETY, INC. I have prepared the return based on the information you provided. Please review and then file one copy with the agency listed below and retain the second copy for WHITMAN COUNTY HUMANE SOCIETY, INC's records. An officer or fiduciary must sign and date the filing copy before mailing.

There are no taxes or fees due with the return.

I recommend that you mail the federal return on or before July 15, 2020, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Department of the Treasury  
Internal Revenue Service Center

If you have any questions about the return(s) or about WHITMAN COUNTY HUMANE SOCIETY, INC's tax situation during the year, please do not hesitate to call me at (509) 332-2900. I appreciate this opportunity to serve you.

Sincerely,

TIM E GEHRING  
GEHRING & FARRWOOD, INC

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2019 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **WHITMAN COUNTY HUMANE SOCIETY, INC**  
 Doing business as **WHITMAN COUNTY HUMANE SOCIETY**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1340 SE OLD MOSCOW ROAD**  
 City or town State ZIP code  
**PULLMAN WA 99163**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number **91-2054548**

**E** Telephone number **(509) 332-2246**

**G** Gross receipts \$ **400,203**

**F** Name and address of principal officer:  
**KYM DARLING 1340 SE OLD MOSCOW ROAD, PULLMAN, WA 99163**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.WHITMANPETS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2000**

**M** State of legal domicile: **WA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities:	<b>HUMANE SOCIETY/ANIMAL SHELTER OPERATION</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	5
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	50
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	194,813	174,272
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	120,306	123,032
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	919	1,884
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,308	77,797
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	407,346	376,985
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	120,320	122,229
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	164,053	155,388
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	284,373	277,617
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	122,973	99,368
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	1,327,304	1,385,223
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	54,529	13,079
		1,272,775	1,372,144	

**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 \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: **TIM E GEHRING** Preparer's signature: **TIM E GEHRING** Date: **6/9/2020** Check  if self-employed PTIN: **P00850658**

Firm's name ▶ **GEHRING & FARRWOOD, INC** Firm's EIN ▶ **45-5381779**

Firm's address ▶ **POB 1142, 520 E MAIN ST, PULLMAN, WA 99163** Phone no. **(509) 332-2900**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION VALUES THE HUMAN/ANIMAL BOND, PROVIDES STEWARDSHIP FOR HOMELESS PETS AND PROMOTES COMPASSIONATE TREATMENT OF ALL COMPANION ANIMALS.

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

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

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 \$ 277,617 including grants of \$ ) (Revenue \$ ) THE ORGANIZATION SHELTERS ANY TYPE OF PET ANIMAL UNTIL IT CAN BE ADOPTED, AND OPERATES A "NO-KILL" POLICY, EXCEPT IN CASES OF AGGRESSION OR LIFELONG ILLNESS. THEY CONTRACT WITH SEVERAL LOCAL CITIES TO PROVIDE CARE FOR ALL STRAY PETS FOUND IN WHITMAN COUNTY, WASHINGTON. THE ORGANIZATION OFFERS ADOPTION SERVICES FOR HOMELESS ANIMALS AND COMMUNITY EDUCATION AND COMMUNITY SERVICE OPPORTUNITIES TO THOSE WILLING TO VOLUNTEER.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 277,617

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. . . . .		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 0		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .		X

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed ▶ WA
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
<b>19</b>	Describe on 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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ TOM HARRIS, BUSINESS MANAGER (509) 332-3422 1340 SE OLD MOSCOW ROAD, PULLMAN, WA 99163



**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.

See instructions for the order in which to list the persons above.

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) KYM DARLING PRESIDENT	10.00 0.00	X		X				0		
(2) WENDY ORTMAN VICE-PRESIDENT	5.00 0.00	X		X				0		
(3) LAUREN PORT TREASURER	5.00 0.00	X		X				0		
(4) JOHN-MARK MAHNKEY DIRECTOR	1.00 0.00	X						0		
(5) KYLENE DASCHOFSKY DIRECTOR	1.00 0.00	X						0		
(6) BLYTHE DUELL DIRECTOR	1.00 0.00	X						0		
(7) JAN LUFT DIRECTOR	1.00 0.00	X						0		
(8) NICKY FINCH DIRECTOR	1.00 0.00	X						0		
(9) TOM HARRIS BUSINESS MGR	5.00 5.00	X						0		
(10)										
(11)										
(12)										
(13)										
(14)										

**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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							0	0	0	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		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
		0
		0
		0
		0
		0

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b>	Federated campaigns . . . . .	0				
	<b>b</b>	Membership dues . . . . .	15,750				
	<b>c</b>	Fundraising events . . . . .	0				
	<b>d</b>	Related organizations . . . . .	0				
	<b>e</b>	Government grants (contributions) . . . . .	5,000				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	153,522				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$ 7,297				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	174,272				
	Program Service Revenue			Business Code			
<b>2a</b>		SHELTER OPERATIONS	900099	65,805	65,805		
<b>b</b>		LOCAL MUNICIPALITY CONTRACTS	900099	57,227	57,227		
<b>c</b>		-----		0			
<b>d</b>		-----		0			
<b>e</b>		-----		0			
<b>f</b>		All other program service revenue . . . . .		0			
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		123,032				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,884		1,884	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			<b>6a</b>				
	<b>b</b>	Less: rental expenses . . . . .	<b>6b</b>				
	<b>c</b>	Rental income or (loss) . . . . .	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .		0			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
			(ii) Other				
			<b>7a</b>	0	0		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	0	0		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	0	0		
	<b>d</b>	Net gain or (loss) . . . . .		0			
<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	99,320				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	23,218				
<b>c</b>	Net income or (loss) from fundraising events . . . . .		76,102				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	0				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	0				
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
		<b>10a</b>	0				
		<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	0		
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue			Business Code				
	<b>11a</b>	MISCELLANEOUS INCOME	900099	1,695	1,695		
	<b>b</b>	-----		0			
	<b>c</b>	-----		0			
	<b>d</b>	All other revenue . . . . .		0			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,695				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		376,985	124,727	0	1,884	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	108,221	108,221		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	0			
10	Payroll taxes . . . . .	14,008	14,008		
11	Fees for services (nonemployees):				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	582	582		
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0		0	
12	Advertising and promotion . . . . .	12,391	12,391		
13	Office expenses . . . . .	11,112	11,112		
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	22,138	22,138		
17	Travel . . . . .	734	734		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	4,326	4,326		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	35,709	35,709	0	0
23	Insurance . . . . .	4,882	4,882		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FUND ADMINISTRATION EXPENSES	11,807	11,807		
b	SUPPLIES	7,046	7,046		
c	VETERINARY EXPENSES	31,848	31,848		
d	DOG PARK MAINTENANCE/ADMINISTRATION	11,948	11,948		
e	All other expenses BAD DEBT, MISC	865	865		
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	277,617	277,617	0	0
26	<b>Joint costs.</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	98,691	<b>1</b>	96,138
	<b>2</b> Savings and temporary cash investments . . . . .	183,805	<b>2</b>	220,915
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	4,671	<b>4</b>	0
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,498,020		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 429,850	1,040,137	<b>10c</b> 1,068,170
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		1,327,304	<b>16</b>	1,385,223
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	54,529	<b>17</b>	13,079
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		54,529	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,272,775	<b>27</b>	1,372,144
	<b>28</b> Net assets with donor restrictions . . . . .	0	<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	1,272,775	<b>32</b>	1,372,144	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,327,304	<b>33</b>	1,385,223	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	376,985
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	277,617
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	99,368
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,272,775
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	1
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,372,144

**Part XII Financial Statements and Reporting**

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

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

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

Attachment  
Sequence No. **179**

Name(s) shown on return <b>WHITMAN COUNTY HUMANE SOCIETY, INC</b>	Business or activity to which this form relates <b>990</b>	Identifying number <b>91-2054548</b>
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### 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	
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	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	0
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 0
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8		9 0
10 Carryover of disallowed deduction from line 13 of your 2018 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 0
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12		13 0

**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	

### 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 2019	17	32,610
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

#### Section B - Assets Placed in Service During 2019 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
19 a 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	6/4/2019	132,013	39 yrs.	MM	S/L	1,836
				MM	S/L	

#### Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

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

### Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	1,263
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	35,709
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Part V

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

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

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

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No
24b If "Yes," is the evidence written? [X] Yes [ ] No
Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25
26 Property used more than 50% in a qualified business use:
TOYOTA SIENNA 9/15/2014 100.00% 21,919 21,919 5 200DB - HY 1,263
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,263
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

Section B—Information on Use of Vehicles

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI

Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.
42 Amortization of costs that begins during your 2019 tax year (see instructions):
43 Amortization of costs that began before your 2019 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44 0



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> WHITMAN COUNTY HUMANE SOCIETY, INC	<b>Employer identification number</b> 91-2054548
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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 (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) - 0.00%; 15 Public support percentage from 2018 Schedule A, Part II, line 14 - 0.00%; 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test—2018. 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—2019. 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—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125,247	102,347	106,155	194,813	174,272	702,834
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	84,912	89,870	98,587	120,306	123,032	516,707
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	78,980	93,395	86,819	114,696	99,320	473,210
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	289,139	285,612	291,561	429,815	396,624	1,692,751
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						1,692,751

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .	289,139	285,612	291,561	429,815	396,624	1,692,751
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	4	9	575	919	1,884	3,391
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	4	9	575	919	1,884	3,391
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	289,143	285,621	292,136	430,734	398,508	1,696,142
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.80%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.90%

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.20%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.10%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	0	0

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	0	0
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by .035.	0	0
7	Recoveries of prior-year distributions	0	0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	0	0

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)		0
2	Enter 85% of line 1		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .	0		
b From 2015 . . . . .	0		
c From 2016 . . . . .	0		
d From 2017 . . . . .	0		
e From 2018 . . . . .	0		
f <b>Total</b> of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2019 distributable amount			0
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2019 from Section D, line 7:	\$ 0		
a Applied to underdistributions of prior years		0	
b Applied to 2019 distributable amount			0
c Remainder. Subtract lines 4a and 4b from 4.		0	
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			0
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2015 . . . . .	0		
b Excess from 2016 . . . . .	0		
c Excess from 2017 . . . . .	0		
d Excess from 2018 . . . . .	0		
e Excess from 2019 . . . . .	0		

**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.)

CLIENT COPY



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization <b>WHITMAN COUNTY HUMANE SOCIETY, INC</b>	Employer identification number <b>91-2054548</b>
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % 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 <b>WHITMAN COUNTY HUMANE SOCIETY, INC</b>	Employer identification number 91-2054548
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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	BECKY BITTER ----- 505 SE HIGH ST ----- PULLMAN WA 99163 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STEFFENS FOUNDATION INC ----- PO BOX 455 ----- PULLMAN WA 99163 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STEPHANIE SCHWEITZER ----- 365 NW JANET ST ----- PULLMAN WA 99163 Foreign State or Province: ----- Foreign Country: -----	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SUSAN HARDY GORMSEN ----- PO BOX 221 ----- PULLMAN WA 99163 Foreign State or Province: ----- Foreign Country: -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MERRY LEW ----- PO BOX 189 ----- POST FALLS ID 83877 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WHITMAN COUNTY HUMANE SOCIETY, INC</b>	Employer identification number 91-2054548
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization <b>WHITMAN COUNTY HUMANE SOCIETY, INC</b>	Employer identification number 91-2054548
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ ..... 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----
For. Prov.                      Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----
For. Prov.                      Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----
For. Prov.                      Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----
For. Prov.                      Country	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: WHITMAN COUNTY HUMANE SOCIETY, INC
Employer identification number: 91-2054548

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 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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.

Form with rows 1a, 1b, 2, 2a, 2b for questions regarding art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             | 0      |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                | 0      |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	0	0	0	0	0
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	0	0	0	0	0

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	97,500		97,500
<b>b</b> Buildings	0	1,226,400	280,086	946,314
<b>c</b> Leasehold improvements	0	117,782	96,772	21,010
<b>d</b> Equipment	0	50,843	50,843	0
<b>e</b> Other	0	5,495	2,149	3,346

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,068,170

**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 . . . . .	0	
(2) Closely held equity interests . . . . .	0	
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	0	

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .	0	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	0

**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 . . . . .	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	0

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 FASB 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 . . . . .		<b>1</b>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
	b Donated services and use of facilities . . . . .	<b>2b</b>		
	c Recoveries of prior year grants . . . . .	<b>2c</b>		
	d Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
	e Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
3	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	0
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 . . . . .	<b>4a</b>		
	b Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
	c Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	0

**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 . . . . .		<b>1</b>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities . . . . .	<b>2a</b>		
	b Prior year adjustments . . . . .	<b>2b</b>		
	c Other losses . . . . .	<b>2c</b>		
	d Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
	e Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
3	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	0
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 . . . . .	<b>4a</b>		
	b Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
	c Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	0

**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.

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

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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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FUR BALL (event type)	MUTT STRUT (event type)	6 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	73,595	3,076	22,649	99,320
	2	Less: Contributions . . . . .			0	0
	3	Gross income (line 1 minus line 2) . . . . .	73,595	3,076	22,649	99,320
Direct Expenses	4	Cash prizes . . . . .			0	0
	5	Noncash prizes . . . . .			0	0
	6	Rent/facility costs . . . . .			0	0
	7	Food and beverages . . . . .			0	0
	8	Entertainment . . . . .			0	0
	9	Other direct expenses . . . . .	21,942	1,276	0	23,218
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 23,218)
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				76,102

**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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .				0
	3	Noncash prizes . . . . .				0
	4	Rent/facility costs . . . . .				0
	5	Other direct expenses . . . . .				0
	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) . . . . . ▶				( 0)	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				0	

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

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

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

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

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

WHITMAN COUNTY HUMANE SOCIETY, INC

Employer identification number

91-2054548

Form 990, Part VI, Section B, Line 11B: THE ORGANIZATION'S BUSINESS MANAGER PERFORMS MONTHLY  
BOOKKEEPING, RECONCILES BANK ACCOUNTS, PAYROLL AND PAYROLL CALCULATIONS IN ADDITION TO  
QUARTERLY AND ANNUAL PAYROLL REPORTS WHILE AN INDEPENDENT CPA PREPARES THE TAX RETURNS. THE  
CPA KEEPS TRACK OF CAPITALIZED FIXED ASSETS AND PERIODICALLY UPDATES THE SCHEDULES WITH NEW  
PURCHASES AND DISPOSITIONS. THE CPA PREPARES THE TAX RETURN, SUBMITS IT TO THE BUSINESS  
MANAGER AND THE BOARD OF DIRECTORS FOR REVIEW; THEN FILES IT ELECTRONICALLY.

Form 990, Part VI, Section B, Line 19: THE ORGANIZATION HAS ITS GOVERNING DOCUMENTS AND TAX  
RETURNS AVAILABLE UPON REQUEST. THEY DO NOT POSSESS A WRITTEN CONFLICT OF INTEREST POLICY. A  
COPY OF THE MOST RECENT TAX RETURN IS AVAILABLE UPON REQUEST, OR BY ACCESSING THE  
ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE NOT FORMALLY PREPARED.

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Name of the organization

WHITMAN COUNTY HUMANE SOCIETY, INC

Employer identification number

91-2054548

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**Use of Vehicles (4562 Part V, Section B) 990**

12/31/2019

WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548

Vehicle Description		Business Miles	Commuting Miles	Other Miles	Total Miles	Personal Use Off Duty?		More than 5% owner?		Another vehicle avail for use?	
						Y	N	Y	N	Y	N
1	1985 VAN	0	0	0	0		X		X	X	
2	1990 PLYMOUTH VOYAGER	0	0	0	0		X		X	X	
3	TOYOTA SIENNA	0	0	0	0		X		X	X	

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**Summary of Unadjusted Basis of Qualified Property (4562)**

12/31/2019

**Summary of Qualified Property by Activity**

Activity		Unadjusted Cost or Basis
1	990	1,320,090

**Detail of Qualified Property**

Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis	
2	990	BUILDING COSTS - 04	6/30/2004	39	16	1,735	100.00%	1,735
3	990	BUILDING COSTS - 05	6/1/2005	39	15	9,774	100.00%	9,774
4	990	BUILDING COSTS - 06	6/1/2006	39	14	723	100.00%	723
5	990	BUILDING COSTS - 07	6/1/2007	39	13	2,625	100.00%	2,625
6	990	DEVELOPMENT COSTS	10/31/2008	39	12	110,000	100.00%	110,000
7	990	SITE PREP	12/31/2008	39	12	48,252	100.00%	48,252
8	990	SEPTIC/WATER DRAIN SYST	4/15/2009	39	11	118,217	100.00%	118,217
9	990	CITY WATER EXTENSION	7/29/2009	39	11	12,419	100.00%	12,419
10	990	CAT/ADMIN BUILDING	9/9/2009	39	11	102,855	100.00%	102,855
11	990	CANINE BUILDING	7/1/2009	39	11	327,976	100.00%	327,976
12	990	FENCING	5/15/2009	15	11	35,313	100.00%	35,313
13	990	SIDEWALKS/CURBS	5/15/2009	15	11	25,095	100.00%	25,095
14	990	SITE PREP	2/11/2009	39	11	11,301	100.00%	11,301
15	990	BUILDING SITE PREP-KACI	5/1/2009	39	11	166,971	100.00%	166,971
16	990	BUILDING SITE PREP-MOTL	9/9/2009	39	11	23,309	100.00%	23,309
17	990	WELL HOUSE	5/1/2009	39	11	5,185	100.00%	5,185
18	990	CHAIN LINK SLATS FOR AH	2/1/2010	7	10	970	100.00%	970
19	990	SOUND PROOFING	3/16/2010	7	10	3,989	100.00%	3,989
20	990	CAT DOORS	3/31/2010	7	10	500	100.00%	500
21	990	STORAGE BLDG 10X20	4/6/2010	39	10	2,399	100.00%	2,399
22	990	PHASE 1 FINAL PAYMENT	5/27/2010	39	10	8,181	100.00%	8,181
23	990	2ND PAYMENT WATER LINE	8/31/2010	39	10	12,419	100.00%	12,419
24	990	THIRD PMT WATER LINE	8/16/2011	39	9	13,313	100.00%	13,313
25	990	CAMPAIGN DEVELOPMENT	12/31/2008	15	12	4,520	100.00%	4,520
26	990	BUILDING DEVELOPMENT	10/10/2002	39	18	4,130	100.00%	4,130
27	990	SITE DEVELOPMENT	6/30/2004	39	16	75,289	100.00%	75,289
28	990	NEW BUILDING SITE COSTS	6/1/2005	39	15	110	100.00%	110
29	990	BUILDING SITE COSTS - 07	6/1/2007	39	13	4,751	100.00%	4,751
30	990	TESTING AT SITE (STRATA)	1/6/2009	39	11	1,503	100.00%	1,503
31	990	INSURANCE - CONSTRUCTI	3/17/2009	39	11	685	100.00%	685
32	990	REMEDIAL SEPTIC SYSTEM	2/3/2010	39	10	4,533	100.00%	4,533
33	990	4TH PMT WATER LINE	11/28/2012	39	8	13,015	100.00%	13,015
34	990	ADD'L FENCING TO SPLIT K	4/10/2012	15	8	1,384	100.00%	1,384
35	990	FINAL WATER PMT	7/1/2013	39	7	12,717	100.00%	12,717
36	990	TOYOTA SIENNA	9/15/2014	5	6	21,919	100.00%	21,919
37	990	NEW CAT BUILDING	6/4/2019	39	1	132,013	100.00%	132,013



**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

		Cash	Noncash
1	Federated Campaigns . . . . .		
2	Membership dues . . . . .	15,750	
3	Fundraising events . . . . .		
4	Related organizations . . . . .		
5	Government grants (contributions) . . . . .	5,000	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	BUILDING FUND	76,590	
	HOPE FUND	11,443	
	SNAP FUND	3,057	
	CONTRIBUTIONS	55,076	7,297
	DOG PARK DONATIONS	59	
	Other contributions total . . . . .	146,225	7,297
7	<b>Total . . . . .</b>	<b>166,975</b>	<b>7,297</b>

**Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization**

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation . . . . .	35,709	35,709		
2	Depletion . . . . .	0			
3	Amortization . . . . .	0			
4	<b>Total . . . . .</b>	<b>35,709</b>	<b>35,709</b>	0	0

**Part X, Line 4 (990) - Accounts Receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	ACCOUNTS RECEIVABLE	4,671		0	
2		0		0	
3		0		0	
4		0		0	
5		0		0	
6		0		0	
7		0		0	
8		0		0	
9		0		0	
10		0		0	
11	<b>Total accounts receivable . . . . .</b>	<b>4,671</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment**

			Before Disposition:	1,498,020	394,141	971,866			
			Less Disposed:	0					
* Asset disposed during tax year			After Disposition:	1,498,020			35,709	429,850	1,068,170
Check (X) if Investment Asset	Asset Description and Classification		Beginning of Year			End of Year			
	Category or Item	Asset Classification	Cost/Other Basis	Beginning Accumulated Depreciation	Beginning Balance	Current Year Depreciation	Ending Accumulated Depreciation	Ending Balance	
1		BUILDING - WELL	Improvements	3,109	3,109	0	0	3,109	0
2		BUILDING COSTS - 04	Buildings	1,735	308	1,427	44	352	1,383
3		BUILDING COSTS - 05	Buildings	9,774	1,757	8,017	251	2,008	7,766
4		BUILDING COSTS - 06	Buildings	723	133	590	19	152	571
5		BUILDING COSTS - 07	Buildings	2,625	469	2,156	67	536	2,089
6		DEVELOPMENT COSTS	Buildings	110,000	19,740	90,260	2,820	22,560	87,440
7		SITE PREP	Buildings	48,252	12,371	35,881	1,237	13,608	34,644
8		SEPTIC/WATER DRAIN SYSTEM	Buildings	118,217	29,427	88,790	3,031	32,458	85,759
9		CITY WATER EXTENSION	Buildings	12,419	3,009	9,410	318	3,327	9,092
10		CAT/ADMIN BUILDING	Buildings	102,855	24,503	78,352	2,637	27,140	75,715
11		CANINE BUILDING	Buildings	327,976	79,537	248,439	8,409	87,946	240,030
12		FENCING	Improvements	35,313	22,659	12,654	2,355	25,014	10,299
13		SIDEWALKS/CURBS	Improvements	25,095	16,104	8,991	1,674	17,778	7,317
14		SITE PREP	Buildings	11,301	2,863	8,438	290	3,153	8,148
15		BUILDING SITE PREP-KACI	Buildings	166,971	41,205	125,766	4,281	45,486	121,485
16		BUILDING SITE PREP-MOTLEY	Buildings	23,309	5,556	17,753	598	6,154	17,155
17		WELL HOUSE	Buildings	5,185	1,280	3,905	133	1,413	3,772
18		CHAIN LINK SLATS FOR AH	Improvements	970	970	0	0	970	0
19		SOUND PROOFING	Improvements	3,989	3,989	0	0	3,989	0
20		CAT DOORS	Improvements	500	499	1	0	499	1
21		STORAGE BLDG 10X20	Buildings	2,399	526	1,873	62	588	1,811
22		PHASE 1 FINAL PAYMENT	Buildings	8,181	1,785	6,396	210	1,995	6,186
23		2ND PAYMENT WATER LINE	Buildings	12,419	2,704	9,715	318	3,022	9,397
24		THIRD PMT WATER LINE	Buildings	13,313	2,516	10,797	341	2,857	10,456
25		CAMPAIGN DEVELOPMENT	Improvements	3,000	2,987	13	0	2,987	13
26		CAMPAIGN DEVELOPMENT	Improvements	31,644	31,559	85	0	31,559	85
27		CAMPAIGN DEVELOPMENT	Other	3,346	0	3,346	0	0	3,346
28		CAMPAIGN DEVELOPMENT	Improvements	4,520	2,646	1,874	378	3,024	1,496
29		DESIGN DEVELOPMENT	Improvements	164	38	126	0	38	126
30		DESIGN DEVELOPMENT	Improvements	1,545	515	1,030	51	566	979
31		LAND	Land	97,500	0	97,500	0	0	97,500
32		BUILDING DEVELOPMENT	Buildings	4,130	742	3,388	106	848	3,282
33		WELL	Improvements	6,549	6,549	0	0	6,549	0
34		SITE DEVELOPMENT	Buildings	75,289	13,510	61,779	1,930	15,440	59,849
35		NEW BUILDING SITE COSTS	Buildings	110	21	89	3	24	86
36		BUILDING SITE COSTS - 07	Buildings	4,751	854	3,897	122	976	3,775
37		TESTING AT SITE (STRATA)	Buildings	1,503	387	1,116	39	426	1,077
38		INSURANCE - CONSTRUCTION	Buildings	685	175	510	18	193	492
39		REMEDIAL SEPTIC SYSTEM	Buildings	4,533	986	3,547	116	1,102	3,431
40		OFFICE EQUIPMENT	Other	1,708	1,708	0	0	1,708	0
41		OFFICE EQUIPMENT	Other	441	441	0	0	441	0
42		OFFICE EQUIPMENT - 05	Equipment	1,213	1,213	0	0	1,213	0
43		PRINTER/COPIER/FAX	Equipment	404	404	0	0	404	0

**Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment**

		Before Disposition:		1,498,020	394,141	971,866				
		Less Disposed:		0						
		* Asset disposed during tax year		After Disposition:		1,498,020		35,709	429,850	1,068,170
Check (X) if Investment Asset	Asset Description and Classification		Beginning of Year			End of Year				
	Category or Item	Asset Classification	Cost/Other Basis	Beginning Accumulated Depreciation	Beginning Balance	Current Year Depreciation	Ending Accumulated Depreciation	Ending Balance		
<b>44</b>		OFFICE EQUIPMENT	Equipment	549	549	0	0	549	0	
<b>45</b>		SHELTER/LAB EQUIPMENT	Equipment	893	893	0	0	893	0	
<b>46</b>		SHELTER/LAB EQUIPMENT	Equipment	2,402	2,402	0	0	2,402	0	
<b>47</b>		SHELTER/LAB EQUIPMENT	Equipment	675	675	0	0	675	0	
<b>48</b>		SHELTER/LAB EQUIPMENT	Equipment	19,775	19,775	0	0	19,775	0	
<b>49</b>		MICROCHIPPING DEVICE	Equipment	513	513	0	0	513	0	
<b>50</b>		1985 VAN	Equipment	2,000	2,000	0	0	2,000	0	
<b>51</b>		1990 PLYMOUTH VOYAGER	Equipment	500	500	0	0	500	0	
<b>52</b>		4TH PMT WATER LINE	Buildings	13,015	2,046	10,969	334	2,380	10,635	
<b>53</b>		ADD'L FENCING TO SPLIT KENNELS	Improvements	1,384	598	786	92	690	694	
<b>54</b>		FINAL WATER PMT	Buildings	12,717	1,780	10,937	326	2,106	10,611	
<b>55</b>		TOYOTA SIENNA	Equipment	21,919	20,656	1,263	1,263	21,919	0	
<b>56</b>		NEW CAT BUILDING	Buildings	132,013	0	0	1,836	1,836	130,177	

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# Assets by Classification - 990

12/31/2019

WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2019 Deprec.	2019 Accum. Deprec.
<b>5-yr Residential rental furnishings and appliances</b>																
F18	OFFICE EQUIPMENT	6/30/2001	F-3	100.00%	441	0	0	0	0	441	5	200DB	HY	441	0	441
Total: 5-yr Res rental furnishings					441	0	0	0	0	441				441	0	441
<b>5-yr Computers and peripherals (not listed property)</b>																
F21	OFFICE EQUIPMENT - 05	6/1/2005	F-5	100.00%	1,213	0	0	0	0	1,213	5	200DB	HY	1,213	0	1,213
G22	SHELTER/LAB EQUIPMENT	6/1/2005	F-5	100.00%	19,775	0	0	0	0	19,775	5	200DB	HY	19,775	0	19,775
G23	MICROCHIPPING DEVICE	6/1/2006	F-5	100.00%	513	0	0	0	0	513	5	200DB	HY	513	0	513
F43	OFFICE EQUIPMENT	5/15/2009	F-5	100.00%	549	0	0	0	0	549	5	200DB	HY	549	0	549
Total: 5-yr Computers (not listed)					22,050	0	0	0	0	22,050				22,050	0	22,050
<b>7-yr General purpose tools, machinery, and equipment</b>																
G5	SHELTER/LAB EQUIPMENT	2/15/2002	F-10	100.00%	893	0	0	0	0	893	7	200DB	HY	893	0	893
G10	SHELTER/LAB EQUIPMENT	1/28/2003	F-10	100.00%	2,402	0	0	0	0	2,402	7	200DB	HY	2,402	0	2,402
G13	SHELTER/LAB EQUIPMENT	10/27/2003	F-10	100.00%	675	0	0	0	0	675	7	200DB	HY	675	0	675
F42	PRINTER/COPIER/FAX	4/23/2009	F-10	100.00%	404	0	0	0	0	404	7	200DB	HY	404	0	404
Total: 7-yr Genl purp tools, mach, equip					4,374	0	0	0	0	4,374				4,374	0	4,374
<b>7-yr Office furniture, fixtures and equipment</b>																
F9	OFFICE EQUIPMENT	4/25/2003	F-11	100.00%	1,708	0	0	0	0	1,708	7	200DB	HY	1,708	0	1,708
Total: 7-yr Office furn, fixtures, equip					1,708	0	0	0	0	1,708				1,708	0	1,708
<b>Land</b>																
D1	LAND	12/31/2000	N-1	100.00%	97,500	0	0	0	0	97,500	0			0	0	0
Total: Land					97,500	0	0	0	0	97,500				0	0	0
<b>Other nondepreciable</b>																
B15	CAMPAIGN DEVELOPMENT	6/30/2004	N-2	100.00%	3,346	0	0	0	0	3,346	15	SL/GDS		0	0	0
Total: Other nondepreciable					3,346	0	0	0	0	3,346				0	0	0
<b>15-yr Land improvements</b>																
B2	CAMPAIGN DEVELOPMENT	12/19/2002	R-2	100.00%	3,000	0	0	0	0	3,000	15	SL/GDS	MM	2,987	0	2,987
B7	CAMPAIGN DEVELOPMENT	12/19/2002	R-2	100.00%	31,644	0	0	0	0	31,644	15	SL/GDS	MM	31,559	0	31,559
E8	WELL	6/16/2003	R-2	100.00%	6,549	0	0	0	0	6,549	7	150DB	HY	6,549	0	6,549
A6	BUILDING - WELL	8/28/2003	R-2	100.00%	3,109	0	0	0	0	3,109	7	150DB	HY	3,109	0	3,109
B29	CAMPAIGN DEVELOPMENT	12/31/2008	R-2	100.00%	4,520	0	0	0	0	4,520	15	SL/GDS	MM	2,646	378	3,024
A34	FENCING	5/15/2009	R-2	100.00%	35,313	0	0	0	0	35,313	15	SL/GDS	HY	22,659	2,355	25,014
A35	SIDEWALKS/CURBS	5/15/2009	R-2	100.00%	25,095	0	0	0	0	25,095	15	SL/GDS	HY	16,104	1,674	17,778
A45	CHAIN LINK SLATS FOR AH	2/1/2010	R-2	100.00%	970	0	0	0	0	970	7	SL/GDS	HY	970	0	970
A47	SOUND PROOFING	3/16/2010	R-2	100.00%	3,989	0	0	0	0	3,989	7	SL/GDS	HY	3,989	0	3,989
A48	CAT DOORS	3/31/2010	R-2	100.00%	500	0	0	0	0	500	7	SL/GDS	HY	499	0	499
A54	ADD'L FENCING TO SPLIT KE	4/10/2012	R-2	100.00%	1,384	0	0	0	0	1,384	15	SL/GDS	HY	598	92	690
Total: 15-yr Land improvements					116,073	0	0	0	0	116,073				91,669	4,499	96,168
<b>15-yr Distributive Trades &amp; Services</b>																
C3	DESIGN DEVELOPMENT	8/4/2002	R-9	100.00%	164	0	0	0	0	164	15	SL/GDS	HY	38	0	38
C16	DESIGN DEVELOPMENT	6/30/2004	R-9	100.00%	1,545	0	0	0	0	1,545	15	SL/GDS	HY	515	51	566

# Assets by Classification - 990

12/31/2019

WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2019 Deprec.	2019 Accum. Deprec.
Total: 15-yr Distrib Trades/Service					1,709	0	0	0	0	1,709				553	51	604
<b>39-yr Nonresidential and commercial real estate</b>																
E4	BUILDING DEVELOPMENT	10/10/2002	R-5	100.00%	4,130	0	0	0	0	4,130	39	SL/GDS	MM	742	106	848
A14	BUILDING COSTS - 04	6/30/2004	R-5	100.00%	1,735	0	0	0	0	1,735	39	SL/GDS	MM	308	44	352
E17	SITE DEVELOPMENT	6/30/2004	R-5	100.00%	75,289	0	0	0	0	75,289	39	SL/GDS	MM	13,510	1,930	15,440
A19	BUILDING COSTS - 05	6/1/2005	R-5	100.00%	9,774	0	0	0	0	9,774	39	SL/GDS	MM	1,757	251	2,008
E20	NEW BUILDING SITE COSTS	6/1/2005	R-5	100.00%	110	0	0	0	0	110	39	SL/GDS	MM	21	3	24
A24	BUILDING COSTS - 06	6/1/2006	R-5	100.00%	723	0	0	0	0	723	39	SL/GDS	MM	133	19	152
A25	BUILDING COSTS - 07	6/1/2007	R-5	100.00%	2,625	0	0	0	0	2,625	39	SL/GDS	MM	469	67	536
E26	BUILDING SITE COSTS - 07	6/1/2007	R-5	100.00%	4,751	0	0	0	0	4,751	39	SL/GDS	MM	854	122	976
A27	DEVELOPMENT COSTS	10/31/2008	R-5	100.00%	110,000	0	0	0	0	110,000	39	SL/GDS	MM	19,740	2,820	22,560
A28	SITE PREP	12/31/2008	R-5	100.00%	48,252	0	0	0	0	48,252	39	SL/GDS	MM	12,371	1,237	13,608
E40	TESTING AT SITE (STRATA)	1/6/2009	R-5	100.00%	1,503	0	0	0	0	1,503	39	SL/GDS	MM	387	39	426
A36	SITE PREP	2/11/2009	R-5	100.00%	11,301	0	0	0	0	11,301	39	SL/GDS	MM	2,863	290	3,153
E41	INSURANCE - CONSTRUCTI	3/17/2009	R-5	100.00%	685	0	0	0	0	685	39	SL/GDS	MM	175	18	193
A30	SEPTIC/WATER DRAIN SYST	4/15/2009	R-5	100.00%	118,217	0	0	0	0	118,217	39	SL/GDS	MM	29,427	3,031	32,458
A37	BUILDING SITE PREP-KACI	5/1/2009	R-5	100.00%	166,971	0	0	0	0	166,971	39	SL/GDS	MM	41,205	4,281	45,486
A39	WELL HOUSE	5/1/2009	R-5	100.00%	5,185	0	0	0	0	5,185	39	SL/GDS	MM	1,280	133	1,413
A33	CANINE BUILDING	7/1/2009	R-5	100.00%	327,976	0	0	0	0	327,976	39	SL/GDS	MM	79,537	8,409	87,946
A31	CITY WATER EXTENSION	7/29/2009	R-5	100.00%	12,419	0	0	0	0	12,419	39	SL/GDS	MM	3,009	318	3,327
A32	CAT/ADMIN BUILDING	9/9/2009	R-5	100.00%	102,855	0	0	0	0	102,855	39	SL/GDS	MM	24,503	2,637	27,140
A38	BUILDING SITE PREP-MOTLI	9/9/2009	R-5	100.00%	23,309	0	0	0	0	23,309	39	SL/GDS	MM	5,556	598	6,154
E46	REMEDIAL SEPTIC SYSTEM	2/3/2010	R-5	100.00%	4,533	0	0	0	0	4,533	39	SL/GDS	MM	986	116	1,102
A49	STORAGE BLDG 10X20	4/6/2010	R-5	100.00%	2,399	0	0	0	0	2,399	39	SL/GDS	MM	526	62	588
A50	PHASE 1 FINAL PAYMENT	5/27/2010	R-5	100.00%	8,181	0	0	0	0	8,181	39	SL/GDS	MM	1,785	210	1,995
A51	2ND PAYMENT WATER LINE	8/31/2010	R-5	100.00%	12,419	0	0	0	0	12,419	39	SL/GDS	MM	2,704	318	3,022
A52	THIRD PMT WATER LINE	8/16/2011	R-5	100.00%	13,313	0	0	0	0	13,313	39	SL/GDS	MM	2,516	341	2,857
A53	4TH PMT WATER LINE	11/28/2012	R-5	100.00%	13,015	0	0	0	0	13,015	39	SL/GDS	MM	2,046	334	2,380
54	FINAL WATER PMT	7/1/2013	R-5	100.00%	12,717	0	0	0	0	12,717	39	SL/GDS	MM	1,780	326	2,106
56	NEW CAT BUILDING	6/4/2019	R-5	100.00%	132,013	0	0	0	0	132,013	39	SL/GDS	MM	0	1,836	1,836
Total: 39-yr Nonresidential real estate					1,226,400	0	0	0	0	1,226,400				250,190	29,896	280,086
<b>5-yr Passenger vehicles (excluding certain trucks and vans)</b>																
H44	1990 PLYMOUTH VOYAGER	1/1/2009	V-5	100.00%	500	0	0	0	0	500	5	SL/GDS	HY	500	0	500
Total: 5-yr Pass veh (excl some trks/vans)					500	0	0	0	0	500				500	0	500
<b>5-yr SUV and certain trucks and vans &gt; 6,000 pounds</b>																
H55	TOYOTA SIENNA	9/15/2014	V-6	100.00%	21,919	0	0	0	0	21,919	5	200DB	HY	20,656	1,263	21,919
Total: 5-yr SUV/truck/van > 6,000 lbs					21,919	0	0	0	0	21,919				20,656	1,263	21,919
<b>5-yr Light trucks, vans, and autos built on a truck chassis</b>																
H12	1985 VAN	8/1/2003	V-7	100.00%	2,000	0	0	0	0	2,000	5	200DB	HY	2,000	0	2,000
Total: 5-yr Truck, van, auto on trk chassis					2,000	0	0	0	0	2,000				2,000	0	2,000
SubTotals					1,498,020	0	0	0	0	1,498,020				394,141	35,709	429,850
Less: Disposed Assets					( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )				( 0 )	( 0 )	( 0 )
Ending Totals					1,498,020	0	0	0	0	1,498,020				394,141	35,709	429,850

**Detail Report - 990**

12/31/2019

WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2019 Current Deprec.	2019 Accum. Deprec.
54	FINAL WATER PMT	7/1/2013	100.00%	12,717	0	0	12,717	39	SL/GDS	MM	1,780	326	2,106
56	NEW CAT BUILDING	6/4/2019	100.00%	132,013	0	0	132,013	39	SL/GDS	MM	0	1,836	1,836
A14	BUILDING COSTS - 04	6/30/2004	100.00%	1,735	0	0	1,735	39	SL/GDS	MM	308	44	352
A19	BUILDING COSTS - 05	6/1/2005	100.00%	9,774	0	0	9,774	39	SL/GDS	MM	1,757	251	2,008
A24	BUILDING COSTS - 06	6/1/2006	100.00%	723	0	0	723	39	SL/GDS	MM	133	19	152
A25	BUILDING COSTS - 07	6/1/2007	100.00%	2,625	0	0	2,625	39	SL/GDS	MM	469	67	536
A27	DEVELOPMENT COSTS	10/31/2008	100.00%	110,000	0	0	110,000	39	SL/GDS	MM	19,740	2,820	22,560
A28	SITE PREP	12/31/2008	100.00%	48,252	0	0	48,252	39	SL/GDS	MM	12,371	1,237	13,608
A30	SEPTIC/WATER DRAIN SYST	4/15/2009	100.00%	118,217	0	0	118,217	39	SL/GDS	MM	29,427	3,031	32,458
A31	CITY WATER EXTENSION	7/29/2009	100.00%	12,419	0	0	12,419	39	SL/GDS	MM	3,009	318	3,327
A32	CAT/ADMIN BUILDING	9/9/2009	100.00%	102,855	0	0	102,855	39	SL/GDS	MM	24,503	2,637	27,140
A33	CANINE BUILDING	7/1/2009	100.00%	327,976	0	0	327,976	39	SL/GDS	MM	79,537	8,409	87,946
A34	FENCING	5/15/2009	100.00%	35,313	0	0	35,313	15	SL/GDS	HY	22,659	2,355	25,014
A35	SIDEWALKS/CURBS	5/15/2009	100.00%	25,095	0	0	25,095	15	SL/GDS	HY	16,104	1,674	17,778
A36	SITE PREP	2/11/2009	100.00%	11,301	0	0	11,301	39	SL/GDS	MM	2,863	290	3,153
A37	BUILDING SITE PREP-KACI	5/1/2009	100.00%	166,971	0	0	166,971	39	SL/GDS	MM	41,205	4,281	45,486
A38	BUILDING SITE PREP-MOTLI	9/9/2009	100.00%	23,309	0	0	23,309	39	SL/GDS	MM	5,556	598	6,154
A39	WELL HOUSE	5/1/2009	100.00%	5,185	0	0	5,185	39	SL/GDS	MM	1,280	133	1,413
A45	CHAIN LINK SLATS FOR AH	2/1/2010	100.00%	970	0	0	970	7	SL/GDS	HY	970	0	970
A47	SOUND PROOFING	3/16/2010	100.00%	3,989	0	0	3,989	7	SL/GDS	HY	3,989	0	3,989
A48	CAT DOORS	3/31/2010	100.00%	500	0	0	500	7	SL/GDS	HY	499	0	499
A49	STORAGE BLDG 10X20	4/6/2010	100.00%	2,399	0	0	2,399	39	SL/GDS	MM	526	62	588
A50	PHASE 1 FINAL PAYMENT	5/27/2010	100.00%	8,181	0	0	8,181	39	SL/GDS	MM	1,785	210	1,995
A51	2ND PAYMENT WATER LINE	8/31/2010	100.00%	12,419	0	0	12,419	39	SL/GDS	MM	2,704	318	3,022
A52	THIRD PMT WATER LINE	8/16/2011	100.00%	13,313	0	0	13,313	39	SL/GDS	MM	2,516	341	2,857
A53	4TH PMT WATER LINE	11/28/2012	100.00%	13,015	0	0	13,015	39	SL/GDS	MM	2,046	334	2,380
A54	ADD'L FENCING TO SPLIT KE	4/10/2012	100.00%	1,384	0	0	1,384	15	SL/GDS	HY	598	92	690
A6	BUILDING - WELL	8/28/2003	100.00%	3,109	0	0	3,109	7	150DB	HY	3,109	0	3,109
B15	CAMPAIGN DEVELOPMENT	6/30/2004	100.00%	3,346	0	0	3,346	15	SL/GDS	MM	0	0	0
B2	CAMPAIGN DEVELOPMENT	12/19/2002	100.00%	3,000	0	0	3,000	15	SL/GDS	MM	2,987	0	2,987
B29	CAMPAIGN DEVELOPMENT	12/31/2008	100.00%	4,520	0	0	4,520	15	SL/GDS	MM	2,646	378	3,024
B7	CAMPAIGN DEVELOPMENT	12/19/2002	100.00%	31,644	0	0	31,644	15	SL/GDS	MM	31,559	0	31,559
C16	DESIGN DEVELOPMENT	6/30/2004	100.00%	1,545	0	0	1,545	15	SL/GDS	HY	515	51	566
C3	DESIGN DEVELOPMENT	8/4/2002	100.00%	164	0	0	164	15	SL/GDS	HY	38	0	38
D1	LAND	12/31/2000	100.00%	97,500	0	0	97,500	0			0	0	0
E17	SITE DEVELOPMENT	6/30/2004	100.00%	75,289	0	0	75,289	39	SL/GDS	MM	13,510	1,930	15,440
E20	NEW BUILDING SITE COSTS	6/1/2005	100.00%	110	0	0	110	39	SL/GDS	MM	21	3	24
E26	BUILDING SITE COSTS - 07	6/1/2007	100.00%	4,751	0	0	4,751	39	SL/GDS	MM	854	122	976
E4	BUILDING DEVELOPMENT	10/10/2002	100.00%	4,130	0	0	4,130	39	SL/GDS	MM	742	106	848
E40	TESTING AT SITE (STRATA)	1/6/2009	100.00%	1,503	0	0	1,503	39	SL/GDS	MM	387	39	426
E41	INSURANCE - CONSTRUCTIO	3/17/2009	100.00%	685	0	0	685	39	SL/GDS	MM	175	18	193
E46	REMEDIAL SEPTIC SYSTEM	2/3/2010	100.00%	4,533	0	0	4,533	39	SL/GDS	MM	986	116	1,102
E8	WELL	6/16/2003	100.00%	6,549	0	0	6,549	7	150DB	HY	6,549	0	6,549
F18	OFFICE EQUIPMENT	6/30/2001	100.00%	441	0	0	441	5	200DB	HY	441	0	441
F21	OFFICE EQUIPMENT - 05	6/1/2005	100.00%	1,213	0	0	1,213	5	200DB	HY	1,213	0	1,213
F42	PRINTER/COPIER/FAX	4/23/2009	100.00%	404	0	0	404	7	200DB	HY	404	0	404
F43	OFFICE EQUIPMENT	5/15/2009	100.00%	549	0	0	549	5	200DB	HY	549	0	549
F9	OFFICE EQUIPMENT	4/25/2003	100.00%	1,708	0	0	1,708	7	200DB	HY	1,708	0	1,708
G10	SHELTER/LAB EQUIPMENT	1/28/2003	100.00%	2,402	0	0	2,402	7	200DB	HY	2,402	0	2,402
G13	SHELTER/LAB EQUIPMENT	10/27/2003	100.00%	675	0	0	675	7	200DB	HY	675	0	675
G22	SHELTER/LAB EQUIPMENT	6/1/2005	100.00%	19,775	0	0	19,775	5	200DB	HY	19,775	0	19,775

**Detail Report - 990**

12/31/2019

WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2019 Current Deprec.	2019 Accum. Deprec.
G23	MICROCHIPPING DEVICE	6/1/2006	100.00%	513	0	0	513	5	200DB	HY	513	0	513
G5	SHELTER/LAB EQUIPMENT	2/15/2002	100.00%	893	0	0	893	7	200DB	HY	893	0	893
H12	1985 VAN	8/1/2003	100.00%	2,000	0	0	2,000	5	200DB	HY	2,000	0	2,000
H44	1990 PLYMOUTH VOYAGER	1/1/2009	100.00%	500	0	0	500	5	SL/GDS	HY	500	0	500
H55	TOYOTA SIENNA	9/15/2014	100.00%	21,919	0	0	21,919	5	200DB	HY	20,656	1,263	21,919
SubTotals				1,498,020	0	0	1,498,020				394,141	35,709	429,850
Less: Disposed Assets				( 0)	( 0)	( 0)	( 0)				( 0)	( 0)	( 0)
Ending Totals				<u>1,498,020</u>	<u>0</u>	<u>0</u>	<u>1,498,020</u>				<u>394,141</u>	<u>35,709</u>	<u>429,850</u>

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