

**Federal
Tax Return**

WHITMAN COUNTY HUMANE SOCIETY, INC

2020

**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

September 29, 2021

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

Dear TOM,

I have prepared your 2020 Form 990 based on the information you provided. Please review the enclosed copy for WHITMAN COUNTY HUMANE SOCIETY, INC, then sign the IRS e-file Signature Authorization Form 8879-EO and return it to me. When I receive the signed authorization, I will e-file your return.

There are no taxes or fees due with the return.

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

Forms and Schedules Prepared for:

WHITMAN COUNTY HUMANE SOCIETY, INC

Total:

\$ 740.00

<u>Description</u>	<u>Cost</u>
4562 - 990 - Depreciation and Amortization	15.00
990 - Return of Organization Exempt from Income Tax	600.00
Sch A (990/990-EZ) - Public Charity Status and Public Su	25.00
Sch B (990/EZ/PF) - Schedule of Contributors	25.00
Sch D (990) - Supplemental Financial Statements	25.00
Sch G (990/990EZ) - Supplemental Fundraising or Gamir	25.00
Sch O (990/990EZ) - Supplemental Information to Form 9	25.00

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20_____

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

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

2020

Name of exempt organization or person subject to tax WHITMAN COUNTY HUMANE SOCIETY, INC	Taxpayer identification number 91-2054548
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Name and title of officer or person subject to tax TOM HARRIS	BUSINESS MANAGER
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Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	449,293
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to name of organization) WHITMAN COUNTY HUMANE SOCIETY, INC, (EIN) 91-2054548 and that I have examined a copy true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize GEHRING & FARRWOOD, INC to enter my PIN 10180 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____	Date ▶ _____
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Part III Certification and Authentication

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

91535010404 <small>do not enter all zeros</small>

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ <u>TIM E GEHRING</u>	Date ▶ <u>9/29/2021</u>
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**ERO Must Retain This Form—See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. WHITMAN COUNTY HUMANE SOCIETY, INC	Taxpayer identification number (TIN) 91-2054548
	Number, street, and room or suite no. If a P.O. box, see instructions. 1340 SE OLD MOSCOW ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PULLMAN, WA 99163	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► TOM HARRIS, BUSINESS MANAGER
- Telephone No. ► (509) 332-3422 Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box. and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2020 or

► tax year beginning _____, 20____, and ending _____, 20_____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 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 \$ **468,449**

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 subsidiaries? Yes No
H(b) Are all subsidiaries 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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	HUMANE SOCIETY/ANIMAL SHELTER OPERATION	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 174,272	Current Year 213,476
	9	Program service revenue (Part VIII, line 2g)	123,032	164,662
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,884	2,828
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,797	68,327
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	376,985	449,293
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	122,229	179,231
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	155,388	199,103
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	277,617	378,334	
19	Revenue less expenses. Subtract line 18 from line 12	99,368	70,959	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,385,223	End of Year 1,465,956
	21	Total liabilities (Part X, line 26)	13,079	22,853
	22	Net assets or fund balances. Subtract line 21 from line 20	1,372,144	1,443,103

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: **9/29/2021** 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.

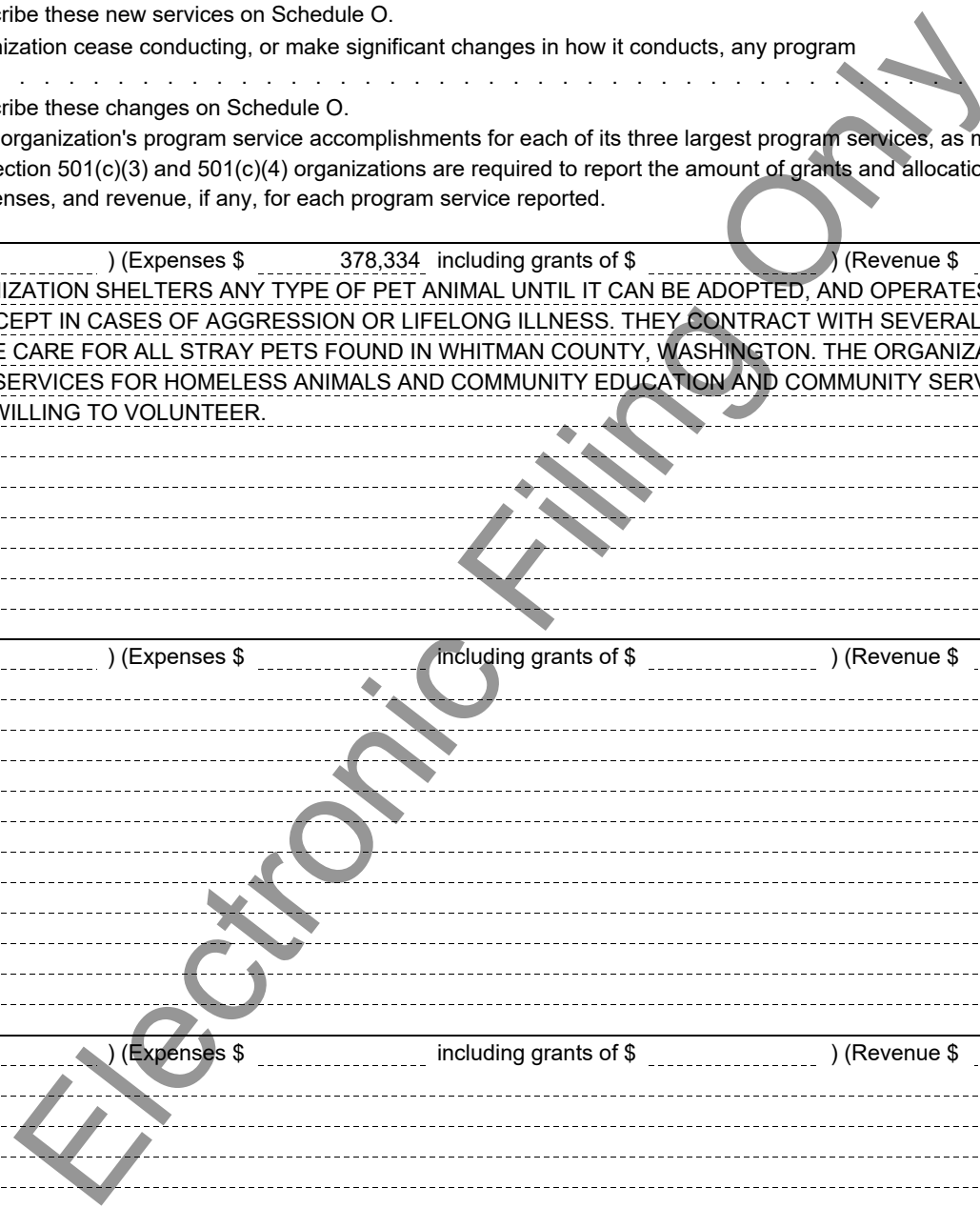
4a (Code:) (Expenses \$ 378,334 including grants of \$) (Revenue \$) THE ORGANIZATION SHELTERS ANY TYPE OF PET ANIMAL UNTIL IT CAN BE ADOPTED, AND OPERATES A "NO-KILL" POLICY, EXCEPT IN CASES OF AGGRESSION OR LIFELONG ILLNESS. THEY CONTRACT WITH SEVERAL LOCAL CITIES TO PROVIDE CARE FOR ALL STRAY PETS 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 378,334



Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 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)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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, unrelated 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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶ WA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <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)
19	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.
20	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) WENDY ORTMAN PRESIDENT	15.00 0.00	X		X						
(2) NICKY FINCH VICE-PRESIDENT	10.00 0.00	X		X						
(3) LAUREN PORT TREASURER	8.00 0.00	X		X						
(4) KELLIE KLEIN SECRETARY	2.00 0.00	X								
(5) KYLENE DASCHOFSKY DIRECTOR	1.00 0.00	X								
(6) JOHN-MARK MAHNKEY DIRECTOR	1.00 0.00	X								
(7) DAYNA COOPER DIRECTOR	1.00 0.00	X								
(8) LIZ SILER DIRECTOR	1.00 0.00	X								
(9) TOM HARRIS BUSINESS MGR	15.00 0.00	X								
(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)										
1b Subtotal							0	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		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	1a	Federated campaigns	0				
	1b	Membership dues	14,728				
	1c	Fundraising events	0				
	1d	Related organizations	0				
	1e	Government grants (contributions)	34,285				
	1f	All other contributions, gifts, grants, and similar amounts not included above	164,463				
	1g	Noncash contributions included in lines 1a-1f	\$ 64				
	h	Total. Add lines 1a-1f	213,476				
	Program Service Revenue	2a	SHELTER OPERATIONS	900099	107,410	107,410	
		b	LOCAL MUNICIPALITY CONTRACTS	900099	57,252	57,252	
c				0			
d				0			
e				0			
f		All other program service revenue		0			
g		Total. Add lines 2a-2f		164,662			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,828		2,828	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	0	0		
	b	Less: cost or other basis and sales expenses	7b	0	0		
	c	Gain or (loss)	7c	0	0		
	d	Net gain or (loss)		0			
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a	84,229				
b	Less: direct expenses	8b	19,156				
c	Net income or (loss) from fundraising events		65,073				
9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
b	Less: direct expenses	9b	0				
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	10a	0				
b	Less: cost of goods sold	10b	0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	900099	35	35		
	b	REPAYMENT FROM DOG PARK	900099	1,320	1,320		
	c	POOCH PARK OVERHEAD TRANSFER	900099	1,899	1,899		
	d	All other revenue		0			
	e	Total. Add lines 11a-11d		3,254			
12	Total revenue. See instructions		449,293	167,916	0	2,828	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations 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	161,533	161,533		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	17,698	17,698		
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	768	768		
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	3,630	3,630		
13	Office expenses	7,206	7,206		
14	Information technology	2,473	2,473		
15	Royalties	0			
16	Occupancy	20,322	20,322		
17	Travel	1,200	1,200		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	5,855	5,855		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	56,315	56,315	0	0
23	Insurance	5,766	5,766		
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	8,913	8,913		
b	SUPPLIES	12,930	12,930		
c	VETERINARY EXPENSES	60,175	60,175		
d	DOG PARK MAINTENANCE/ADMINISTRATION	11,523	11,523		
e	All other expenses UNCATEGORIZED	2,027	2,027		
25	Total functional expenses. Add lines 1 through 24e	378,334	378,334	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	96,138	1	96,476
	2 Savings and temporary cash investments	220,915	2	337,248
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 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	5	
	6 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	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,518,397		
	b Less: accumulated depreciation	10b 486,165	1,068,170	10c 1,032,232
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,385,223	16	1,465,956
Liabilities	17 Accounts payable and accrued expenses	13,079	17	22,853
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 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	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25		13,079	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,372,144	27	1,443,103
	28 Net assets with donor restrictions	0	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
	32 Total net assets or fund balances	1,372,144	32	1,443,103
33 Total liabilities and net assets/fund balances	1,385,223	33	1,465,956	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	449,293
2	Total expenses (must equal Part IX, column (A), line 25)	2	378,334
3	Revenue less expenses. Subtract line 2 from line 1	3	70,959
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,372,144
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,443,103

Part XII Financial Statements and Reporting

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

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

Attachment Sequence No. 179

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: WHITMAN COUNTY HUMANE SOCIETY, INC, 990, 91-2054548

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.

Table with 5 columns: Line number, Description, Amount. Lines 1-13 detailing property election and calculations.

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.)

Table with 2 columns: Line number, Amount. Lines 14-16 detailing special depreciation allowance.

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

Section A

Table with 2 columns: Line number, Amount. Lines 17-18 detailing MACRS deductions.

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Line number, Class life, Amount. Rows 20a-d.

Part IV Summary (See instructions.)

Table with 2 columns: Line number, Amount. Lines 21-23 summarizing depreciation.

For Paperwork Reduction Act Notice, see separate instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization WHITMAN COUNTY HUMANE SOCIETY, INC	Employer identification number 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)						
Total					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: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test—2020; b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; b 10%-facts-and-circumstances test—2019; 18 Private foundation.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	102,347	106,155	194,813	174,272	213,476	791,063
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	89,870	98,587	120,306	123,032	164,662	596,457
3 Gross receipts from activities that are not an unrelated trade or business under section 513	93,395	86,819	114,696	99,320	84,229	478,459
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	285,612	291,561	429,815	396,624	462,367	1,865,979
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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	5,000	18,494	57,500	70,000	81,885	232,879
c Add lines 7a and 7b	5,000	18,494	57,500	70,000	81,885	232,879
8 Public support (Subtract line 7c from line 6.)						1,633,100

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	285,612	291,561	429,815	396,624	462,367	1,865,979
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9	575	919	1,884	2,828	6,215
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	9	575	919	1,884	2,828	6,215
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	285,621	292,136	430,734	398,508	465,195	1,872,194
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	87.23%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	81.96%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.33%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.20%

- 19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 0.015 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 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. 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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015	0		
b From 2016	0		
c From 2017	0		
d From 2018	0		
e From 2019	0		
f Total of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7: \$	0		
a Applied to underdistributions of prior years		0	
b Applied to 2020 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2021. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2016	0		
b Excess from 2017	0		
c Excess from 2018	0		
d Excess from 2019	0		
e Excess from 2020	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

OMB No. 1545-0047

2020

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

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

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

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

Name of organization WHITMAN COUNTY HUMANE SOCIETY, INC	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	STEFFENS FOUNDATION INC PO BOX 455 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.)
2	STEPHANIE SCHWEITZER 365 NW JANET ST PULLMAN WA 99163 Foreign State or Province: _____ Foreign Country: _____	\$ 45,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	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.)
4	CARES GRANT FOR WHITMAN COUNTY 400 N MAIN ST COLFAX WA 99111 Foreign State or Province: _____ Foreign Country: _____	\$ 6,385	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WA FEDERATION OF ANIMAL CARE & CONTROL A 1425 BROADWAY UNIT 20129 SEATTLE WA 98122 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 WHITMAN COUNTY HUMANE SOCIETY, INC	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 WHITMAN COUNTY HUMANE SOCIETY, INC	Employer identification number 91-2054548
---	--

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

2020

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 |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	0	0	0	0	0
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	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 |
|------------------------------------|-----|----|
| (i) Unrelated organizations | | |
| (ii) Related organizations | | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	97,500		97,500
b Buildings	0	1,226,400	311,531	914,869
c Leasehold improvements	0	121,062	104,545	16,517
d Equipment	0	50,843	50,843	0
e Other	0	22,592	19,246	3,346

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,032,232

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)		
Total. (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)		
Total. (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)	
Total. (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)	
Total. (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 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FUR BALL (event type)	ZEPOZOZ TOURNY (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	72,912	9,813	1,504	84,229
	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	72,912	9,813	1,504	84,229
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	19,156		0	19,156
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(19,156)
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				65,073

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		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 for the latest information.

OMB No. 1545-0047

2020

**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

12/31/2020

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)

12/31/2020

Summary of Qualified Property by Activity

Activity	Unadjusted Cost or Basis
1 990	1,335,008

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	17	1,735	100.00%	1,735
3 990	BUILDING COSTS - 05	6/1/2005	39	16	9,774	100.00%	9,774
4 990	BUILDING COSTS - 06	6/1/2006	39	15	723	100.00%	723
5 990	BUILDING COSTS - 07	6/1/2007	39	14	2,625	100.00%	2,625
6 990	DEVELOPMENT COSTS	10/31/2008	39	13	110,000	100.00%	110,000
7 990	SITE PREP	12/31/2008	39	13	48,252	100.00%	48,252
8 990	SEPTIC/WATER DRAIN SYST	4/15/2009	39	12	118,217	100.00%	118,217
9 990	CITY WATER EXTENSION	7/29/2009	39	12	12,419	100.00%	12,419
10 990	CAT/ADMIN BUILDING	9/9/2009	39	12	102,855	100.00%	102,855
11 990	CANINE BUILDING	7/1/2009	39	12	327,976	100.00%	327,976
12 990	FENCING	5/15/2009	15	12	35,313	100.00%	35,313
13 990	SIDEWALKS/CURBS	5/15/2009	15	12	25,095	100.00%	25,095
14 990	SITE PREP	2/11/2009	39	12	11,301	100.00%	11,301
15 990	BUILDING SITE PREP-KACI	5/1/2009	39	12	166,971	100.00%	166,971
16 990	BUILDING SITE PREP-MOTL	9/9/2009	39	12	23,309	100.00%	23,309
17 990	WELL HOUSE	5/1/2009	39	12	5,185	100.00%	5,185
18 990	STORAGE BLDG 10X20	4/6/2010	39	11	2,399	100.00%	2,399
19 990	PHASE 1 FINAL PAYMENT	5/27/2010	39	11	8,181	100.00%	8,181
20 990	2ND PAYMENT WATER LINE	8/31/2010	39	11	12,419	100.00%	12,419
21 990	THIRD PMT WATER LINE	8/16/2011	39	10	13,313	100.00%	13,313
22 990	CAMPAIGN DEVELOPMENT	12/31/2008	15	13	4,520	100.00%	4,520
23 990	BUILDING DEVELOPMENT	10/10/2002	39	19	4,130	100.00%	4,130
24 990	SITE DEVELOPMENT	6/30/2004	39	17	75,289	100.00%	75,289
25 990	NEW BUILDING SITE COSTS	6/1/2005	39	16	110	100.00%	110
26 990	BUILDING SITE COSTS - 07	6/1/2007	39	14	4,751	100.00%	4,751
27 990	TESTING AT SITE (STRATA)	1/6/2009	39	12	1,503	100.00%	1,503
28 990	INSURANCE - CONSTRUCTI	3/17/2009	39	12	685	100.00%	685
29 990	REMEDIAL SEPTIC SYSTEM	2/3/2010	39	11	4,533	100.00%	4,533
30 990	4TH PMT WATER LINE	11/28/2012	39	9	13,015	100.00%	13,015
31 990	ADD'L FENCING TO SPLIT K	4/10/2012	15	9	1,384	100.00%	1,384
32 990	FINAL WATER PMT	7/1/2013	39	8	12,717	100.00%	12,717
33 990	TOYOTA SIENNA	9/15/2014	5	7	21,919	100.00%	21,919
34 990	NEW CAT BUILDING	6/4/2019	39	2	132,013	100.00%	132,013
35 990	WELL PUMP	8/18/2020	15	1	3,280	100.00%	3,280
36 990	ISO-CARE UNITS	11/14/2020	7	1	12,330	100.00%	12,330
37 990	FOSTER CARE SHED	12/2/2020	7	1	4,767	100.00%	4,767

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

		Cash	Noncash
1	Federated Campaigns		
2	Membership dues	14,728	
3	Fundraising events		
4	Related organizations		
5	Government grants (contributions)	34,285	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	BUILDING FUND	5,785	
	HOPE FUND	2,976	
	SNAP FUND	1,360	
	CONTRIBUTIONS	154,227	64
	DOG PARK DONATIONS	51	
	Other contributions total	164,399	64
7	Total	213,412	64

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

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation	56,315	56,315		
2	Depletion	0			
3	Amortization	0			
4	Total	56,315	56,315	0	0

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

		Before Disposition:		1,518,397	429,850	1,068,170			
		Less Disposed:		0					
		After Disposition:		1,518,397			35,938	486,165	1,032,232
		* Asset disposed during tax year							
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	352	1,383	44	396	1,339
3		BUILDING COSTS - 05	Buildings	9,774	2,008	7,766	251	2,259	7,515
4		BUILDING COSTS - 06	Buildings	723	152	571	19	171	552
5		BUILDING COSTS - 07	Buildings	2,625	536	2,089	67	603	2,022
6		DEVELOPMENT COSTS	Buildings	110,000	22,560	87,440	2,820	25,380	84,620
7		SITE PREP	Buildings	48,252	13,608	34,644	1,237	14,845	33,407
8		SEPTIC/WATER DRAIN SYSTEM	Buildings	118,217	32,458	85,759	3,031	35,489	82,728
9		CITY WATER EXTENSION	Buildings	12,419	3,327	9,092	318	3,645	8,774
10		CAT/ADMIN BUILDING	Buildings	102,855	27,140	75,715	2,637	29,777	73,078
11		CANINE BUILDING	Buildings	327,976	87,946	240,030	8,409	96,355	231,621
12		FENCING	Improvements	35,313	25,014	10,299	2,352	27,366	7,947
13		SIDEWALKS/CURBS	Improvements	25,095	17,778	7,317	1,671	19,449	5,646
14		SITE PREP	Buildings	11,301	3,153	8,148	290	3,443	7,858
15		BUILDING SITE PREP-KACI	Buildings	166,971	45,486	121,485	4,281	49,767	117,204
16		BUILDING SITE PREP-MOTLEY	Buildings	23,309	6,154	17,155	598	6,752	16,557
17		WELL HOUSE	Buildings	5,185	1,413	3,772	133	1,546	3,639
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	588	1,811	62	650	1,749
22		PHASE 1 FINAL PAYMENT	Buildings	8,181	1,995	6,186	210	2,205	5,976
23		2ND PAYMENT WATER LINE	Buildings	12,419	3,022	9,397	318	3,340	9,079
24		THIRD PMT WATER LINE	Buildings	13,313	2,857	10,456	341	3,198	10,115
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	3,024	1,496	378	3,402	1,118
29		DESIGN DEVELOPMENT	Improvements	164	38	126	0	38	126
30		DESIGN DEVELOPMENT	Improvements	1,545	566	979	0	566	979
31		LAND	Land	97,500	0	97,500	0	0	97,500
32		BUILDING DEVELOPMENT	Buildings	4,130	848	3,282	106	954	3,176
33		WELL	Improvements	6,549	6,549	0	0	6,549	0
34		SITE DEVELOPMENT	Buildings	75,289	15,440	59,849	1,930	17,370	57,919
35		NEW BUILDING SITE COSTS	Buildings	110	24	86	3	27	83
36		BUILDING SITE COSTS - 07	Buildings	4,751	976	3,775	122	1,098	3,653
37		TESTING AT SITE (STRATA)	Buildings	1,503	426	1,077	39	465	1,038
38		INSURANCE - CONSTRUCTION	Buildings	685	193	492	18	211	474
39		REMEDIAL SEPTIC SYSTEM	Buildings	4,533	1,102	3,431	116	1,218	3,315
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:		1,518,397	429,850	1,068,170			
		Less Disposed:		0					
		After Disposition:		1,518,397			35,938	486,165	1,032,232
		* Asset disposed during tax year							
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	
44	OFFICE EQUIPMENT	Equipment	549	549	0	0	549	0	
45	SHELTER/LAB EQUIPMENT	Equipment	893	893	0	0	893	0	
46	SHELTER/LAB EQUIPMENT	Equipment	2,402	2,402	0	0	2,402	0	
47	SHELTER/LAB EQUIPMENT	Equipment	675	675	0	0	675	0	
48	SHELTER/LAB EQUIPMENT	Equipment	19,775	19,775	0	0	19,775	0	
49	MICROCHIPPING DEVICE	Equipment	513	513	0	0	513	0	
50	1985 VAN	Equipment	2,000	2,000	0	0	2,000	0	
51	1990 PLYMOUTH VOYAGER	Equipment	500	500	0	0	500	0	
52	4TH PMT WATER LINE	Buildings	13,015	2,380	10,635	334	2,714	10,301	
53	ADD'L FENCING TO SPLIT KENNELS	Improvements	1,384	690	694	92	782	602	
54	FINAL WATER PMT	Buildings	12,717	2,106	10,611	326	2,432	10,285	
55	TOYOTA SIENNA	Equipment	21,919	21,919	0	0	21,919	0	
56	NEW CAT BUILDING	Buildings	132,013	1,836	130,177	3,385	5,221	126,792	
57	WELL PUMP	Improvements	3,280	0	0	0	3,280	0	
58	ISO-CARE UNITS	Other	12,330	0	0	0	12,330	0	
59	FOSTER CARE SHED	Other	4,767	0	0	0	4,767	0	



Assets by Classification - 990

12/31/2020

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	2020 Deprec.	2020 Accum. Deprec.
5-yr Residential rental furnishings and appliances																
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
5-yr Computers and peripherals (not listed property)																
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
7-yr General purpose tools, machinery, and equipment																
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
7-yr Office furniture, fixtures and equipment																
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
59	FOSTER CARE SHED	12/2/2020	F-11	100.00%	4,767	0	0	4,767	0	0	7	200DB	MQ4	0	0	4,767
Total: 7-yr Office furn, fixtures, equip					6,475	0	0	4,767	0	1,708				1,708	0	6,475
7-yr Section 1245 personal property with no class life																
58	ISO-CARE UNITS	11/14/2020	F-14	100.00%	12,330	0	0	12,330	0	0	7	200DB	MQ4	0	0	12,330
Total: 7-yr 1245 pers prop w/o class life					12,330	0	0	12,330	0	0				0	0	12,330
Land																
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
Other nondepreciable																
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
15-yr Land improvements																
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	3,024	378	3,402
A34	FENCING	5/15/2009	R-2	100.00%	35,313	0	0	0	0	35,313	15	SL/GDS	HY	25,014	2,352	27,366
A35	SIDEWALKS/CURBS	5/15/2009	R-2	100.00%	25,095	0	0	0	0	25,095	15	SL/GDS	HY	17,778	1,671	19,449
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	690	92	782

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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	2020 Deprec.	2020 Accum. Deprec.
57	WELL PUMP	8/18/2020	R-2	100.00%	3,280	0	0	3,280	0	0	15	150DB	MQ3	0	0	3,280
Total: 15-yr Land improvements					119,353	0	0	3,280	0	116,073				96,168	4,493	103,941
15-yr Distributive Trades & Services																
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	566	0	566
Total: 15-yr Distrib Trades/Service					1,709	0	0	0	0	1,709				604	0	604
39-yr Nonresidential and commercial real estate																
E4	BUILDING DEVELOPMENT	10/10/2002	R-5	100.00%	4,130	0	0	0	0	4,130	39	SL/GDS	MM	848	106	954
A14	BUILDING COSTS - 04	6/30/2004	R-5	100.00%	1,735	0	0	0	0	1,735	39	SL/GDS	MM	352	44	396
E17	SITE DEVELOPMENT	6/30/2004	R-5	100.00%	75,289	0	0	0	0	75,289	39	SL/GDS	MM	15,440	1,930	17,370
A19	BUILDING COSTS - 05	6/1/2005	R-5	100.00%	9,774	0	0	0	0	9,774	39	SL/GDS	MM	2,008	251	2,259
E20	NEW BUILDING SITE COSTS	6/1/2005	R-5	100.00%	110	0	0	0	0	110	39	SL/GDS	MM	24	3	27
A24	BUILDING COSTS - 06	6/1/2006	R-5	100.00%	723	0	0	0	0	723	39	SL/GDS	MM	152	19	171
A25	BUILDING COSTS - 07	6/1/2007	R-5	100.00%	2,625	0	0	0	0	2,625	39	SL/GDS	MM	536	67	603
E26	BUILDING SITE COSTS - 07	6/1/2007	R-5	100.00%	4,751	0	0	0	0	4,751	39	SL/GDS	MM	976	122	1,098
A27	DEVELOPMENT COSTS	10/31/2008	R-5	100.00%	110,000	0	0	0	0	110,000	39	SL/GDS	MM	22,560	2,820	25,380
A28	SITE PREP	12/31/2008	R-5	100.00%	48,252	0	0	0	0	48,252	39	SL/GDS	MM	13,608	1,237	14,845
E40	TESTING AT SITE (STRATA)	1/6/2009	R-5	100.00%	1,503	0	0	0	0	1,503	39	SL/GDS	MM	426	39	465
A36	SITE PREP	2/11/2009	R-5	100.00%	11,301	0	0	0	0	11,301	39	SL/GDS	MM	3,153	290	3,443
E41	INSURANCE - CONSTRUCTI	3/17/2009	R-5	100.00%	685	0	0	0	0	685	39	SL/GDS	MM	193	18	211
A30	SEPTIC/WATER DRAIN SYST	4/15/2009	R-5	100.00%	118,217	0	0	0	0	118,217	39	SL/GDS	MM	32,458	3,031	35,489
A37	BUILDING SITE PREP-KACI	5/1/2009	R-5	100.00%	166,971	0	0	0	0	166,971	39	SL/GDS	MM	45,486	4,281	49,767
A39	WELL HOUSE	5/1/2009	R-5	100.00%	5,185	0	0	0	0	5,185	39	SL/GDS	MM	1,413	133	1,546
A33	CANINE BUILDING	7/1/2009	R-5	100.00%	327,976	0	0	0	0	327,976	39	SL/GDS	MM	87,946	8,409	96,355
A31	CITY WATER EXTENSION	7/29/2009	R-5	100.00%	12,419	0	0	0	0	12,419	39	SL/GDS	MM	3,327	318	3,645
A32	CAT/ADMIN BUILDING	9/9/2009	R-5	100.00%	102,855	0	0	0	0	102,855	39	SL/GDS	MM	27,140	2,637	29,777
A38	BUILDING SITE PREP-MOTLI	9/9/2009	R-5	100.00%	23,309	0	0	0	0	23,309	39	SL/GDS	MM	6,154	598	6,752
E46	REMEDIAL SEPTIC SYSTEM	2/3/2010	R-5	100.00%	4,533	0	0	0	0	4,533	39	SL/GDS	MM	1,102	116	1,218
A49	STORAGE BLDG 10X20	4/6/2010	R-5	100.00%	2,399	0	0	0	0	2,399	39	SL/GDS	MM	588	62	650
A50	PHASE 1 FINAL PAYMENT	5/27/2010	R-5	100.00%	8,181	0	0	0	0	8,181	39	SL/GDS	MM	1,995	210	2,205
A51	2ND PAYMENT WATER LINE	8/31/2010	R-5	100.00%	12,419	0	0	0	0	12,419	39	SL/GDS	MM	3,022	318	3,340
A52	THIRD PMT WATER LINE	8/16/2011	R-5	100.00%	13,313	0	0	0	0	13,313	39	SL/GDS	MM	2,857	341	3,198
A53	4TH PMT WATER LINE	11/28/2012	R-5	100.00%	13,015	0	0	0	0	13,015	39	SL/GDS	MM	2,380	334	2,714
54	FINAL WATER PMT	7/1/2013	R-5	100.00%	12,717	0	0	0	0	12,717	39	SL/GDS	MM	2,106	326	2,432
56	NEW CAT BUILDING	6/4/2019	R-5	100.00%	132,013	0	0	0	0	132,013	39	SL/GDS	MM	1,836	3,385	5,221
Total: 39-yr Nonresidential real estate					1,226,400	0	0	0	0	1,226,400				280,086	31,445	311,531
5-yr Passenger vehicles (excluding certain trucks and vans)																
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
5-yr SUV and certain trucks and vans > 6,000 pounds																
H55	TOYOTA SIENNA	9/15/2014	V-6	100.00%	21,919	0	0	0	0	21,919	5	200DB	HY	21,919	0	21,919
Total: 5-yr SUV/truck/van > 6,000 lbs					21,919	0	0	0	0	21,919				21,919	0	21,919
5-yr Light trucks, vans, and autos built on a truck chassis																
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

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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	2020 Deprec.	2020 Accum. Deprec.
Total: 5-yr Truck, van, auto on trk chassis					2,000	0	0	0	0	2,000				2,000	0	2,000
SubTotals					1,518,397	0	0	20,377	0	1,498,020				429,850	35,938	486,165
Less: Disposed Assets					(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
Ending Totals					1,518,397	0	0	20,377	0	1,498,020				429,850	35,938	486,165

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