

**Federal
Tax Return**

WHITMAN COUNTY HUMANE SOCIETY, INC

2018

**GEHRING & ASSOCIATES, PLLC
POB 1142, 520 E MAIN ST
PULLMAN, WA 99163
Phone: (509) 332-2900
Fax: (509) 592-4954
TIM@GEHRINGCPA.COM**



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May 15, 2019

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

Dear TOM,

I have prepared your 2018 Form 990 based on the information you provided. Please review the enclosed copy for WHITMAN COUNTY HUMANE SOCIETY, INC, then sign the IRS e-file Signature Authorization Form 8879-EO and return it to me. When I receive the signed authorization, I will e-file your return.

There are no taxes or fees due with the return.

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

Sincerely,

TIM E GEHRING
GEHRING & ASSOCIATES, PLLC

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 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

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

G Gross receipts \$ **432,273**

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**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HUMANE SOCIETY/ANIMAL SHELTER OPERATION</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	17
	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, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	106,155	194,813
	9 Program service revenue (Part VIII, line 2g)	98,587	120,306
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	575	919
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,674	91,308
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	275,991	407,346
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		117,274	120,320
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		184,420	164,053
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	301,694	284,373	
19 Revenue less expenses. Subtract line 18 from line 12	-25,703	122,973	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,182,815	End of Year 1,327,304
	21 Total liabilities (Part X, line 26)	33,013	54,529
	22 Net assets or fund balances. Subtract line 21 from line 20	1,149,802	1,272,775

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
TIM E GEHRING TIM E GEHRING 5/15/2019 P00850658

Firm's name ▶ **GEHRING & ASSOCIATES, PLLC** 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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 284,373 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 in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 284,373

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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. []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

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

Part VI

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a (11), 1b (0), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 4 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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. [X] Own website
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: TOM HARRIS, BUSINESS MANAGER (509) 332-3422 1340 SE OLD MOSCOW ROAD, PULLMAN, WA 99163

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KYM DARLING PRESIDENT	10.00 0.00	X		X						
(2) JAN LUFT VICE-PRESIDENT	5.00 0.00	X		X						
(3) KELLY SEBOLD SECRETARY	5.00 0.00	X		X						
(4) LAUREN PORT TREASURER	5.00 0.00	X		X						
(5) JOHN-MARK MAHNKEY DIRECTOR	1.00 0.00	X								
(6) KYLENE DASCHOFSKY DIRECTOR	1.00 0.00	X								
(7) BLYTHE DUELL DIRECTOR	1.00 0.00	X								
(8) CASSANDRA OLDS DIRECTOR	1.00 0.00	X								
(9) WENDY ORTMAN DIRECTOR	1.00 0.00	X								
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							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, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		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	1a 0				
	b Membership dues	1b 20,445				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 5,170				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 169,198				
	g Noncash contributions included in lines 1a-1f: \$	584				
	h Total. Add lines 1a-1f	▶ 194,813				
	Program Service Revenue		Business Code			
		2a SHELTER OPERATIONS	900099	63,104	63,104	
b LOCAL MUNICIPALITY CONTRACTS		900099	57,202	57,202		
c			0			
d			0			
e			0			
f All other program service revenue			0			
g Total. Add lines 2a-2f	▶ 120,306					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	919		919	
	4 Income from investment of tax-exempt bond proceeds	▶	0			
	5 Royalties	▶	0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)	▶	0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)	0	0		
	d Net gain or (loss)	▶	0			
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	114,696			
		b Less: direct expenses	b	24,927		
c Net income or (loss) from fundraising events		▶	89,769			
9a Gross income from gaming activities. See Part IV, line 19	a	0				
	b Less: direct expenses	b	0			
	c Net income or (loss) from gaming activities	▶	0			
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b	0			
	c Net income or (loss) from sales of inventory	▶	0			
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS INCOME	900099	1,539	1,539			
b		0				
c		0				
d All other revenue		0				
e Total. Add lines 11a-11d	▶	1,539				
12 Total revenue. See instructions	▶	407,346	121,845	0	919	

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	104,484	104,484		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	144	144		
10	Payroll taxes	15,692	15,692		
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	5,082	5,082		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	3,485	3,485		
13	Office expenses	7,182	7,182		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	28,381	28,381		
17	Travel	792	792		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	6,739	6,739		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	35,181	35,181	0	0
23	Insurance	5,261	5,261		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FUND ADMINISTRATION EXPENSES	8,608	8,608		
b	SUPPLIES	9,747	9,747		
c	VETERINARY EXPENSES	53,595	53,595		
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	284,373	284,373	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	75,153	1	98,691
	2 Savings and temporary cash investments	96,124	2	183,805
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	4,491	4	4,671
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	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 1,434,278		
	b Less: accumulated depreciation	10b 394,141	1,007,047	10c 1,040,137
	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 34)		1,182,815	16	1,327,304
Liabilities	17 Accounts payable and accrued expenses	33,013	17	54,529
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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		33,013	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,149,802	27	1,272,775
	28 Temporarily restricted net assets	0	28	
	29 Permanently restricted net assets	0	29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	
33 Total net assets or fund balances		1,149,802	33	1,272,775
34 Total liabilities and net assets/fund balances		1,182,815	34	1,327,304

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	407,346
2	Total expenses (must equal Part IX, column (A), line 25)	2	284,373
3	Revenue less expenses. Subtract line 2 from line 1	3	122,973
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,149,802
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,272,775

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 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 in 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.

Name(s) shown on return WHITMAN COUNTY HUMANE SOCIETY, INC	Business or activity to which this form relates 990	Identifying number 91-2054548
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Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	32,656
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

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

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

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	2,525
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	35,181
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23		

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:									
TOYOTA SIENNA	9/15/2014	100.00%	21,919	21,919	5	200DB - HY	2,525		
27 Property used 50% or less in a qualified business use:									
		%				S/L—			
		%				S/L—			
		%				S/L—			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	2,525	
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)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X						
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X						
36 Is another vehicle available for personal use?	X		X		X							

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?	Yes	No
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 2018 tax year (see instructions):					
43 Amortization of costs that began before your 2018 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 0
- 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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 0.00%; 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 0.00%.

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125,620	125,247	102,347	106,155	194,813	654,182
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	82,862	84,912	89,870	98,587	120,306	476,537
3 Gross receipts from activities that are not an unrelated trade or business under section 513	68,716	78,980	93,395	86,819	114,696	442,606
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	277,198	289,139	285,612	291,561	429,815	1,573,325
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						1,573,325

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	277,198	289,139	285,612	291,561	429,815	1,573,325
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3	4	9	575	919	1,510
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	3	4	9	575	919	1,510
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	277,201	289,143	285,621	292,136	430,734	1,574,835

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.90%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.96%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	0.10%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.04%

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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 government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) 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? 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	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	0 0
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	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	2	
3	Subtract line 2 from line 1d.	3	0 0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0 0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0 0
6	Multiply line 5 by .035.	6	0 0
7	Recoveries of prior-year distributions	7	0 0
8	Minimum Asset Amount (add line 7 to line 6)	8	0 0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	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).		

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization WHITMAN COUNTY HUMANE SOCIETY, INC	Employer identification number 91-2054548
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ZEPPOZ 780 SE BISHOP BLVD PULLMAN WA 99163 Foreign State or Province: _____ Foreign Country: _____	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BECKY BITTER 505 SE HIGH ST PULLMAN WA 99163 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DAN & PAMELA BERNARDO 1891 ROLLING HILLS 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.)
4	MARY SCHWEITZER 705 SW CENTER ST PULLMAN WA 99163 Foreign State or Province: _____ Foreign Country: _____	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ED & BEATRIZ SCHWEITZER 330 NW BRANDON ST PULLMAN WA 99163 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RON & LINDA MITTELHAMMER 848 SE EDGE KNOLL 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.)

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
7	BOGER FAMILY FOUNDATION INC ----- 155 SEAPORT BLVD ----- BOSTON MA 02210 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input 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.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input 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.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including checkboxes and a table for lines 2a-2d.

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted 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:

- (i) unrelated organizations
(ii) related organizations

Small table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e: Land, Buildings, Leasehold improvements, Equipment, Other.

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

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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)	4 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	98,328	3,281	13,087	114,696
	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	98,328	3,281	13,087	114,696
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	24,337	590	0	24,927
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(24,927)
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				89,769

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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

WHITMAN COUNTY HUMANE SOCIETY, INC

91-2054548

Area with horizontal dashed lines for supplemental information.

Form 4562 Statement - 990

12/31/2018

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	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2018 Deprec.	2018 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	SL/GDS	MM	636	106	742
A14	BUILDING COSTS - 04	6/30/2004	R-5	100.00%	1,735	0	0	0	0	1,735	39	SL/GDS	MM	264	44	308
C16	DESIGN DEVELOPMENT	6/30/2004	R-9	100.00%	1,545	0	0	0	0	1,545	15	SL/GDS	HY	412	103	515
E17	SITE DEVELOPMENT	6/30/2004	R-5	100.00%	75,289	0	0	0	0	75,289	39	SL/GDS	MM	11,580	1,930	13,510
A19	BUILDING COSTS - 05	6/1/2005	R-5	100.00%	9,774	0	0	0	0	9,774	39	SL/GDS	MM	1,506	251	1,757
E20	NEW BUILDING SITE COSTS	6/1/2005	R-5	100.00%	110	0	0	0	0	110	39	SL/GDS	MM	18	3	21
A24	BUILDING COSTS - 06	6/1/2006	R-5	100.00%	723	0	0	0	0	723	39	SL/GDS	MM	114	19	133
A25	BUILDING COSTS - 07	6/1/2007	R-5	100.00%	2,625	0	0	0	0	2,625	39	SL/GDS	MM	402	67	469
E26	BUILDING SITE COSTS - 07	6/1/2007	R-5	100.00%	4,751	0	0	0	0	4,751	39	SL/GDS	MM	732	122	854
A27	DEVELOPMENT COSTS	10/31/2008	R-5	100.00%	110,000	0	0	0	0	110,000	39	SL/GDS	MM	16,920	2,820	19,740
A28	SITE PREP	12/31/2008	R-5	100.00%	48,252	0	0	0	0	48,252	39	SL/GDS	MM	11,134	1,237	12,371
B29	CAMPAIGN DEVELOPMENT	12/31/2008	R-2	100.00%	4,520	0	0	0	0	4,520	15	SL/GDS	MM	2,268	378	2,646
E40	TESTING AT SITE (STRATA)	1/6/2009	R-5	100.00%	1,503	0	0	0	0	1,503	39	SL/GDS	MM	348	39	387
A36	SITE PREP	2/11/2009	R-5	100.00%	11,301	0	0	0	0	11,301	39	SL/GDS	MM	2,573	290	2,863
E41	INSURANCE - CONSTRUCTI	3/17/2009	R-5	100.00%	685	0	0	0	0	685	39	SL/GDS	MM	157	18	175
A30	SEPTIC/WATER DRAIN SYST	4/15/2009	R-5	100.00%	118,217	0	0	0	0	118,217	39	SL/GDS	MM	26,396	3,031	29,427
A37	BUILDING SITE PREP-KACI	5/1/2009	R-5	100.00%	166,971	0	0	0	0	166,971	39	SL/GDS	MM	36,924	4,281	41,205
A39	WELL HOUSE	5/1/2009	R-5	100.00%	5,185	0	0	0	0	5,185	39	SL/GDS	MM	1,147	133	1,280
A34	FENCING	5/15/2009	R-2	100.00%	35,313	0	0	0	0	35,313	15	SL/GDS	HY	20,307	2,352	22,659
A35	SIDEWALKS/CURBS	5/15/2009	R-2	100.00%	25,095	0	0	0	0	25,095	15	SL/GDS	HY	14,433	1,671	16,104
A33	CANINE BUILDING	7/1/2009	R-5	100.00%	327,976	0	0	0	0	327,976	39	SL/GDS	MM	71,128	8,409	79,537
A31	CITY WATER EXTENSION	7/29/2009	R-5	100.00%	12,419	0	0	0	0	12,419	39	SL/GDS	MM	2,691	318	3,009
A32	CAT/ADMIN BUILDING	9/9/2009	R-5	100.00%	102,855	0	0	0	0	102,855	39	SL/GDS	MM	21,866	2,637	24,503
A38	BUILDING SITE PREP-MOTLI	9/9/2009	R-5	100.00%	23,309	0	0	0	0	23,309	39	SL/GDS	MM	4,958	598	5,556
E46	REMEDIAL SEPTIC SYSTEM	2/3/2010	R-5	100.00%	4,533	0	0	0	0	4,533	39	SL/GDS	MM	870	116	986
A49	STORAGE BLDG 10X20	4/6/2010	R-5	100.00%	2,399	0	0	0	0	2,399	39	SL/GDS	MM	464	62	526
A50	PHASE 1 FINAL PAYMENT	5/27/2010	R-5	100.00%	8,181	0	0	0	0	8,181	39	SL/GDS	MM	1,575	210	1,785
A51	2ND PAYMENT WATER LINE	8/31/2010	R-5	100.00%	12,419	0	0	0	0	12,419	39	SL/GDS	MM	2,386	318	2,704
A52	THIRD PMT WATER LINE	8/16/2011	R-5	100.00%	13,313	0	0	0	0	13,313	39	SL/GDS	MM	2,175	341	2,516
A54	ADD'L FENCING TO SPLIT KE	4/10/2012	R-2	100.00%	1,384	0	0	0	0	1,384	15	SL/GDS	HY	506	92	598
A53	4TH PMT WATER LINE	11/28/2012	R-5	100.00%	13,015	0	0	0	0	13,015	39	SL/GDS	MM	1,712	334	2,046
54	FINAL WATER PMT	7/1/2013	R-5	100.00%	12,717	0	0	0	0	12,717	39	SL/GDS	MM	1,454	326	1,780

Total MACRS deductions for prior years (Line 17)

1,162,244 0 0 0 0 1,162,244

260,056 32,656 292,712

Subtotal Depreciation

1,162,244 0 0 0 0 1,162,244

260,056 32,656 292,712

Listed Property

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	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	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	200DB	HY	18,131	2,525	20,656

Total listed prop with > 50% business use

24,419 0 0 0 0 24,419

20,631 2,525 23,156

Subtotal Listed Property

24,419 0 0 0 0 24,419

20,631 2,525 23,156

Form 4562 Statement - 990

12/31/2018

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	2018 Deprec.	2018 Accum. Deprec.
Total Depreciation and Amortization					1,186,663	0	0	0	0	1,186,663				280,687	35,181	315,868

Summary of Unadjusted Basis of Depreciable Property (4562)

12/31/2018

Summary of Depreciable Property by Activity

Activity	Unadjusted Cost or Basis
1 990	1,191,075

Detail of Depreciable 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	15	1,735	100.00%	1,735
3 990	BUILDING COSTS - 05	6/1/2005	39	14	9,774	100.00%	9,774
4 990	BUILDING COSTS - 06	6/1/2006	39	13	723	100.00%	723
5 990	BUILDING COSTS - 07	6/1/2007	39	12	2,625	100.00%	2,625
6 990	DEVELOPMENT COSTS	10/31/2008	39	11	110,000	100.00%	110,000
7 990	SITE PREP	12/31/2008	39	11	48,252	100.00%	48,252
8 990	SEPTIC/WATER DRAIN SYST	4/15/2009	39	10	118,217	100.00%	118,217
9 990	CITY WATER EXTENSION	7/29/2009	39	10	12,419	100.00%	12,419
10 990	CAT/ADMIN BUILDING	9/9/2009	39	10	102,855	100.00%	102,855
11 990	CANINE BUILDING	7/1/2009	39	10	327,976	100.00%	327,976
12 990	FENCING	5/15/2009	15	10	35,313	100.00%	35,313
13 990	SIDEWALKS/CURBS	5/15/2009	15	10	25,095	100.00%	25,095
14 990	SITE PREP	2/11/2009	39	10	11,301	100.00%	11,301
15 990	BUILDING SITE PREP-KACI	5/1/2009	39	10	166,971	100.00%	166,971
16 990	BUILDING SITE PREP-MOTL	9/9/2009	39	10	23,309	100.00%	23,309
17 990	WELL HOUSE	5/1/2009	39	10	5,185	100.00%	5,185
18 990	CHAIN LINK SLATS FOR AH	2/1/2010	7	9	970	100.00%	970
19 990	SOUND PROOFING	3/16/2010	7	9	3,989	100.00%	3,989
20 990	CAT DOORS	3/31/2010	7	9	500	100.00%	500
21 990	STORAGE BLDG 10X20	4/6/2010	39	9	2,399	100.00%	2,399
22 990	PHASE 1 FINAL PAYMENT	5/27/2010	39	9	8,181	100.00%	8,181
23 990	2ND PAYMENT WATER LINE	8/31/2010	39	9	12,419	100.00%	12,419
24 990	THIRD PMT WATER LINE	8/16/2011	39	8	13,313	100.00%	13,313
25 990	CAMPAIGN DEVELOPMENT	12/31/2008	15	11	4,520	100.00%	4,520
26 990	DESIGN DEVELOPMENT	6/30/2004	15	15	1,545	100.00%	1,545
27 990	BUILDING DEVELOPMENT	10/10/2002	39	17	4,130	100.00%	4,130
28 990	SITE DEVELOPMENT	6/30/2004	39	15	75,289	100.00%	75,289
29 990	NEW BUILDING SITE COSTS	6/1/2005	39	14	110	100.00%	110
30 990	BUILDING SITE COSTS - 07	6/1/2007	39	12	4,751	100.00%	4,751
31 990	TESTING AT SITE (STRATA)	1/6/2009	39	10	1,503	100.00%	1,503
32 990	INSURANCE - CONSTRUCTION	3/17/2009	39	10	685	100.00%	685
33 990	REMEDIAL SEPTIC SYSTEM	2/3/2010	39	9	4,533	100.00%	4,533
34 990	PRINTER/COPIER/FAX	4/23/2009	7	10	404	100.00%	404
35 990	OFFICE EQUIPMENT	5/15/2009	5	10	549	100.00%	549
36 990	1990 PLYMOUTH VOYAGER	1/1/2009	5	10	500	100.00%	500
37 990	4TH PMT WATER LINE	11/28/2012	39	7	13,015	100.00%	13,015
38 990	ADD'L FENCING TO SPLIT KE	4/10/2012	15	7	1,384	100.00%	1,384
39 990	FINAL WATER PMT	7/1/2013	39	6	12,717	100.00%	12,717
40 990	TOYOTA SIENNA	9/15/2014	5	5	21,919	100.00%	21,919

Assets by Classification - 990

12/31/2018

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	2018 Deprec.	2018 Accum. Deprec.
5-yr Residential rental furnishings and appliances																
F18	OFFICE EQUIPMENT	6/30/2001	F-3	100.00%	441	0	0	0	0	441	5	200DB	HY	441	0	441
Total: 5-yr Res rental furnishings					441	0	0	0	0	441				441	0	441
5-yr Computers and peripherals (not listed property)																
F21	OFFICE EQUIPMENT - 05	6/1/2005	F-5	100.00%	1,213	0	0	0	0	1,213	5	200DB	HY	1,213	0	1,213
G22	SHELTER/LAB EQUIPMENT	6/1/2005	F-5	100.00%	19,775	0	0	0	0	19,775	5	200DB	HY	19,775	0	19,775
G23	MICROCHIPPING DEVICE	6/1/2006	F-5	100.00%	513	0	0	0	0	513	5	200DB	HY	513	0	513
F43	OFFICE EQUIPMENT	5/15/2009	F-5	100.00%	549	0	0	0	0	549	5	200DB	HY	549	0	549
Total: 5-yr Computers (not listed)					22,050	0	0	0	0	22,050				22,050	0	22,050
7-yr General purpose tools, machinery, and equipment																
G5	SHELTER/LAB EQUIPMENT	2/15/2002	F-10	100.00%	893	0	0	0	0	893	7	200DB	HY	893	0	893
G10	SHELTER/LAB EQUIPMENT	1/28/2003	F-10	100.00%	2,402	0	0	0	0	2,402	7	200DB	HY	2,402	0	2,402
G13	SHELTER/LAB EQUIPMENT	10/27/2003	F-10	100.00%	675	0	0	0	0	675	7	200DB	HY	675	0	675
F42	PRINTER/COPIER/FAX	4/23/2009	F-10	100.00%	404	0	0	0	0	404	7	200DB	HY	404	0	404
Total: 7-yr Genl purp tools, mach, equip					4,374	0	0	0	0	4,374				4,374	0	4,374
7-yr Office furniture, fixtures and equipment																
F9	OFFICE EQUIPMENT	4/25/2003	F-11	100.00%	1,708	0	0	0	0	1,708	7	200DB	HY	1,708	0	1,708
Total: 7-yr Office furn, fixtures, equip					1,708	0	0	0	0	1,708				1,708	0	1,708
Land																
D1	LAND	12/31/2000	N-1	100.00%	97,500	0	0	0	0	97,500	0			0	0	0
Total: Land					97,500	0	0	0	0	97,500				0	0	0
Other nondepreciable																
B15	CAMPAIGN DEVELOPMENT	6/30/2004	N-2	100.00%	3,346	0	0	0	0	3,346	15	SL/GDS		0	0	0
56	NEW CAT BUILDING	12/31/2018	N-2	100.00%	68,271	0	0	0	0	68,271	0			0	0	0
Total: Other nondepreciable					71,617	0	0	0	0	71,617				0	0	0
15-yr Land improvements																
B2	CAMPAIGN DEVELOPMENT	12/19/2002	R-2	100.00%	3,000	0	0	0	0	3,000	15	SL/GDS	MM	2,987	0	2,987
B7	CAMPAIGN DEVELOPMENT	12/19/2002	R-2	100.00%	31,644	0	0	0	0	31,644	15	SL/GDS	MM	31,559	0	31,559
E8	WELL	6/16/2003	R-2	100.00%	6,549	0	0	0	0	6,549	7	150DB	HY	6,549	0	6,549
A6	BUILDING - WELL	8/28/2003	R-2	100.00%	3,109	0	0	0	0	3,109	7	150DB	HY	3,109	0	3,109
B29	CAMPAIGN DEVELOPMENT	12/31/2008	R-2	100.00%	4,520	0	0	0	0	4,520	15	SL/GDS	MM	2,268	378	2,646
A34	FENCING	5/15/2009	R-2	100.00%	35,313	0	0	0	0	35,313	15	SL/GDS	HY	20,307	2,352	22,659
A35	SIDEWALKS/CURBS	5/15/2009	R-2	100.00%	25,095	0	0	0	0	25,095	15	SL/GDS	HY	14,433	1,671	16,104
A45	CHAIN LINK SLATS FOR AH	2/1/2010	R-2	100.00%	970	0	0	0	0	970	7	SL/GDS	HY	970	0	970
A47	SOUND PROOFING	3/16/2010	R-2	100.00%	3,989	0	0	0	0	3,989	7	SL/GDS	HY	3,989	0	3,989
A48	CAT DOORS	3/31/2010	R-2	100.00%	500	0	0	0	0	500	7	SL/GDS	HY	499	0	499
A54	ADD'L FENCING TO SPLIT KE	4/10/2012	R-2	100.00%	1,384	0	0	0	0	1,384	15	SL/GDS	HY	506	92	598
Total: 15-yr Land improvements					116,073	0	0	0	0	116,073				87,176	4,493	91,669

15-yr Distributive Trades & Services

Assets by Classification - 990

12/31/2018

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	2018 Deprec.	2018 Accum. Deprec.
C3	DESIGN DEVELOPMENT	8/4/2002	R-9	100.00%	164	0	0	0	0	164	15	SL/GDS	HY	38	0	38
C16	DESIGN DEVELOPMENT	6/30/2004	R-9	100.00%	1,545	0	0	0	0	1,545	15	SL/GDS	HY	412	103	515
Total: 15-yr Distrib Trades/Service					1,709	0	0	0	0	1,709				450	103	553
39-yr Nonresidential and commercial real estate																
E4	BUILDING DEVELOPMENT	10/10/2002	R-5	100.00%	4,130	0	0	0	0	4,130	39	SL/GDS	MM	636	106	742
A14	BUILDING COSTS - 04	6/30/2004	R-5	100.00%	1,735	0	0	0	0	1,735	39	SL/GDS	MM	264	44	308
E17	SITE DEVELOPMENT	6/30/2004	R-5	100.00%	75,289	0	0	0	0	75,289	39	SL/GDS	MM	11,580	1,930	13,510
A19	BUILDING COSTS - 05	6/1/2005	R-5	100.00%	9,774	0	0	0	0	9,774	39	SL/GDS	MM	1,506	251	1,757
E20	NEW BUILDING SITE COSTS	6/1/2005	R-5	100.00%	110	0	0	0	0	110	39	SL/GDS	MM	18	3	21
A24	BUILDING COSTS - 06	6/1/2006	R-5	100.00%	723	0	0	0	0	723	39	SL/GDS	MM	114	19	133
A25	BUILDING COSTS - 07	6/1/2007	R-5	100.00%	2,625	0	0	0	0	2,625	39	SL/GDS	MM	402	67	469
E26	BUILDING SITE COSTS - 07	6/1/2007	R-5	100.00%	4,751	0	0	0	0	4,751	39	SL/GDS	MM	732	122	854
A27	DEVELOPMENT COSTS	10/31/2008	R-5	100.00%	110,000	0	0	0	0	110,000	39	SL/GDS	MM	16,920	2,820	19,740
A28	SITE PREP	12/31/2008	R-5	100.00%	48,252	0	0	0	0	48,252	39	SL/GDS	MM	11,134	1,237	12,371
E40	TESTING AT SITE (STRATA)	1/6/2009	R-5	100.00%	1,503	0	0	0	0	1,503	39	SL/GDS	MM	348	39	387
A36	SITE PREP	2/11/2009	R-5	100.00%	11,301	0	0	0	0	11,301	39	SL/GDS	MM	2,573	290	2,863
E41	INSURANCE - CONSTRUCTI	3/17/2009	R-5	100.00%	685	0	0	0	0	685	39	SL/GDS	MM	157	18	175
A30	SEPTIC/WATER DRAIN SYST	4/15/2009	R-5	100.00%	118,217	0	0	0	0	118,217	39	SL/GDS	MM	26,396	3,031	29,427
A37	BUILDING SITE PREP-KACI	5/1/2009	R-5	100.00%	166,971	0	0	0	0	166,971	39	SL/GDS	MM	36,924	4,281	41,205
A39	WELL HOUSE	5/1/2009	R-5	100.00%	5,185	0	0	0	0	5,185	39	SL/GDS	MM	1,147	133	1,280
A33	CANINE BUILDING	7/1/2009	R-5	100.00%	327,976	0	0	0	0	327,976	39	SL/GDS	MM	71,128	8,409	79,537
A31	CITY WATER EXTENSION	7/29/2009	R-5	100.00%	12,419	0	0	0	0	12,419	39	SL/GDS	MM	2,691	318	3,009
A32	CAT/ADMIN BUILDING	9/9/2009	R-5	100.00%	102,855	0	0	0	0	102,855	39	SL/GDS	MM	21,866	2,637	24,503
A38	BUILDING SITE PREP-MOTLI	9/9/2009	R-5	100.00%	23,309	0	0	0	0	23,309	39	SL/GDS	MM	4,958	598	5,556
E46	REMEDIAL SEPTIC SYSTEM	2/3/2010	R-5	100.00%	4,533	0	0	0	0	4,533	39	SL/GDS	MM	870	116	986
A49	STORAGE BLDG 10X20	4/6/2010	R-5	100.00%	2,399	0	0	0	0	2,399	39	SL/GDS	MM	464	62	526
A50	PHASE 1 FINAL PAYMENT	5/27/2010	R-5	100.00%	8,181	0	0	0	0	8,181	39	SL/GDS	MM	1,575	210	1,785
A51	2ND PAYMENT WATER LINE	8/31/2010	R-5	100.00%	12,419	0	0	0	0	12,419	39	SL/GDS	MM	2,386	318	2,704
A52	THIRD PMT WATER LINE	8/16/2011	R-5	100.00%	13,313	0	0	0	0	13,313	39	SL/GDS	MM	2,175	341	2,516
A53	4TH PMT WATER LINE	11/28/2012	R-5	100.00%	13,015	0	0	0	0	13,015	39	SL/GDS	MM	1,712	334	2,046
54	FINAL WATER PMT	7/1/2013	R-5	100.00%	12,717	0	0	0	0	12,717	39	SL/GDS	MM	1,454	326	1,780
Total: 39-yr Nonresidential real estate					1,094,387	0	0	0	0	1,094,387				222,130	28,060	250,190
5-yr Passenger vehicles (excluding certain trucks and vans)																
H44	1990 PLYMOUTH VOYAGER	1/1/2009	V-5	100.00%	500	0	0	0	0	500	5	SL/GDS	HY	500	0	500
Total: 5-yr Pass veh (excl some trks/vans)					500	0	0	0	0	500				500	0	500
5-yr SUV and certain trucks and vans > 6,000 pounds																
H55	TOYOTA SIENNA	9/15/2014	V-6	100.00%	21,919	0	0	0	0	21,919	5	200DB	HY	18,131	2,525	20,656
Total: 5-yr SUV/truck/van > 6,000 lbs					21,919	0	0	0	0	21,919				18,131	2,525	20,656
5-yr Light trucks, vans, and autos built on a truck chassis																
H12	1985 VAN	8/1/2003	V-7	100.00%	2,000	0	0	0	0	2,000	5	200DB	HY	2,000	0	2,000
Total: 5-yr Truck, van, auto on trk chassis					2,000	0	0	0	0	2,000				2,000	0	2,000
SubTotals					1,434,278	0	0	0	0	1,434,278				358,960	35,181	394,141
Less: Disposed Assets					(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)

Assets by Classification - 990

12/31/2018

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	2018 Deprec.	2018 Accum. Deprec.
Ending Totals					<u>1,434,278</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,434,278</u>				<u>358,960</u>	<u>35,181</u>	<u>394,141</u>