

**Federal
Tax Return**

WHITMAN COUNTY HUMANE SOCIETY, INC

2021

**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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July 26, 2022

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

Dear TOM,

I have prepared your 2021 Form 990 based on the information you provided. Please review the enclosed copy and contact me if any records need correcting before being e-filed.

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

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	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	
	File by the due date for filing your return. See instructions.	

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 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
Form 990-T (corporation)	07		

- 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, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 21 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-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-TE and Form 8879-TE for payment 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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 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 \$ 1,118,123

F Name and address of principal officer:
WENDY ORTMAN 1340 SE OLD MOSCOW ROAD, PULLMAN, WA 99

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

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

J Website: ▶ WWW.WHITMANPETS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2000

M State of legal domicile: WA

Part I Summary

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.		
Revenue	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 2021 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	50
	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	
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	213,476	846,761
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	164,662	133,168
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,828	10,324
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,327	35,393
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	449,293	1,025,646
Net Assets or Fund Balances	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)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	179,231	172,793
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	199,103	217,827
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	378,334	390,620
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	70,959	635,026
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,465,956	2,089,103
	22 Net assets or fund balances. Subtract line 21 from line 20	22,853	8,695
		1,443,103	2,080,408

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: WENDY ORTMAN
 Date: 7/11/2022
 Title: PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name: TIM E GEHRING
 Preparer's signature: TIM E GEHRING
 Date: 7/26/2022
 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.

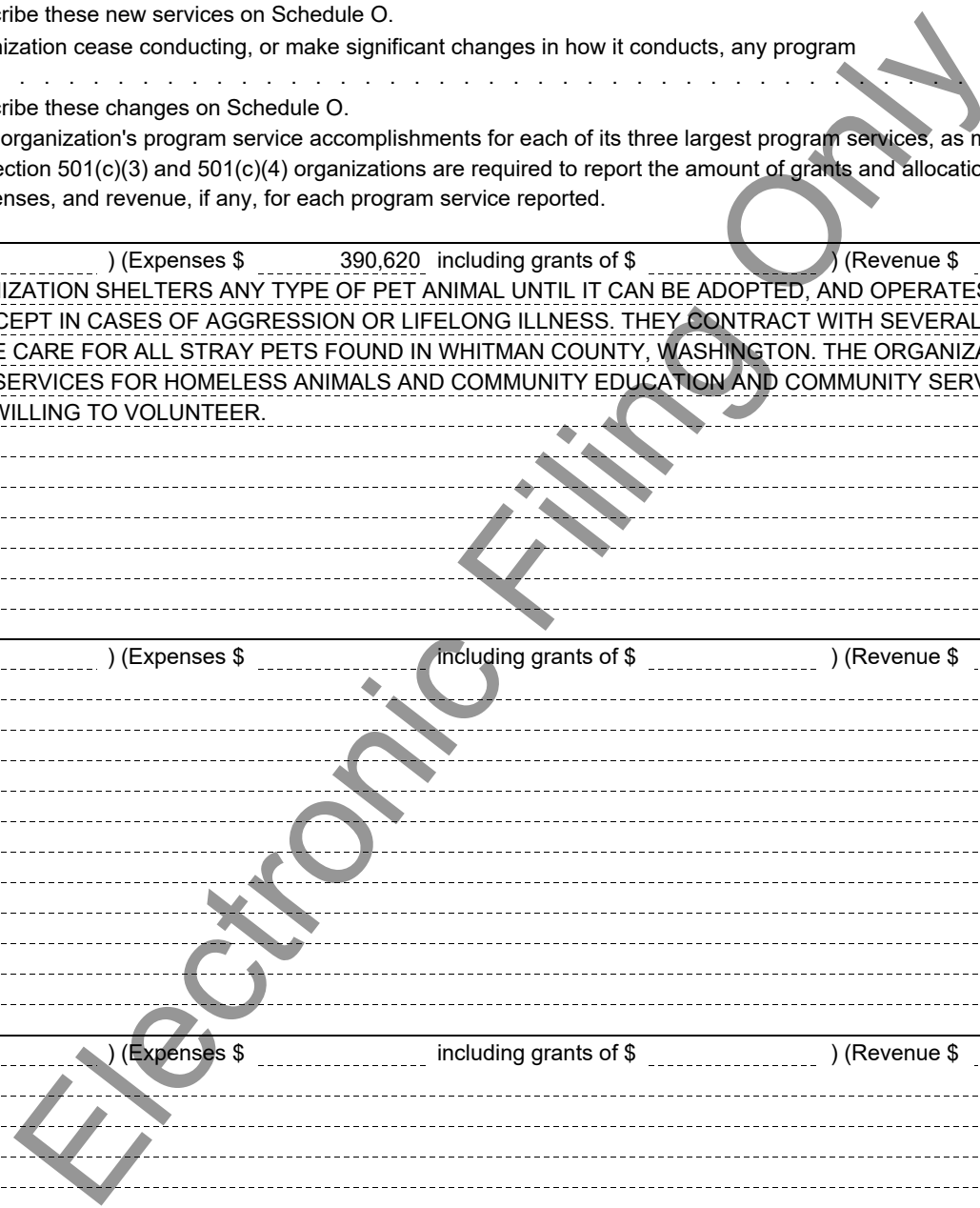
4a (Code:) (Expenses \$ 390,620 including grants of \$) (Revenue \$) THE ORGANIZATION SHELTERS ANY TYPE OF PET ANIMAL UNTIL IT CAN BE ADOPTED, AND OPERATES A "NO-KILL" POLICY, EXCEPT IN CASES OF AGGRESSION OR LIFELONG ILLNESS. THEY CONTRACT WITH SEVERAL LOCAL CITIES TO PROVIDE CARE FOR ALL STRAY PETS 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 390,620



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 Rev. Proc. 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 the 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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	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 on 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 on 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)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ ----- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year Note: If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Note: If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? Note: If "Yes," complete Form 6069.		

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 on 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
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Wendy Ortman (President), Dayna Cooper (Vice-President), John Musselwhite (Treasurer), Elizabeth Siler (Secretary), Kellie Klein (Pooch Park Chair), Nicky Finch (Vet Consultant), John-Mark Mahnkey (Director), Gia Gordon (Director), and Tom Harris (Business Mgr).

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				
	b	Membership dues	17,798				
	c	Fundraising events	0				
	d	Related organizations	0				
	e	Government grants (contributions)	20,625				
	f	All other contributions, gifts, grants, and similar amounts not included above	808,338				
	g	Noncash contributions included in lines 1a-1f	\$ 84,949				
	h	Total. Add lines 1a-1f	846,761				
	Program Service Revenue			Business Code			
2a		SHELTER OPERATIONS	900099	73,954	73,954		
b		LOCAL MUNICIPALITY CONTRACTS	900099	59,214	59,214		
c				0			
d				0			
e				0			
f		All other program service revenue		0			
g	Total. Add lines 2a-2f		133,168				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,692		1,692	
	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	94,621	0		
	b	Less: cost or other basis and sales expenses	7b	85,989	0		
	c	Gain or (loss)	7c	8,632	0		
	d	Net gain or (loss)		8,632		8,632	
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a	34,387				
b	Less: direct expenses	8b	6,488				
c	Net income or (loss) from fundraising events		27,899				
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			Business Code				
	11a	MISCELLANEOUS INCOME	900099	3,124	3,124		
	b	REPAYMENT FROM DOG PARK	900099	1,210	1,210		
	c	POOCH PARK OVERHEAD TRANSFER	900099	3,160	3,160		
	d	All other revenue		0			
e	Total. Add lines 11a-11d		7,494				
12	Total revenue. See instructions		1,025,646	140,662	0	10,324	

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	156,057	156,057		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	16,736	16,736		
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	1,561	1,561		
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	4,139	4,139		
13	Office expenses	9,963	9,963		
14	Information technology	5,019	5,019		
15	Royalties	0			
16	Occupancy	26,192	26,192		
17	Travel	3,087	3,087		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	3,288	3,288		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	50,714	50,714	0	0
23	Insurance	7,206	7,206		
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	9,453	9,453		
b	SUPPLIES	13,851	13,851		
c	VETERINARY EXPENSES	66,728	66,728		
d	DOG PARK MAINTENANCE/ADMINISTRATION	16,486	16,486		
e	All other expenses UNCATEGORIZED	140	140		
25	Total functional expenses. Add lines 1 through 24e	390,620	390,620	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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	96,476	1	184,495
	2 Savings and temporary cash investments	337,248	2	894,495
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	4,835
	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 1,542,157		
	b Less: accumulated depreciation	10b 536,879	1,032,232	10c 1,005,278
	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)		1,465,956	16	2,089,103
Liabilities	17 Accounts payable and accrued expenses	22,853	17	8,695
	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		22,853	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	1,440,692	27	2,077,997
	28 Net assets with donor restrictions	2,411	28	2,411
	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	1,443,103	32	2,080,408	
33 Total liabilities and net assets/fund balances	1,465,956	33	2,089,103	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,025,646
2	Total expenses (must equal Part IX, column (A), line 25)	2	390,620
3	Revenue less expenses. Subtract line 2 from line 1	3	635,026
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,443,103
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	2,279
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	2,080,408

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 on 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.

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, (b) Cost, (c) Elected cost, Amount.

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 3 columns: Line number, Description, Amount.

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

Section A

Table with 3 columns: Line number, Description, Amount.

Section B - Assets Placed in Service During 2021 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.

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Line number, (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) Convention, (f) Method, (g) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount.

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

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

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

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

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):
43 Amortization of costs that began before your 2021 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44 0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

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

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).)
- 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 on 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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 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 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	106,155	194,813	174,272	213,476	846,760	1,535,476
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	98,587	120,306	123,032	164,662	133,168	639,755
3 Gross receipts from activities that are not an unrelated trade or business under section 513	86,819	114,696	99,320	84,229	34,387	419,451
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	291,561	429,815	396,624	462,367	1,014,315	2,594,682
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	18,494	57,500	70,000	81,885	638,361	866,240
c Add lines 7a and 7b	18,494	57,500	70,000	81,885	638,361	866,240
8 Public support (Subtract line 7c from line 6.)						1,728,442

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	291,561	429,815	396,624	462,367	1,014,315	2,594,682
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	575	919	1,884	2,828	1,692	7,898
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	575	919	1,884	2,828	1,692	7,898
11 Net income from unrelated business activities not included on 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.)	292,136	430,734	398,508	465,195	1,016,007	2,602,580
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 2021 (line 8, column (f), divided by line 13, column (f))	15	66.41%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	87.23%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.30%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.33%

- 19a 33 1/3% support tests—2021.** 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—2020.** 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	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? 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.	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)? 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).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	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		Yes	No
	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? 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.	2a	
b	Did the activities described on 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? 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.	2b	
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? If "Yes" or "No," provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		0
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 0		
b	From 2017 0		
c	From 2018 0		
d	From 2019 0		
e	From 2020 0		
f	Total of lines 3a through 3e	0	
g	Applied to underdistributions of prior years		0
h	Applied to 2021 distributable amount		0
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0	
4	Distributions for 2021 from Section D, line 7: \$ 0		
a	Applied to underdistributions of prior years		0
b	Applied to 2021 distributable amount		0
c	Remainder. Subtract lines 4a and 4b from line 4.	0	
5	Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.	0	
8	Breakdown of line 7:		
a	Excess from 2017 0		
b	Excess from 2018 0		
c	Excess from 2019 0		
d	Excess from 2020 0		
e	Excess from 2021 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.)

Area with horizontal dashed lines for supplemental information.

Electronic Filing Only

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (WHITMAN COUNTY HUMANE SOCIETY, INC) and Employer identification number (91-2054548)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 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

- [X] 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... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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	MARY SCHWEITZER ----- 705 SW CENTER ST ----- 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	HAROLD & BARBARA FRENCH ----- 425 NW ORION DR ----- PULLMAN WA 99163 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOANNE WASHBURN ESTATE ----- 420 SE DILKE ST ----- PULLMAN WA 99163 Foreign State or Province: ----- Foreign Country: -----	\$ 103,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	SUSAN VETTER ESTATE ----- 6125 STONEHILL DR ----- ROCKLIN CA 95677 Foreign State or Province: ----- Foreign Country: -----	\$ 308,077	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GAIL SIMPSON ESTATE ----- 165 NE KAMIAKEN, STE 210 ----- PULLMAN WA 99163 Foreign State or Province: ----- Foreign Country: -----	\$ 196,783	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
3	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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	1,235,497	343,083	892,414
c Leasehold improvements	0	121,062	109,044	12,018
d Equipment	0	50,843	50,843	0
e Other	0	37,255	33,909	3,346
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,005,278

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)*

Electronic Filing Only

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)	MUTT STRUT (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	25,950	1,606	6,831	34,387
	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	25,950	1,606	6,831	34,387
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	6,378	109	0	6,487
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(6,487)
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				27,900

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	84,949	BROKERAGE STATEMENTS
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.)				
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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.

Electronic Filing Only

Name of the organization

WHITMAN COUNTY HUMANE SOCIETY, INC

Employer identification number

91-2054548

Electronic Filing Only

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer WHITMAN COUNTY HUMANE SOCIETY, INC	EIN or SSN 91-2054548
Name and title of officer or person subject to tax WENDY ORTMAN PRESIDENT	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1b	1,025,646
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 V, 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	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)		8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)		9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038)CP, Part III, line 22)		10b	

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 entity or I am a person subject to tax with respect to (name of entity) WHITMAN COUNTY HUMANE SOCIETY, INC, (EIN) 91-2054548 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the 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 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 _____

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
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ TIM E GEHRING Date ▶ 7/26/2022

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

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.

2021

Name of filer: WHITMAN COUNTY HUMANE SOCIETY, INC; EIN or SSN: 91-2054548; Name and title of officer or person subject to tax: WENDY ORTMAN, PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (e.g., 1a Form 990, 2a Form 990-EZ) and Amount (e.g., 1b Total revenue, 2b Total revenue). Includes a large 'COPY' watermark.

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 entity or I am a person subject to tax with respect to (name of entity) WHITMAN COUNTY HUMANE SOCIETY, INC, (EIN) 91-2054548 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize GEHRING & FARRWOOD, INC to enter my PIN [] as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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: TIM E GEHRING; Date: 7/26/2022

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.

915350 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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: TIM E GEHRING; Date: 7/26/2022

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

Form 4562 Statement - 990

12/31/2021

WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548

Item No.	Description of Property	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	Convention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
Depreciation Detail																
MACRS deductions for prior years (Line 17)																
E4	BUILDING DEVELOPMENT	10/10/2002	R-5	100.00%	4,130	0	0	0	0	4,130	39.0	SL/GDS	MM	954	106	1,060
A14	BUILDING COSTS - 04	6/30/2004	R-5	100.00%	1,735	0	0	0	0	1,735	39.0	SL/GDS	MM	396	44	440
E17	SITE DEVELOPMENT	6/30/2004	R-5	100.00%	75,289	0	0	0	0	75,289	39.0	SL/GDS	MM	17,370	1,930	19,300
A19	BUILDING COSTS - 05	6/1/2005	R-5	100.00%	9,774	0	0	0	0	9,774	39.0	SL/GDS	MM	2,259	251	2,510
E20	NEW BUILDING SITE COSTS	6/1/2005	R-5	100.00%	110	0	0	0	0	110	39.0	SL/GDS	MM	27	3	30
A24	BUILDING COSTS - 06	6/1/2006	R-5	100.00%	723	0	0	0	0	723	39.0	SL/GDS	MM	171	19	190
A25	BUILDING COSTS - 07	6/1/2007	R-5	100.00%	2,625	0	0	0	0	2,625	39.0	SL/GDS	MM	603	67	670
E26	BUILDING SITE COSTS - 07	6/1/2007	R-5	100.00%	4,751	0	0	0	0	4,751	39.0	SL/GDS	MM	1,098	122	1,220
A27	DEVELOPMENT COSTS	10/31/2008	R-5	100.00%	110,000	0	0	0	0	110,000	39.0	SL/GDS	MM	25,380	2,820	28,200
A28	SITE PREP	12/31/2008	R-5	100.00%	48,252	0	0	0	0	48,252	39.0	SL/GDS	MM	14,845	1,237	16,082
B29	CAMPAIGN DEVELOPMENT	12/31/2008	R-2	100.00%	4,520	0	0	0	0	4,520	15.0	SL/GDS	MM	3,402	378	3,780
E40	TESTING AT SITE (STRATA)	1/6/2009	R-5	100.00%	1,503	0	0	0	0	1,503	39.0	SL/GDS	MM	465	39	504
A36	SITE PREP	2/11/2009	R-5	100.00%	11,301	0	0	0	0	11,301	39.0	SL/GDS	MM	3,443	290	3,733
E41	INSURANCE - CONSTRUCTI	3/17/2009	R-5	100.00%	685	0	0	0	0	685	39.0	SL/GDS	MM	211	18	229
A30	SEPTIC/WATER DRAIN SYST	4/15/2009	R-5	100.00%	118,217	0	0	0	0	118,217	39.0	SL/GDS	MM	35,489	3,031	38,520
A37	BUILDING SITE PREP-KACI	5/1/2009	R-5	100.00%	166,971	0	0	0	0	166,971	39.0	SL/GDS	MM	49,767	4,281	54,048
A39	WELL HOUSE	5/1/2009	R-5	100.00%	5,185	0	0	0	0	5,185	39.0	SL/GDS	MM	1,546	133	1,679
A34	FENCING	5/15/2009	R-2	100.00%	35,313	0	0	0	0	35,313	15.0	SL/GDS	HY	27,366	2,355	29,721
A35	SIDEWALKS/CURBS	5/15/2009	R-2	100.00%	25,095	0	0	0	0	25,095	15.0	SL/GDS	HY	19,449	1,674	21,123
A33	CANINE BUILDING	7/1/2009	R-5	100.00%	327,976	0	0	0	0	327,976	39.0	SL/GDS	MM	96,355	8,409	104,764
A31	CITY WATER EXTENSION	7/29/2009	R-5	100.00%	12,419	0	0	0	0	12,419	39.0	SL/GDS	MM	3,645	318	3,963
A32	CAT/ADMIN BUILDING	9/9/2009	R-5	100.00%	102,855	0	0	0	0	102,855	39.0	SL/GDS	MM	29,777	2,637	32,414
A38	BUILDING SITE PREP-MOTLI	9/9/2009	R-5	100.00%	23,309	0	0	0	0	23,309	39.0	SL/GDS	MM	6,752	598	7,350
E46	REMEDIAL SEPTIC SYSTEM	2/3/2010	R-5	100.00%	4,533	0	0	0	0	4,533	39.0	SL/GDS	MM	1,218	116	1,334
A49	STORAGE BLDG 10X20	4/6/2010	R-5	100.00%	2,399	0	0	0	0	2,399	39.0	SL/GDS	MM	650	62	712
A50	PHASE 1 FINAL PAYMENT	5/27/2010	R-5	100.00%	8,181	0	0	0	0	8,181	39.0	SL/GDS	MM	2,205	210	2,415
A51	2ND PAYMENT WATER LINE	8/31/2010	R-5	100.00%	12,419	0	0	0	0	12,419	39.0	SL/GDS	MM	3,340	318	3,658
A52	THIRD PMT WATER LINE	8/16/2011	R-5	100.00%	13,313	0	0	0	0	13,313	39.0	SL/GDS	MM	3,198	341	3,539
A54	ADD'L FENCING TO SPLIT KE	4/10/2012	R-2	100.00%	1,384	0	0	0	0	1,384	15.0	SL/GDS	HY	782	92	874
A53	4TH PMT WATER LINE	11/28/2012	R-5	100.00%	13,015	0	0	0	0	13,015	39.0	SL/GDS	MM	2,714	334	3,048
54	FINAL WATER PMT	7/1/2013	R-5	100.00%	12,717	0	0	0	0	12,717	39.0	SL/GDS	MM	2,432	326	2,758
56	NEW CAT BUILDING	6/4/2019	R-5	100.00%	132,013	0	0	0	0	132,013	39.0	SL/GDS	MM	5,221	3,385	8,606
Total MACRS deductions for prior years (Line 17)					1,292,712	0	0	0	0	1,292,712				362,530	35,944	398,474
GDS 7-year property (Line 19c)																
61	INDUST W/D	4/23/2021	F-11	100.00%	13,957	0	0	13,957	0	0	7.0	200DB	HY	0	0	13,957
60	FOSTER CARE SHED MATEF	5/23/2021	F-11	100.00%	706	0	0	706	0	0	7.0	200DB	HY	0	0	706
Total GDS 7-year property (Line 19c)					14,663	0	0	14,663	0	0				0	0	14,663
GDS nonresidential real property (Line 19i)																
62	IMPROVEMENT - GAS LINE	7/7/2021	R-5	100.00%	9,097	0	0	0	0	9,097	39.0	SL/GDS	MM	0	107	107
Total GDS nonresidential real property (Line 19i)					9,097	0	0	0	0	9,097				0	107	107
Subtotal Depreciation					1,316,472	0	0	14,663	0	1,301,809				362,530	36,051	413,244

Listed Property

Form 4562 Statement - 990

12/31/2021

WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548

Item No.	Description of Property	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	Convention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
Listed property with more than 50% business use (Line 25 and 26)																
H12	1985 VAN	8/1/2003	V-7	100.00%	2,000	0	0	0	0	2,000	5.0	200DB	HY	2,000	0	2,000
H44	1990 PLYMOUTH VOYAGER	1/1/2009	V-5	100.00%	500	0	0	0	0	500	5.0	SL/GDS	HY	500	0	500
H55	TOYOTA SIENNA	9/15/2014	V-6	100.00%	21,919	0	0	0	0	21,919	5.0	200DB	HY	21,919	0	21,919
Total listed prop with > 50% business use					24,419	0	0	0	0	24,419						
Subtotal Listed Property					24,419	0	0	0	0	24,419						
Total Depreciation and Amortization					1,340,891	0	0	14,663	0	1,326,228						

Form 4562 Reconciliation

Annual depreciation and amortization (including Sec 168(f) elected amounts)	36,051
Special allowance except listed property (Line 14) - current year assets	14,663
Special allowance - listed property (Line 25) - current year assets	0
Section 179 amount claimed (includes prior year disallowed)	0
Section 179 amount carried forward to future year	0
Section 179 deduction (Line 12)	0
Less amortization included in total annual depreciation and amortization (Line 44)	0
Form 4562, Line 22	50,714

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2021

Summary of Qualified Property by Activity

Activity	Unadjusted Cost or Basis
1 990	1,358,768

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	39.0	18	1,735	100.00%	1,735
3 990	BUILDING COSTS - 05	6/1/2005	39.0	17	9,774	100.00%	9,774
4 990	BUILDING COSTS - 06	6/1/2006	39.0	16	723	100.00%	723
5 990	BUILDING COSTS - 07	6/1/2007	39.0	15	2,625	100.00%	2,625
6 990	DEVELOPMENT COSTS	10/31/2008	39.0	14	110,000	100.00%	110,000
7 990	SITE PREP	12/31/2008	39.0	14	48,252	100.00%	48,252
8 990	SEPTIC/WATER DRAIN SYST	4/15/2009	39.0	13	118,217	100.00%	118,217
9 990	CITY WATER EXTENSION	7/29/2009	39.0	13	12,419	100.00%	12,419
10 990	CAT/ADMIN BUILDING	9/9/2009	39.0	13	102,855	100.00%	102,855
11 990	CANINE BUILDING	7/1/2009	39.0	13	327,976	100.00%	327,976
12 990	FENCING	5/15/2009	15.0	13	35,313	100.00%	35,313
13 990	SIDEWALKS/CURBS	5/15/2009	15.0	13	25,095	100.00%	25,095
14 990	SITE PREP	2/11/2009	39.0	13	11,301	100.00%	11,301
15 990	BUILDING SITE PREP-KACI	5/1/2009	39.0	13	166,971	100.00%	166,971
16 990	BUILDING SITE PREP-MOTL	9/9/2009	39.0	13	23,309	100.00%	23,309
17 990	WELL HOUSE	5/1/2009	39.0	13	5,185	100.00%	5,185
18 990	STORAGE BLDG 10X20	4/6/2010	39.0	12	2,399	100.00%	2,399
19 990	PHASE 1 FINAL PAYMENT	5/27/2010	39.0	12	8,181	100.00%	8,181
20 990	2ND PAYMENT WATER LINE	8/31/2010	39.0	12	12,419	100.00%	12,419
21 990	THIRD PMT WATER LINE	8/16/2011	39.0	11	13,313	100.00%	13,313
22 990	CAMPAIGN DEVELOPMENT	12/31/2008	15.0	14	4,520	100.00%	4,520
23 990	BUILDING DEVELOPMENT	10/10/2002	39.0	20	4,130	100.00%	4,130
24 990	SITE DEVELOPMENT	6/30/2004	39.0	18	75,289	100.00%	75,289
25 990	NEW BUILDING SITE COSTS	6/1/2005	39.0	17	110	100.00%	110
26 990	BUILDING SITE COSTS - 07	6/1/2007	39.0	15	4,751	100.00%	4,751
27 990	TESTING AT SITE (STRATA)	1/6/2009	39.0	13	1,503	100.00%	1,503
28 990	INSURANCE - CONSTRUCTION	3/17/2009	39.0	13	685	100.00%	685
29 990	REMEDIAL SEPTIC SYSTEM	2/3/2010	39.0	12	4,533	100.00%	4,533
30 990	4TH PMT WATER LINE	11/28/2012	39.0	10	13,015	100.00%	13,015
31 990	ADD'L FENCING TO SPLIT K	4/10/2012	15.0	10	1,384	100.00%	1,384
32 990	FINAL WATER PMT	7/1/2013	39.0	9	12,717	100.00%	12,717
33 990	TOYOTA SIENNA	9/15/2014	5.0	8	21,919	100.00%	21,919
34 990	NEW CAT BUILDING	6/4/2019	39.0	3	132,013	100.00%	132,013
35 990	WELL PUMP	8/18/2020	15.0	2	3,280	100.00%	3,280
36 990	ISO-CARE UNITS	11/14/2020	7.0	2	12,330	100.00%	12,330
37 990	FOSTER CARE SHED	12/2/2020	7.0	2	4,767	100.00%	4,767
38 990	FOSTER CARE SHED MATER	5/23/2021	7.0	1	706	100.00%	706
39 990	INDUST W/D	4/23/2021	7.0	1	13,957	100.00%	13,957
40 990	IMPROVEMENT - GAS LINE	7/7/2021	39.0	1	9,097	100.00%	9,097

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

		Cash	Noncash
1	Federated Campaigns		
2	Membership dues	17,798	
3	Fundraising events		
4	Related organizations		
5	Government grants (contributions)	20,625	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	BUILDING FUND	92,102	
	HOPE FUND	1,763	
	SNAP FUND	5,515	
	CONTRIBUTIONS	624,009	84,949
	DOG PARK DONATIONS		
	Other contributions total	723,389	84,949
7	Total	761,812	84,949

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Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

	Gross sales	Cost, other basis and expenses
Total Public Securities:	94,621	85,989
Total Non-Public Securities:	0	0
Total Other Sales:	0	0

Line	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements	Depreciation	Description of Basis Method
											Cost	Donated value			
1	VNGRD WELLESLEY INC	921938205	X				1/1/2020	Bequest	12/15/2021	50,662		47,205			BROKER 1099 AVE COST
2	FIDELITY SEL HLTH CARE	316390301	X				1/1/2021	Bequest	12/15/2021	5,965		5,638			BROKER 1099 AVE COST
3	FIDELITY SEL TECH HDW	316390871	X				1/1/2021	Bequest	12/15/2021	172		121			BROKER 1099 AVE COST
4	FIDELITY SEL TECH HDW	316390871	X				11/9/2021	Bequest	12/15/2021	1,078	796				BROKER 1099 AVE COST
5	FIDELITY SEL HLTH CARE	316390301	X				9/15/2020	Bequest	12/15/2021	25,528		24,130			BROKER 1099 AVE COST
6	FIDELITY SEL TECH HDW	316390871	X				9/15/2020	Bequest	12/15/2021	5,975		4,412			BROKER 1099 AVE COST
7	FIDELITY SEL TECH HDW	316390871	X				9/15/2020	Bequest	12/15/2021	5,241		3,687			BROKER 1099 AVE COST

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

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	50,714	50,714		
2 Depletion	0			
3 Amortization	0			
4 Total	50,714	50,714	0	0

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 ACCOUNTS RECEIVABLE	1	0	4,835	0	
2	2	0		0	
3	3	0		0	
4	4	0		0	
5	5	0		0	
6	6	0		0	
7	7	0		0	
8	8	0		0	
9	9	0		0	
10	10	0		0	
11 Total accounts receivable	11	0	4,835	0	0

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

			Before Disposition:	1,542,157	486,165	1,032,232			
			Less Disposed:	0					
* Asset disposed during tax year			After Disposition:	1,542,157			36,051	536,879	1,005,278
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	396	1,339	44	440	1,295
3		BUILDING COSTS - 05	Buildings	9,774	2,259	7,515	251	2,510	7,264
4		BUILDING COSTS - 06	Buildings	723	171	552	19	190	533
5		BUILDING COSTS - 07	Buildings	2,625	603	2,022	67	670	1,955
6		DEVELOPMENT COSTS	Buildings	110,000	25,380	84,620	2,820	28,200	81,800
7		SITE PREP	Buildings	48,252	14,845	33,407	1,237	16,082	32,170
8		SEPTIC/WATER DRAIN SYSTEM	Buildings	118,217	35,489	82,728	3,031	38,520	79,697
9		CITY WATER EXTENSION	Buildings	12,419	3,645	8,774	318	3,963	8,456
10		CAT/ADMIN BUILDING	Buildings	102,855	29,777	73,078	2,637	32,414	70,441
11		CANINE BUILDING	Buildings	327,976	96,355	231,621	8,409	104,764	223,212
12		FENCING	Improvements	35,313	27,366	7,947	2,355	29,721	5,592
13		SIDEWALKS/CURBS	Improvements	25,095	19,449	5,646	1,674	21,123	3,972
14		SITE PREP	Buildings	11,301	3,443	7,858	290	3,733	7,568
15		BUILDING SITE PREP-KACI	Buildings	166,971	49,767	117,204	4,281	54,048	112,923
16		BUILDING SITE PREP-MOTLEY	Buildings	23,309	6,752	16,557	598	7,350	15,959
17		WELL HOUSE	Buildings	5,185	1,546	3,639	133	1,679	3,506
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	650	1,749	62	712	1,687
22		PHASE 1 FINAL PAYMENT	Buildings	8,181	2,205	5,976	210	2,415	5,766
23		2ND PAYMENT WATER LINE	Buildings	12,419	3,340	9,079	318	3,658	8,761
24		THIRD PMT WATER LINE	Buildings	13,313	3,198	10,115	341	3,539	9,774
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	3,402	1,118	378	3,780	740
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	954	3,176	106	1,060	3,070
33		WELL	Improvements	6,549	6,549	0	0	6,549	0
34		SITE DEVELOPMENT	Buildings	75,289	17,370	57,919	1,930	19,300	55,989
35		NEW BUILDING SITE COSTS	Buildings	110	27	83	3	30	80
36		BUILDING SITE COSTS - 07	Buildings	4,751	1,098	3,653	122	1,220	3,531
37		TESTING AT SITE (STRATA)	Buildings	1,503	465	1,038	39	504	999
38		INSURANCE - CONSTRUCTION	Buildings	685	211	474	18	229	456
39		REMEDIAL SEPTIC SYSTEM	Buildings	4,533	1,218	3,315	116	1,334	3,199
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:		1,542,157	486,165	1,032,232			
		Less Disposed:		0					
		* Asset disposed during tax year		1,542,157			36,051	536,879	1,005,278
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	2,714	10,301	334	3,048	9,967	
53	ADD'L FENCING TO SPLIT KENNELS	Improvements	1,384	782	602	92	874	510	
54	FINAL WATER PMT	Buildings	12,717	2,432	10,285	326	2,758	9,959	
55	TOYOTA SIENNA	Equipment	21,919	21,919	0	0	21,919	0	
56	NEW CAT BUILDING	Buildings	132,013	5,221	126,792	3,385	8,606	123,407	
57	WELL PUMP	Improvements	3,280	3,280	0	0	3,280	0	
58	ISO-CARE UNITS	Other	12,330	12,330	0	0	12,330	0	
59	FOSTER CARE SHED	Other	4,767	4,767	0	0	4,767	0	
60	FOSTER CARE SHED MATERIALS	Other	706	0	0	0	706	0	
61	INDUST W/D	Other	13,957	0	0	0	13,957	0	
62	IMPROVEMENT - GAS LINE	Buildings	9,097	0	0	107	107	8,990	

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Assets by Classification - 990

12/31/2021

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	2021 Deprec.	2021 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	5.0	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	5.0	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	5.0	200DB	HY	19,775	0	19,775
G23	MICROCHIPPING DEVICE	6/1/2006	F-5	100.00%	513	0	0	0	0	513	5.0	200DB	HY	513	0	513
F43	OFFICE EQUIPMENT	5/15/2009	F-5	100.00%	549	0	0	0	0	549	5.0	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	7.0	200DB	HY	893	0	893
G10	SHELTER/LAB EQUIPMENT	1/28/2003	F-10	100.00%	2,402	0	0	0	0	2,402	7.0	200DB	HY	2,402	0	2,402
G13	SHELTER/LAB EQUIPMENT	10/27/2003	F-10	100.00%	675	0	0	0	0	675	7.0	200DB	HY	675	0	675
F42	PRINTER/COPIER/FAX	4/23/2009	F-10	100.00%	404	0	0	0	0	404	7.0	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	7.0	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	7.0	200DB	MQ4	4,767	0	4,767
61	INDUST W/D	4/23/2021	F-11	100.00%	13,957	0	0	13,957	0	0	7.0	200DB	HY	0	0	13,957
60	FOSTER CARE SHED MATEF	5/23/2021	F-11	100.00%	706	0	0	706	0	0	7.0	200DB	HY	0	0	706
Total: 7-yr Office furn, fixtures, equip					21,138	0	0	19,430	0	1,708				6,475	0	21,138
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	7.0	200DB	MQ4	12,330	0	12,330
Total: 7-yr 1245 pers prop w/o class life					12,330	0	0	12,330	0	0				12,330	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	15.0	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	15.0	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	15.0	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	7.0	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	7.0	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	15.0	SL/GDS	MM	3,402	378	3,780
A34	FENCING	5/15/2009	R-2	100.00%	35,313	0	0	0	0	35,313	15.0	SL/GDS	HY	27,366	2,355	29,721
A35	SIDEWALKS/CURBS	5/15/2009	R-2	100.00%	25,095	0	0	0	0	25,095	15.0	SL/GDS	HY	19,449	1,674	21,123
A45	CHAIN LINK SLATS FOR AH	2/1/2010	R-2	100.00%	970	0	0	0	0	970	7.0	SL/GDS	HY	970	0	970
A47	SOUND PROOFING	3/16/2010	R-2	100.00%	3,989	0	0	0	0	3,989	7.0	SL/GDS	HY	3,989	0	3,989

Assets by Classification - 990

12/31/2021

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	2021 Deprec.	2021 Accum. Deprec.
A48	CAT DOORS	3/31/2010	R-2	100.00%	500	0	0	0	0	500	7.0	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	15.0	SL/GDS	HY	782	92	874
57	WELL PUMP	8/18/2020	R-2	100.00%	3,280	0	0	3,280	0	0	15.0	150DB	MQ3	3,280	0	3,280
Total: 15-yr Land improvements					119,353	0	0	3,280	0	116,073				103,941	4,499	108,440

15-yr Distributive Trades & Services

C3	DESIGN DEVELOPMENT	8/4/2002	R-9	100.00%	164	0	0	0	0	164	15.0	SL/GDS	HY	38	0	38
C16	DESIGN DEVELOPMENT	6/30/2004	R-9	100.00%	1,545	0	0	0	0	1,545	15.0	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	39.0	SL/GDS	MM	954	106	1,060
A14	BUILDING COSTS - 04	6/30/2004	R-5	100.00%	1,735	0	0	0	0	1,735	39.0	SL/GDS	MM	396	44	440
E17	SITE DEVELOPMENT	6/30/2004	R-5	100.00%	75,289	0	0	0	0	75,289	39.0	SL/GDS	MM	17,370	1,930	19,300
A19	BUILDING COSTS - 05	6/1/2005	R-5	100.00%	9,774	0	0	0	0	9,774	39.0	SL/GDS	MM	2,259	251	2,510
E20	NEW BUILDING SITE COSTS	6/1/2005	R-5	100.00%	110	0	0	0	0	110	39.0	SL/GDS	MM	27	3	30
A24	BUILDING COSTS - 06	6/1/2006	R-5	100.00%	723	0	0	0	0	723	39.0	SL/GDS	MM	171	19	190
A25	BUILDING COSTS - 07	6/1/2007	R-5	100.00%	2,625	0	0	0	0	2,625	39.0	SL/GDS	MM	603	67	670
E26	BUILDING SITE COSTS - 07	6/1/2007	R-5	100.00%	4,751	0	0	0	0	4,751	39.0	SL/GDS	MM	1,098	122	1,220
A27	DEVELOPMENT COSTS	10/31/2008	R-5	100.00%	110,000	0	0	0	0	110,000	39.0	SL/GDS	MM	25,380	2,820	28,200
A28	SITE PREP	12/31/2008	R-5	100.00%	48,252	0	0	0	0	48,252	39.0	SL/GDS	MM	14,845	1,237	16,082
E40	TESTING AT SITE (STRATA)	1/6/2009	R-5	100.00%	1,503	0	0	0	0	1,503	39.0	SL/GDS	MM	465	39	504
A36	SITE PREP	2/11/2009	R-5	100.00%	11,301	0	0	0	0	11,301	39.0	SL/GDS	MM	3,443	290	3,733
E41	INSURANCE - CONSTRUCTI	3/17/2009	R-5	100.00%	685	0	0	0	0	685	39.0	SL/GDS	MM	211	18	229
A30	SEPTIC/WATER DRAIN SYST	4/15/2009	R-5	100.00%	118,217	0	0	0	0	118,217	39.0	SL/GDS	MM	35,489	3,031	38,520
A37	BUILDING SITE PREP-KACI	5/1/2009	R-5	100.00%	166,971	0	0	0	0	166,971	39.0	SL/GDS	MM	49,767	4,281	54,048
A39	WELL HOUSE	5/1/2009	R-5	100.00%	5,185	0	0	0	0	5,185	39.0	SL/GDS	MM	1,546	133	1,679
A33	CANINE BUILDING	7/1/2009	R-5	100.00%	327,976	0	0	0	0	327,976	39.0	SL/GDS	MM	96,355	8,409	104,764
A31	CITY WATER EXTENSION	7/29/2009	R-5	100.00%	12,419	0	0	0	0	12,419	39.0	SL/GDS	MM	3,645	318	3,963
A32	CAT/ADMIN BUILDING	9/9/2009	R-5	100.00%	102,855	0	0	0	0	102,855	39.0	SL/GDS	MM	29,777	2,637	32,414
A38	BUILDING SITE PREP-MOTLI	9/9/2009	R-5	100.00%	23,309	0	0	0	0	23,309	39.0	SL/GDS	MM	6,752	598	7,350
E46	REMEDIAL SEPTIC SYSTEM	2/3/2010	R-5	100.00%	4,533	0	0	0	0	4,533	39.0	SL/GDS	MM	1,218	116	1,334
A49	STORAGE BLDG 10X20	4/6/2010	R-5	100.00%	2,399	0	0	0	0	2,399	39.0	SL/GDS	MM	650	62	712
A50	PHASE 1 FINAL PAYMENT	5/27/2010	R-5	100.00%	8,181	0	0	0	0	8,181	39.0	SL/GDS	MM	2,205	210	2,415
A51	2ND PAYMENT WATER LINE	8/31/2010	R-5	100.00%	12,419	0	0	0	0	12,419	39.0	SL/GDS	MM	3,340	318	3,658
A52	THIRD PMT WATER LINE	8/16/2011	R-5	100.00%	13,313	0	0	0	0	13,313	39.0	SL/GDS	MM	3,198	341	3,539
A53	4TH PMT WATER LINE	11/28/2012	R-5	100.00%	13,015	0	0	0	0	13,015	39.0	SL/GDS	MM	2,714	334	3,048
54	FINAL WATER PMT	7/1/2013	R-5	100.00%	12,717	0	0	0	0	12,717	39.0	SL/GDS	MM	2,432	326	2,758
56	NEW CAT BUILDING	6/4/2019	R-5	100.00%	132,013	0	0	0	0	132,013	39.0	SL/GDS	MM	5,221	3,385	8,606
62	IMPROVEMENT - GAS LINE	7/7/2021	R-5	100.00%	9,097	0	0	0	0	9,097	39.0	SL/GDS	MM	0	107	107
Total: 39-yr Nonresidential real estate					1,235,497	0	0	0	0	1,235,497				311,531	31,552	343,083

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	5.0	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	5.0	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

Assets by Classification - 990

12/31/2021

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	2021 Deprec.	2021 Accum. Deprec.
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	5.0	200DB	HY	2,000	0	2,000
Total: 5-yr Truck, van, auto on trk chassis					2,000	0	0	0	0	2,000				2,000	0	2,000
SubTotals					1,542,157	0	0	35,040	0	1,507,117				486,165	36,051	536,879
Less: Disposed Assets					(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
Ending Totals					1,542,157	0	0	35,040	0	1,507,117				486,165	36,051	536,879

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