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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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.

Α	For the	2018 ca	endar year, or tax year beginning, and endir	ng			
		pplicable:	C Name of organization WHITMAN COUNTY HUMANE SOCIETY, INC		Employ	er identifi	cation number
_	Address c	• •	Doing business as WHITMAN COUNTY HUMANE SOCIETY				
=		-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	— 19	1-205454	48	
Ш	Name cha	ange	1340 SE OLD MOSCOW ROAD	E	Telepho	ne number	
	Initial retu	m	City or town State ZIP code	\Box _"	-00/ 222	2246	
=			PULLMAN WA 99163		509) 332	-2246	
\square	Final return/	terminated/	Foreign country name Foreign province/state/county Foreign postal code	e			
	Amended	return		9	Gross re	eceipts \$	432,273
一	A I! 4!		F Name and address of principal officer:			6 . 1	linates? Yes X No
Ш.	Applicatio	n pending	' '	-	a group retur		===
	-	,	KYM DARLING 1340 SE OLD MOSCOW ROAD, PULLMAN, WA 99163 H(I				
Ι.	Tax-exemp	ot status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "N	o," attach a	list. (see ir	nstructions)
J	Website	: • w	W.WHITMANPETS.ORG H(c	c) Grou	p exemptio	n number	•
		ganization:	X Corporation				
				torman	on: 200	0 1111 9	tate of legal domicile: WA
	art I		mmary				
a)	1	Briefly d	escribe the organization's mission or most significant activities: HUMAN	VE SO	CIETY/A	NIMAL	SHELTER OPERATION
걸							
Activities & Governance							
ş	2	Check tl	nis box if the organization discontinued its operations or disposed of r	more	than 25%	6 of its n	et assets.
တ္	3		of voting members of the governing body (Part VI, line 1a)			3	11
త	4		of independent voting members of the governing body (Part VI, line 1b)			4	0
8	5		mber of individuals employed in calendar year 2018 (Part V, line 2a)			5	17
₹	2		· · · · · · · · · · · · · · · · · · ·			6	50
ਬੂ	7-		mber of volunteers (estimate if necessary)				
•	7a		related business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unre	elated business taxable income from Form 990-T, line 38				0
	1 _		 		Prior Year		Current Year
9	8		itions and grants (Part VIII, line 1h)................			06,155	194,813
Revenue	9		service revenue (Part VIII, line 2g)		!	98,587	120,306
Š	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)			575	919
œ	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		'	70,674	91,308
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2	75,991	407,346
	13		and similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14		paid to or for members (Part IX, column (A), line 4)	0	0		
(n	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		1	17,274	120,320
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			0	120,020
ĕ	'ou		draising expenses (Part IX, column (D), line 25)	į.		- , 1	· · · · · · · · · · · · · · · · · · ·
X	17		spenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4:	84,420	164,053
	18					01,694	284,373
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)				
_ «	19	Revenu	e less expenses. Subtract line 18 from line 12	11-		25,703	122,973
8 6		T -1-1		eginnin	g of Curre		End of Year
888 2008	20		sets (Part X, line 16)			82,815	1,327,304
Not Assets or Fund Balances	21		pilities (Part X, line 26)			33,013	54,529
			ets or fund balances. Subtract line 21 from line 20		1,1	49,802	1,272,775
	art II		nature Block				· · · · · · · · · · · · · · · · · · ·
	•		r, I declare that I have examined this return, including accompanying schedules and statements, and			-	•
and	bellet, it is	s true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer r	as any kno	wieage.	
Sig	an	▋▐			L_		
He			Signature of officer		Date)	
			· · · · · · · · · · · · · · · · · · ·		_		
	 -		Type or print name and title				
		Prin	/Type preparer's name Preparer's signature	Date		о г	PTIN
Pa	id		E OFUDINO	EIAF		Check L	if
Pr	eparer	. <u> 11184</u>	E GEHRING TIM E GEHRING	•	/2019	self-emplo	
	e Only		's name ► GEHRING & ASSOCIATES, PLLC	F	im's EIN	► 45-53	81779
			's address ► POB 1142, 520 E MAIN ST, PULLMAN, WA 99163	F	Phone no.	(509)	332-2900
Ma	v the IR		s this return with the preparer shown above? (see instructions)				. X Yes No
1410	y 410 11		a and retain that the proportion enterm above (too motivation).	• •	• • •	· · · ·	. [7] 133 [] 140

	90 (2018)		Y HUMANE SOCIET			91-2	2054548	Page 2
Pai	rt III	Statement of Progr			nu line in Abia Dark II			
_	Disk in a	Check if Schedule C	 	nse of note to ai	ny line in this Part ii	1	· · · · ·	
1	THE OF	lescribe the organization's RGANIZATION VALUES T DTES COMPASSIONATE	HE HUMAN/ANIMAL TREATMENT OF AL	L COMPANION A	ES STEWARDSHIP FONIMALS.			
		 		·····			<u> </u>	
2	the prior	organization undertake ar r Form 990 or 990-EZ? . describe these new servi					Yes	X No
3	services	organization cease condus? describe these changes		_	ow it conducts, any pro	-	Yes	X No
4	Describ expense	e the organization's progra es. Section 501(c)(3) and expenses, and revenue,	am service accomplis 501(c)(4) organizatio	ns are required to	report the amount of			
4a	THE OF POLICY TO PRO ADOPT TO THO) (Expens RGANIZATION SHELTER: (, EXCEPT IN CASES OF DVIDE CARE FOR ALL ST ION SERVICES FOR HO DSE WILLING TO VOLUN	S ANY TYPE OF PE AGGRESSION OR I TRAY PETS FOUND MELESS ANIMALS A TEER.	T ANIMAL UNTIL I LIFELONG ILLNES IN WHITMAN CO AND COMMUNITY	T CAN BE ADOPTED. SS. THEY CONTRAC UNTY, WASHINGTON 'EDUCATION AND C	, AND OPERATES I WITH SEVERAL I. THE ORGANIZA OMMUNITY SERV	A "NO-KILL" LOCAL CITI TION OFFER	ES RS TUNITIES
4b) (Expens	ses \$	including grant	s of \$) (Revenue \$)
				_ 4 _ 0 _ 0 _ 0 _ 0 0 0 0 0 _ 0 0 0 0				
4c	(Code:) (Expens	ses \$	including grant	s of \$) (Revenue \$)
4d		rogram services. (Describ			0) (7)			
4e	(Expens	ses \$ ogram service expenses	0 including grants o	of \$ 284,373	0)(Revenue \$		0)	

Part	V 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	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
		-3-	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١. ١		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		Ì	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1 1		
	"Yes," complete Schedule D, Part I	6		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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt		1	
				v
	negotiation services? If "Yes," complete Schedule D, Part IV	9		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	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
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	11b		Х
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	11c		Х
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	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e		X
_	· · · · · · · · · · · · · · · · · · ·	116		
f		448		v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
þ	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
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	15		Х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	-10-		^
17		47	,	
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	المرا	ا ر. ا	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	19		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

ı aı	Oncorner of Required Officeaties (Continues)	-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	103	X
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		 ^
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	 	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		^
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	}		1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>	1		Ĥ
	Schedule L, Part IV	28b	1	Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
33	If "Yes," complete Schedule N, Part II	32		X
JJ	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		$\stackrel{\wedge}{\vdash}$
	III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20		-57		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance		1	
	Check if Schedule O contains a response or note to any line in this Part V	· ·		ᆚ
4	5-11		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		İ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	}		
•	gaming (gambling) winnings to prize winners?	1c	<u></u>	

Гаі	Statements Regarding Other INS Finings and Tax Compliance (Continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	•	168	No
20	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	ļ <u>.</u>	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			 -
	and services provided to the payor?	7a	_	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		,
d	required to file Form 8282?	7c		_X_
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	- -
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 ^
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	4-		<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule Q.	10		_^_
	n 105, complete i Onn 4120, conjectuje O.		L	L

Part VI

Sect	ion A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
_	Enter the number of voting members included in line 1a, above, who are independent			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	-	X
•	any other officer, director, trustee, or key employee?			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4		5		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	-	×
6 7 -		H		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		х
L	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			v
_	stockholders, or persons other than the governing body?	7b		<u> X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	X	···
a	The governing body?	8b	$\frac{\hat{x}}{x}$	
ь 9	Each committee with authority to act on behalf of the governing body?	on		<u> </u>
J	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Saat	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		`	
Seci	ion b. Policies (This Section b requests information about policies not required by the internal Nevende C	<i>,</i> 00e.	/ Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	***************************************	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sect</u>	ion 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 5	01(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 poli	cy, an	d	
	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			

-20		

Form	990	(20	18)
Pa	rt ۱	VΙΙ	

WHITMAN COUNTY HUMANE SOCIETY, INC.

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

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 employees."
- 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.

X 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)	box, office	Position (do not check more than one box, unless person is both an officer and a officer and institutional trustee or director		ап	(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		
(1) KYM DARLING	10.00									
PRESIDENT	0.00	X		X						
(2) JAN LUFT	5.00	ļ								,
VICE-PRESIDENT	0.00	X		X	L					
(3) KELLY SEBOLD	5.00	ļ								
SECRETARY	0.00	Χ		X						
(4) LAUREN PORT	5.00									
TREASURER	0.00	X		X						
(5) JOHN-MARK MAHNKEY	1.00									
DIRECTOR	0.00	Х								
(6) KYLENE DASCHOFSKY	1.00					i				
DIRECTOR	0.00	X								
(7) BLYTHE DUELL	1.00									
DIRECTOR	0.00	X								
(8) CASSANDRA OLDS	1.00									•
DIRECTOR	0.00	X								
(9) WENDY ORTMAN	1.00]			!				
DIRECTOR	0.00	<u> X</u>		L	L					
(10)										
(11)										
(12)										
(13)									,	
(14)										

	(A) Name and title	(B) Average hours per week (list any	box,	unles er an	Pos neck s pe d a d	rson irecto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount o	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensar from the ganizati Id relate anizatio	on ed
(15)													
(16)				-	-	-				-			
(17)													
(18)											 		
(19)				ļ				_					
(20)										-			
(21)													
(22)										<u>.</u>	 		
(23)				_						<u>.</u> .			
(24)											-	<u> </u>	
(25)												-	
1b c	Sub-total	ection A						▶	0	0			0
<u>d</u> 2	Total (add lines 1b and 1c)			bov	e) v						<u>!</u> 1		
	reportable compensation from the organization	<u> </u>		-	0							Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Schedi</i>		-		•		_		•		3		X
4	For any individual listed on line 1a, is the sum of												
	the organization and related organizations great individual	ter than \$150,00		"Υε	es, "	com	ipiete 	Sc	enedule J for suci	1 	4		X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye										5		Х
Sect	tion B. Independent Contractors	es, complete st	neau	ile J	101	Suc	n per	SOL	<i> </i>		<u> </u>	<u> </u>	^_
1	Complete this table for your five highest compe compensation from the organization. Report co year.										tax	-	
	(A) Name and business addr	ess							(B) Description of serv	vices	(C Comper		
													0
													<u>0</u> 0
													0
										ı			0

WHITMAN COUNTY HUMANE SOCIETY, INC.

Pan	-VIII	Check if Schedule O contains	a response or r	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
w w	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	20,445				
الْمَ يَ	С	Fundraising events	<u>1c</u>	0	}			
# F	đ	Related organizations	<u>1d</u>	0	1			
S, E	е	Government grants (contribution	s) <u>1e</u>	5,170				
를 입	f	All other contributions, gifts, grar		•		Ì		
른 회		similar amounts not included abo	ve <u>1f</u>	169,198				
를 했	g	Noncash contributions included in I	nes 1a-1f: \$	584				
<u> </u>	h	Total. Add lines 1a-1f	<u> </u>		194,813			
9				Business Code				a
<u> </u>	2a	SHELTER OPERATIONS		900099	63,104	63,104		<u> </u>
2	b	LOCAL MUNICIPALITY CONTR	ACTS	900099	57,202	57,202		
힅	C				. 0			
Ser	d				0			
Ē	е	,			0			
Program Service Revenue	f	All other program service revenu			0			
<u>.</u>	g	Total. Add lines 2a-2f			120,306			
	3	Investment income (including div			•	1		
		other similar amounts)			919			919
	4	Income from investment of tax-e	kempt bond prod	ceeds ►	0			<u> </u>
	5	Royalties	 	<u>, , , , , ▶</u>	0			ļ
			(i) Real	(ii) Personal				
	6a	Gross rents						•
	b	Less: rental expenses						
	C	Rental income or (loss)	0					
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	0	0				
	b	Less: cost or other basis	_	_ [,
		and sales expenses	0		·			
	C	Gain or (loss)		·				
	d	Net gain or (loss)		<u> ▶</u>	0			
i								
Other Revenue	ъа	Gross income from fundraising	•					}
Š		events (not including \$		<u> </u>				
2		of contributions reported on line	•	444 000				
Je.		See Part IV, line 18		114,696				
ᅗ		Net income or (loss) from fundra		24,927	89,769	·-		
		Gross income from gaming activ	•		09,709	-		
	Ja	See Part IV, line 19						
	h	Less: direct expenses		-				
		Net income or (loss) from gaming			0			
		Gross sales of inventory, less	g activities	` 				
	IVA	returns and allowances	2			Ī		
	h	Less: cost of goods sold		<u></u>				
		Net income or (loss) from sales			0	**************************************		
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS INCOME		900099	1,539	1,539		
	b	MICOLLETINE COO INCOME			0	1,000		
	C				ol.			<u> </u>
	d	All other revenue			o			-
	е	Total. Add lines 11a-11d			1,539	r		
	12	Total revenue. See instructions.		•	407,346	121,845	(919

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c	<u>olumns. All</u> other or	ganizations must co	omplete column (A)	. <u> </u>
	Check if Schedule O contains a response or note to	o any line in this Pa	rt IX		🔲
	not include amounts reported on lines 6b, 7b, 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			İ	
	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)	o			
7	Other salaries and wages	104,484	104,484		
8	Pension plan accruals and contributions (include	 -			
-	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	144	144	-	
10	Payroll taxes	15,692	15,692		
11	Fees for services (non-employees):	10,002	10,002		
a	Management	o			
b	Legal	0			
C	Accounting	5,082	5,082		
d	Lobbying	0,002	0,002		
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	-	·····	
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	3,485	3,485		
13		7,182	7,182		
14	Office expenses	7, 162	1,102		
15	Information technology	0			
16	Royalties	28,381	28,381		
17	Occupancy	792	792		
	Travel	192	192		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	o			
40	•	0			-
19 20	Conferences, conventions, and meetings	6,739	6,739		
20 24	Interest	0,739	0,739		
21			25 404	0	0
22	Depreciation, depletion, and amortization	35,181	35,181	U	<u> </u>
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.)		0.000		
a	FUND ADMINISTRATION EXPENSES	8,608	8,608		
b	SUPPLIES	9,747	9,747		
C	VETERINARY EXPENSES	53,595	53,595		
d	All older some and	0			
e	All other expenses	0	004070	-	
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				
	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
	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 for		· ,		
		trustees, key employees, and highest compens	· 1			
		Complete Part II of Schedule L	· · ·	0	5	
	6	Loans and other receivables from other disqualified personal	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e		A STATE OF THE PARTY OF THE PAR		
ম		organizations (see instructions). Complete Part II of Sche	edule L	0	6	
Assets	7	Notes and loans receivable, net	. [0	7	0
⋖	8	Inventories for sale or use	[0	8	
	9	Prepaid expenses and deferred charges	<i>.</i> [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	0	12	0	
	13	Investments—program-related. See Part IV, line	∍ 11 <u> </u> <u> </u>	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 equ		1,182,815		1,327,304
	17	Accounts payable and accrued expenses	F	33,013		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	F	0	21	
Liabilities	22	Loans and other payables to current and forme				
Ĭ		trustees, key employees, highest compensated		49		<u> </u>
10		disqualified persons. Complete Part II of Sched	P-	0	22	
_	23	Secured mortgages and notes payable to unrel		. 0	23	0
	24	Unsecured notes and loans payable to unrelate	·	0	24	. 0
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines of Schedule D		۸	25	_
	26	Total liabilities. Add lines 17 through 25		<u>0</u> 33,013	25 26	54,529
	20		·	33,013	20	04,029
Ø		Organizations that follow SFAS 117 (ASC 95)				
92		complete lines 27 through 29, and lines 33 a	1-			
lar	27	Unrestricted net assets		1,149,802		1,272,775
ã	28	Temporarily restricted net assets	r=	0	28	
2	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	0	29	ļ
Ţ	Ì	Organizations that do not follow SFAS 117 (ASC958),	check here ► and]			
Ö	l	complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	[0	30	
SS	31	Paid-in or capital surplus, or land, building, or e	quipment fund [.0	31	
et /	32	Retained earnings, endowment, accumulated in		0	32	
Ž	33	Total net assets or fund balances		1,149,802		1,272,775
	34	Total liabilities and net assets/fund balances.	<u> </u>	1,182,815	34	1,327,304

Form 9	90 (2018) WHITMAN COUNTY HUMANE SOCIETY, INC	91-2	00 404 0	Pag	e IZ
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		l <u>,</u> 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	<u>2,775</u>
Part					
	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:		1 1		. 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				. 1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			ļ	.]
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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:			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	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?		3a		х
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		3b		

Form **990** (2018)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attachment

Department of the Treasury Internal Revenue Service

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

Naı	me(s) shown on return	Business or activ	vity to which this		toot imormatio	Identifying num	ber	
	ITMAN COUNTY HUMANE SOCIETY, INC					91-2054548		
Pa	rt I Election To Expense Certain							
_	Note: If you have any listed property,						1 4 1	
1	Maximum amount (see instructions)						1	
	Total cost of section 179 property placed in s						2	
	Threshold cost of section 179 property before Reduction in limitation. Subtract line 3 from li						3	0
	Dollar limitation for tax year. Subtract line 4 f							
5	separately, see instructions						5	0
6	(a) Description of property	· · · · · · · · · · · · · · · · · · ·		ost (business use		(c) Elected cos		
Ť	tar Beesingaen er property		(3, 0	out (paomeso aoc		(0) 2.00.00 000		
								
7	Listed property. Enter the amount from line 2	9	· · · · · · ·		7			
8	Total elected cost of section 179 property. Ac	ld amounts in co	lumn (c), lines 6	and 7			8	0
9	Tentative deduction. Enter the smaller of line	5 or line 8					9	0
	Carryover of disallowed deduction from line						10	
11	Business income limitation. Enter the smalle	r of business inc	ome (not less th	nan zero) or lin	ie 5. See instru	uctions	11	
12	Section 179 expense deduction. Add lines 9	and 10, but don'	t enter more tha	an line 11	<u></u>		12	0
	Carryover of disallowed deduction to 2019. A			<u> </u>	▶ 13		0	
	te: Don't use Part II or Part III below for listed							
	rt II Special Depreciation Allowa					<u>operty. See ins</u>	<u>tructi</u>	ons.)
14	Special depreciation allowance for qualified							
	during the tax year. See instructions						14	
15	Property subject to section 168(f)(1) election					· · · · · ·	15	
16	Other depreciation (including ACRS)						16	
Рa	rt III MACRS Depreciation (Don't			instructions.)	<u> </u>			
17	MACRS deductions for assets placed in serv		ion A	2010			17	32,656
							- ''-'	32,000
	If you are electing to group any assets place	d in service durir	ng the tax year i	nto one or mo	re general			32,000
	If you are electing to group any assets place asset accounts, check here	d in service durir	ng the tax year i	nto one or mo	re general	> 🔲		32,000
	If you are electing to group any assets place asset accounts, check here	d in service durir	ng the tax year i	nto one or mo	re general	> 🔲		32,000
	If you are electing to group any assets place asset accounts, check here	in Service durir	ng the tax year i	nto one or mo	re general General Depre	ciation System		
	If you are electing to group any assets place asset accounts, check here	in Service During the and (c) Basing (c) Busines	ng the tax year i ng 2018 Tax Year s for depreciation	nto one or mo	re general	> 🔲		epreciation deduction
	If you are electing to group any assets placed asset accounts, check here	in Service During the and (c) Basing (c) Busines	ng the tax year ing 2018 Tax Years of the preciation and investment use	nto one or mo	re general General Depre	ciation System		
18	If you are electing to group any assets placed asset accounts, check here	in Service During the and (c) Basing (c) Busines	ng the tax year ing 2018 Tax Years of the preciation and investment use	nto one or mo	re general General Depre	ciation System		
18	If you are electing to group any assets placed asset accounts, check here	in Service During the and (c) Basing (c) Busines	ng the tax year ing 2018 Tax Years of the preciation and investment use	nto one or mo	re general General Depre	ciation System		
18	If you are electing to group any assets placed asset accounts, check here	in Service During the and (c) Basing (c) Busines	ng the tax year ing 2018 Tax Years of the preciation and investment use	nto one or mo	re general General Depre	ciation System		
18	If you are electing to group any assets placed asset accounts, check here Section B - Assets Placed (b) Month year placed in server a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	in Service During the and (c) Basing (c) Busines	ng the tax year ing 2018 Tax Years of the preciation and investment use	nto one or mo	re general General Depre	ciation System		
18	If you are electing to group any assets placed asset accounts, check here	in Service During the and (c) Basing (c) Busines	ng the tax year ing 2018 Tax Years of the preciation and investment use	ar Using the (re general General Depre	ciation System (f) Method		
18	If you are electing to group any assets placed asset accounts, check here	in Service During the and (c) Basing (c) Busines	ng the tax year ing 2018 Tax Years of the preciation and investment use	ar Using the (d) Recovery period	General Depre	ciation System (f) Method		
18	If you are electing to group any assets placed asset accounts, check here Section B - Assets Placed (a) Classification of property (b) Month year placed in served 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 h Residential rental	in Service During the and (c) Basing (c) Busines	ng the tax year ing 2018 Tax Years of the preciation and investment use	ar Using the (d) Recovery period 25 yrs. 27.5 yrs.	General Depre	ciation System (f) Method		
18	If you are electing to group any assets placed asset accounts, check here	in Service During the and (c) Basing (c) Busines	ng the tax year ing 2018 Tax Years of the preciation and investment use	ar Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	General Depre	ciation System (f) Method S/L S/L S/L S/L		
18	If you are electing to group any assets placed asset accounts, check here	in Service During the and (c) Basing (c) Busines	ng the tax year ing 2018 Tax Years of the preciation and investment use	ar Using the (d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention MM MM MM	ciation System (f) Method S/L S/L S/L S/L S/L		
18	If you are electing to group any assets placed asset accounts, check here	in Service Durir h and (c) Basinice (busines	ng the tax year i	ar Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	ciation System (f) Method S/L S/L S/L S/L S/L S/L S/L	(g) De	
19	If you are electing to group any assets placed asset accounts, check here Section B - Assets Placed (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in	in Service Durir h and (c) Basinice (busines	ng the tax year i	ar Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	
19	If you are electing to group any assets placed asset accounts, check here Section B - Assets Placed (a) Classification of property 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 h Residential rental property i Nonresidential real property Section C - Assets Placed in a Class life	in Service Durir h and (c) Basinice (busines	ng the tax year i	25 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	
19	If you are electing to group any assets placed asset accounts, check here Section B - Assets Placed (a) Classification of property 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 h Residential rental property i Nonresidential real property Section C - Assets Placed in a Class life b 12-year	in Service Durir h and (c) Basinice (busines	ng the tax year i	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Al	e general General Depre	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	
19	If you are electing to group any assets placed asset accounts, check here	in Service Durir h and (c) Basinice (busines	ng the tax year i	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Al	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	
19	If you are electing to group any assets placed asset accounts, check here	in Service Durir h and (c) Basinice (busines	ng the tax year i	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Al	e general General Depre	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	
19 20	If you are electing to group any assets placed asset accounts, check here Section B - Assets Placed (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property C Class life b 12-year c 30-year d 40-year rt IV Summary (See instructions.)	in Service Durin h and (c) Basin ced (busines ince only—s	ng the tax year i	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Al	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	preciation deduction
19 20 Pa 21	If you are electing to group any assets placed asset accounts, check here Section B - Assets Placed (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property c 30-year c 30-year d 40-year rt IV Summary (See instructions.) Listed property. Enter amount from line 28	in Service Durin h and (c) Basin ced (busines ince only—s	ng the tax year ing 2018 Tax Year of the tax year ing 2018 Tax Year of the tax year of the tax year of the tax year of the tax year of the tax year of the tax year of tax yea	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the All 12 yrs. 30 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	
19 20 Pa 21	If you are electing to group any assets placed asset accounts, check here Section B - Assets Placed (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property c 30-year c 30-year d 40-year rt IV Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 thr	in Service During in Service During h and (c) Basin (busines only—s Service During Ough 17, lines 19	ng the tax year ing 2018 Tax Year of the tax year ing 2018 Tax Year of the production of the productio	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the All 12 yrs. 30 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	preciation deduction
19 20 Pa 21 22	If you are electing to group any assets placed asset accounts, check here Section B - Assets Placed (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property c 30-year c 30-year d 40-year rt IV Summary (See instructions.) Listed property. Enter amount from line 28	in Service During h and (c) Basing (busines only—s Service During Ough 17, lines 19 Jurn. Partnerships	ng the tax year ing 2018 Tax Year of the tax year ing 2018 Tax Year of the see instructions) 9 and 20 in column and S corporate and S corporate	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alling the	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	preciation deduction

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

		•	eation, or amu		•										
		•	for which you a	_	•		_			-	e expen	ise, con	nplete d	only 24a,	
			ugh (c) of Sectio												
	·		n and Other Inf				$\overline{}$	struc T	tions for	limits fo	r passe	nger au	tomobil		
24a	Do you have evidence	to support the l	ousiness/investmer	it use cla	imed?	X Yes	∐_No		24b if	"Yes," is t	he evide	ence writ	tten?	XYes	No
	(a)	(b)	(c)	(d)		(e)		(f)		g)	(1	h)	(1)
	Type of property	Date placed	Business/ investment use	Cost or c	ther basis		r depreciations/ r depreciations/ r depreciations		Recovery	Me	thod/	Depre	ciation	Elected se	ection 179
	(list vehicles first)	in service	percentage	<u> </u>			se only)		period	Conv	ention	dedu	ction	co	st
25	Special depreciation	on allowance	for qualified liste	ed prop	erty pla	ced in se	ervice du	ıring			{	1			
	the tax year and us	sed more tha	n 50% in a quali	fied bus	siness u	ıse. See	instruct	ions .		<u></u>	25				
26	Property used mor	e than 50% in	n a qualified bus	<u>iness u</u>	se:										
TOY	OTA SIENNA	9/15/2014	100.00%		21,919		21,9	19	5	200D	B - HY	ļ	2,525		
				ļ		ļ				<u> </u>					
								丄		<u> </u>					
27	Property used 50%	or less in a	qualified busine	ss use:		· · · · · · · · · · · · · · · · · · ·			_	_					
			%							S/L -					
			%							S/L					
			%							S/L-					
28	Add amounts in co		_				e 21, pa	ge 1			_ 28_	L	2,525		
29	Add amounts in co	lumn (i), line	26. Enter here a	and on I	ine 7, p	age 1 .					<u> </u>	<u> </u>	29		
			Sec	tion B-	-Inform	nation o	n Use o	f Veh	nicles						
	olete this section for ve													es	
to you	ır employees, first ans	wer the questi	ons in Section C t	to see if	you me	et an exc	eption to	comp	leting this	section	for those	vehicle	s.	T	
					a)	1 7	b)		(c)		d)		e)		D _
30	9		Veh	icle 1	Vehi	icle 2	^	ehicle 3	Veh	ic le 4	cle 4 Vehicle 5		Vehi	cle 6	
	the year (don't inclu	_	•	<u> </u>		!				<u> </u>					
31	Total commuting mile		- •						•					ļ	
32	Total other personal	-	•			1									
	miles driven							<u> </u>				-		<u> </u>	
33	Total miles driven du							j						ĺ	
	lines 30 through 32			<u> </u>		<u> </u>	T	<u> </u>	T	 	, .	 	1		
34	Was the vehicle ava	=		Yes	No	Yes	No	Yes	_	Yes	No	Yes	No	Yes	No
	use during off-duty h				X		X	-	X	+	 				
35	Was the vehicle use			ł	,			•		1	Ì			Ì	
	5% owner or related	-			X	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	<u> </u>	<u> </u>	1	 				
36	ls another vehicle av			<u> </u>		<u> </u>		<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	_	l	
A	vanihana ayaatiana i		-Questions for							•	-	-		-14	
	ver these questions		•	•	n to cor	npieting	Section	R tot	venicie	s usea b	y empic	yees w	no are i	1't	
	than 5% owners or						. 1. 1 . 1	1 12							N
37	7													Yes	No
20	your employees? .												•		
38	Do you maintain a w		· · · · · · · · · · · · · · · · · · ·	•				-	_						
39	employees? See the			-									•		•
40	Do you treat all use	-											•	ļ	-
40	Do you provide more			-			-	-	•						
41	use of the vehicles, and Do you meet the required													-	
₩1	Note: If your answer		• .												
Part			40, 01 41 15 165,	donte	ompiete	OBCION	B IOI LITE	COVE	eu veriici	.		-		l	
ιαιι	AIIIOI				/h\	1						1-1		,,,	
	Doc	(a) ition of costs		Doto -	(b) mortizatio		(c) iortizable a	move		(d) e section	,	(e) Amortizatio		(f Amortization	-
	Descrip	aon or costs		1	ımoruzatı egins	- Am	ioi iizable 8	mount	\	- 96CHO11		period or percentage		AND UZBUON	ioi uns yea
42	Amortization of cos	sts that hegin	s during your 20	L		e instru	ctions):							1	
74	, anonazadon or out	zio mar pegiji	s during your 20	10 (01)	, (30	25 11131111								-	
											 				
43	Amortization of cos	sts that began	n before vour 20	18 tax v	ear			_					43		
	Total. Add amount										• • •	•	44		۲

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

	TMAN COUNTY HUMANE SOCIET	TY, INC				91-20	54548
Par							
	organization is not a private founda	•	•		•		
1	A church, convention of church	nes, or association o	of churches described in	n section	170(b)(1)((A)(i).	
2	A school described in section	170(b)(1)(A)(ii). (Att	tach Schedule E (Form	990 or 99	90-EZ).)		
3	A hospital or a cooperative hos	spital service organiz	zation described in sec	tion 170(b)(1)(A)(iii	i)-	
4	A medical research organization hospital's name, city, and state	•	nction with a hospital d	lescribed i	in section	170(b)(1)(A)(iii). En	ter the
• 5	An organization operated for the section 170(b)(1)(A)(iv). (Con		ge or university owned	or operate	ed by a go	vernmental unit desc	ribed in
6	A federal, state, or local govern	nment or governmer	ntal unit described in s e	ection 170	D(b)(1)(A)(v).	
7	An organization that normally r described in section 170(b)(1)			m a gove	rnmental u	ınit or from the gene	ral public
8	A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)			
9	An agricultural research organi or university or a non-land-grauniversity:						
10	X 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	l operated exclusive	ly to test for public safe	ety. See se	ection 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.						
а	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 organic control or management of the organization(s). You must organization	he supporting organ	ization vested in the sa				
C	Type III functionally integr			n connect	ion with, a	nd functionally integ	rated with,
	its supported organization(s	, ,	-	-	-	•	
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The organizat	tion generally must sati	isfy a distr	ibution red	quirement and an att	anization(s) entiveness
е	Check this box if the organi functionally integrated, or T	zation received a wr	ritten determination from	n the IRS	that it is a		e III
f	Enter the number of supported						0
<u>g</u>	Provide the following information			1 0 2 1 0		£34	6-2 4
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)						,	
<u> </u>	·				ļ		
(C)							
(D)				-			
(E)			-				
Tota				<u> </u>	1	0	0

Page 2

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.)

	tion A. Public Support				, 		
Cale	ndar 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.")					-	0
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						0
4	organization without charge					-	0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
	ction B. Total Support	l		 	<u> </u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10	i			L	l	0
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the organization, check this box and stop here.						. □
	etion C. Computation of Public Sup						
14		•		<u> </u>		14	0.00%
15	Public support percentage for 2018 (line 6, co Public support percentage from 2017 Schedu			• -		15	0.00%
	33 1/3% support test—2018. If the organiza						0.0070
, va	and stop here. The organization qualifies as			•	•		
h	33 1/3% support test—2017. If the organiza						
	box and stop here. The organization qualifies						
17a	10%-facts-and-circumstances test2018.						
	10% or more, and if the organization meets the						
	Part VI how the organization meets the "facts						
	organization						▶ 🔝
b	10%-facts-and-circumstances test2017.					ine	
	15 is 10% or more, and if the organization me					de a	
	Explain in Part VI how the organization meets supported organization			•		•	
40	,,						
18	Private foundation. If the organization did no instructions	of check a box ou	iiile 13, 108, 100,	i/a, or i/b, cneck	uns dox and see		▶□

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.)

Sec	ction A. Public Support						
Cale	ndar 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	65 <u>4,182</u>
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	1					
	furnished by a governmental unit to the	ı		·			
	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	1					
	persons that exceed the greater of \$5,000	ı					
	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
	ction B. Total Support	 					
Cale	ndar 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		 			040	4.540
	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 .	 					C
12	Other income. Do not include gain or						
	loss from the sale of capital assets	ŀ					C
42	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	277,201	289,143	285,621	292,136	430,734	1,574,835
1.1	and 12.)						1,574,655
1	organization, check this box and stop here.	-		· -		• •	
800	ction C. Computation of Public Su						
	Public support percentage for 2018 (line 8, c			(A)		15	99.90%
15		***	•			16	99.96%
16 Sor	Public support percentage from 2017 Schedection D. Computation of Investmen			 		10	99.9070
				olumn (f)	•	17	0.10%
17	Investment income percentage for 2018 (line					18	0.04%
18 19a	Investment income percentage from 2017 So 33 1/3% support tests—2018. If the organi					· ·	0.0470
ıJd	not more than 33 1/3%, check this box and s						▶ 🔯
b	33 1/3% support tests—2017. If the organi						
-	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation If the organization did r						▶ 🗂

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	Part V.)		
Sect	ion A. All Supporting Organizations			
		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	-	ļ
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
_	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? 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.	4b		
С	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)? 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)	40		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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;	1		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	ł		
	was accomplished (such as by amendment to the organizing document).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		1
D	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	Ì		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	1		
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	<u> </u>		
•	(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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
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))? If "Yes," provide detail in Part VI.	9a		
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? If "Yes," provide detail in Part VI.	9b		
С	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? If "Yes," provide detail in Part VI.	9c		L
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)? If "Yes," answer 10b below.	10a	ļ <u>.</u> .	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedul	e A (Form 990 or 990-EZ) 2018 WHITMAN COUNTY HUMANE SOCIETY, INC 91-20545	548	P	age 5
Part i				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	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		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) chave? If "Yes" to a, b, or a provide detail in Part VI	11b		
	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. on B. Type I Supporting Organizations	1110	1	<u> </u>
OCOLI	On D. Type I dupporting 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	1		
	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,	İ		
	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	on 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			1
	or management of the supporting organization was vested in the same persons that controlled or managed		ļ	.
	the supported organization(s).	1	J	<u> </u>
Section	on D. All Type III Supporting Organizations		1200	T
4	Did the arganization provide to each of its supported arganizations, but he last day of the fifth month of the		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	l		
	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	<u> </u>	Ь
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ļ		
	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			
Section	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3	<u>ا</u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	10)	
a	The organization satisfied the Activities Test. Complete line 2 below.	aacaoi	13).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		oo inatri	otiona	~1
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (si	ee mont		•
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	- 1		
	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		ŀ	1
	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.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	_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		
	or its supported organization is: it is resonable in the refer of the played by the organization in this regard.	טט		1

91-2054548

WHITMAN COUNTY HUMANE SOCIETY, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ns must complete Sections	
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	1 1		
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	o o	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			İ
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 Check here if the current year is the organization's first as a non-functional instructions).	ly inte	grated Type III supporting o	organization (see

Page 7

e Excess from 2018

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiza	ations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·	 	
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which	the organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount		4415	0.000
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014)		
С	From 2015	<u>) </u>		
d	From 2016			
е	From 2017			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years	<u> </u>	0	
h	Applied to 2018 distributable amount			0
i	Carryover from 2013 not applied (see instructions)	,		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years		0	<u> </u>
<u>b</u>	Applied to 2018 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from 4.	0		· -
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.	0		
88	Breakdown of line 7:	<u> </u>		· · · ·
	Excess from 2014	 		
	Excess from 2015	· · · · · · · · · · · · · · · · · · ·		
	Excess from 2016	 		
d	Excess from 2017)		

o

Schedule A (F	orm 990 or 990-EZ) 2018	WHITMAN COUNTY HUMANE SOCIETY, INC	91-2054548	Page 8
Part VI	Supplemental Infor III, line 12; Part IV, S B, lines 1 and 2; Par	rmation. Provide the explanations required by Part II, line 10; Part II, line 17 Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, I ine 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Pa	'a or 17b; Part t IV, Section ines 1c, 2a, 2b,	
		so complete this part for any additional information. (See instructions.)	,	
	11100 2, 0, and 0,7 ad	o complete the part to any additional information (coo mensioner)		
	,			
		·		
	· 			
	·			

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

WHITM.	AN COUNTY HUMANE	SOCIETY, INC	91-2054548
	zation type (check one):		
Filers o	f:	Section:	
Form 99	90 or 990-EZ	X 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private found	dation
		527 political organization	
Form 99	00-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	าท
		501(c)(3) taxable private foundation	
	nly a section 501(c)(7),	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
Genera	Rule		
X		g Form 990, 990-EZ, or 990-PF that received, during the year, contribution operty) from any one contributor. Complete Parts I and II. See instructions butions.	
Special	Rules		
	regulations under section 13, 16a, or 16b, and the	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or at received from any one contributor, during the year, total contributions of amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Cor	990-EZ), Part II, line the greater of (1)
	contributor, during the y literary, or educational p	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiver, total contributions of more than \$1,000 exclusively for religious, charitourposes, or for the prevention of cruelty to children or animals. Complete lead of the contributor name and address), II, and III.	able, scientific,
-	contributor, during the y contributions totaled mo during the year for an e General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece ear, contributions exclusively for religious, charitable, etc., purposes, but note than \$1,000. If this box is checked, enter here the total contributions the xclusively religious, charitable, etc., purpose. Don't complete any of the paper this organization because it received nonexclusively religious, charitable, during the year.	no such at were received arts unless the , etc., contributions

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

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

Name of organization
WHITMAN COUNTY HUMANE SOCIETY, INC

Employer identification number 91-2054548

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 X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
WHITMAN COUNTY HUMANE SOCIETY, INC

Employer identification number 91-2054548

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

Name of org	ganization COUNTY HUMANE SOCIETY, INC			Employer identification number 91-2054548	er		
Part III		ontributions to organ	izations desc				
ı ağılını	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						
	contributions of \$1,000 or less for the year	· -			0		
	Use duplicate copies of Part III if additions	•		,			
(a) No.							
from	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is hel	d		
Part I							
	· · · · · · · · · · · · · · · · · · ·	(e) Transfe	r of gift				
		(0) (10.1010	. c. g				
	Transferee's name, address, and	7IP + 4	Relatio	nship of transferor to transferee			
	Transfero o Trans, address, and		Holatio	ionip of danoror to danoror			
	For. Prov. Country			·			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is hel	d		
Parti				-			
		(e) Transfe	r of gift				
		(0) (1011010	· • · g				
	Transferee's name, address, and	7IP + 4	Relatio	nship of transferor to transferee			
	Transferee 3 hame, address, and		TCIAGO	nomp of transferor to transferor			
	For. Prov. Country						
(a) No.							
from	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is hel	ld		
Part I							

		**					
		(e) Transfe	r of aift				
		(0)	.				
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee			
							
				·			
	For. Prov. Country						
(a) No.							
from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is hel	d		
1 414.1							
				··			
		(e) Transfe	r of gift				
		• • • • • • • • • • • • • • • • • • • •	•				
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee			
	For Draw Country	·					

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name c	of the organization	Employer identification number
WHIT	FMAN COUNTY HUMANE SOCIETY, INC	91-2054548
Part	Organizations Maintaining Donor Advised Funds or Other Similar Fun	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
	Aggregate value at end of year	·
	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	• • • — —
	conferring impermissible private benefit?	Yes . No
Part		·
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	· · · · · · · · · · · · · · · · · · ·
1 .	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	n of a historically important land area
- 1	Protection of natural habitat	n of a certified historic structure
i	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a concentration
	easement on the last day of the tax year.	Held at the End of the Tax Year
	management of the contract of	
	Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
	historic structure listed in the National Register	2d
	Number of conservation easements modified, transferred, released, extinguished, or term	
	the tax year	mated by the organization during
	Number of states where property subject to conservation easement is located	
	Does the organization have a written policy regarding the periodic monitoring, inspection,	handling of
	violations, and enforcement of the conservation easements it holds?	
	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing or	— — —
J	b	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	protion accoments during the year
•	Amount of expenses incurred in monitoring, inspecting, nationing of violations, and enforcing conse	valion easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	f section 170(h)(4)(R)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
	In Part XIII, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finar	
	organization's accounting for conservation easements.	iciai statements that describes the
Part	Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Accete
ı ait	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Shimar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	varue statement and balance about
	works of art, historical treasures, or other similar assets held for public exhibition, education	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that of	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue.	
	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other similar assets held for public exhibition, education	on, or research in furtherance of
	public service, provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	· · · · · · • • • • • • • • • • • • • •
^	(II) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar asset	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	
	Revenue included on Form 990, Part VIII, line 1	
n	Assets included in Form 990 Part X	▶ %

Par	t III Organizations Maintaining Col	lections of A	rt, Histo	rical Trea	asures, or (Other	Similar Assets	(conti	nued)	
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):			_						
а	Public exhibition		d	Loan or	exchange pro	ograms				
b	Scholarly research		е	Other						
С	Preservation for future generations			•						
4	Provide a description of the organization's	collections and	evolain h	ow they fu	rther the oras	anizatio	n's exempt purpo	se in Pa	art	
7	XIII.	Concolloris and	explain n	OW LICY IG	intifor the orga	41 112GLIO	iro exempt purpt	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A1 C	
5	During the year, did the organization solici	t or receive don	ations of	art bistorio	ral treasures	or othe	r similar			
•	assets to be sold to raise funds rather than							☐ Ye	es 🗌	No
Pari								<u> </u>	<u>- </u>	
Fail	Complete if the organization ans		n Form (000 Part	1\/ line 0 o	r ronor	ted an amount	on For	m	
	990, Part X, line 21.	weled les c	iii Oiiii s	250, 1 ait	10, 1116 3, 0	Порог	ted an amount	011 1 01	***	
	Is the organization an agent, trustee, custo	ndian or other in	termedia	y for contr	ibutions or of	her ass	ets not			
14	included on Form 990, Part X?							☐ Ye	es 🗀	No
b	If "Yes," explain the arrangement in Part X								~ [
_	in 100, Oxplain the arrangement in 1 arra	care complete			•			Amount		
C	Beginning balance				<i></i>	1c				
d	Additions during the year					1d		-		
е	Distributions during the year					1e				
f	Ending balance					1f				C
2a	Did the organization include an amount or	n Form 990. Par	t X. line 2	1. for escre	ow or custodi	al acco	unt liability?	☐ Ye	es X	No
b	If "Yes," explain the arrangement in Part X						•		Ħ	
Part		Ondorrior	11 ti 10 ti 10 ti							
Fait	Complete if the organization ans	wered "Vec" o	n Form (000 Part	IV line 10					
		(a) Current year		or year	(c) Two years	back	(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	0	 	0	(0) 1110)0010	0		0		
b	Contributions		 			→		+		
c	Net investment earnings, gains,	<u>-</u>	 							
	and losses					1				
d	Grants or scholarships	 								
е	Other expenditures for facilities									
	and programs			ļ						
f	Administrative expenses	-								
g	End of year balance	0		0		0		0		
2	Provide the estimated percentage of the c	urrent year end	balance (line 1g, co	lumn (a)) hel	d as:				
а	Board designated or quasi-endowment	>	<u>%</u>							
b	Permanent endowment	<u>%</u>								
C	Temporarily restricted endowment	%	•							
_	The percentages on lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the pos	session of the c	organizatio	on that are	neid and adr	ninister	ea for the		Yes	No
	organization by:							3a(i)	ies	No
	(i) unrelated organizations							3a(ii)		
b	(ii) related organizations . If "Yes" on line 3a(ii), are the related organ							3b	\vdash	
4	Describe in Part XIII the intended uses of							30		
Part			13 CITOWI	nent tuna	o					
ı arı	Complete if the organization ans		n Form 9	agn Part	IV line 11a	See F	Form 990 Part	X line	10	
	Description of property	(a) Cost or o			or other basis		Accumulated		ook value	
	possipaon or property	(investr		1 ''	other)		epreciation	(4) 5	+4146	
1a	Land	1	0		97,500				9	7,500
b	Buildings		0	-	1,094,387		250,190			4,197
С	Leasehold improvements		0		117,782		92,222			5,560
d	Equipment		0		50,843		49,580			1,263
е	Other		0		73,766		2,149		7	1,617
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0. Part X.	column (E	3). line 10c.)		•		1.04	0.137

Part VII	Investments—Other Securities. Complete if the organization answere	d "Vos" on Form 000	Part IV line 11h See Form 000 Par	rt Y line 12
· · · ·	(a) Description of security or category	(b) Book value	(c) Method of valuation:	t X, iiile 12.
	(including name of security)	(b) Book value	Cost or end-of-year market valu	18
	derivatives			
	neld equity interests)	
			<u> </u>	
•				
(B)				
(C)				
(D)				
(E)			-	
(F) (G)			 	
(H)				•
	n (b) must equal Form 990, Part X, col. (B) line 12.)	()	
Part VIII	Investments—Program Related.	······································	*	
	Complete if the organization answere	d "Yes" on Form 990.	Part IV. line 11c. See Form 990. Par	t X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
	ta) Description of investment	(b) Book value	Cost or end-of-year market value	ie
(1)				
(2)				
_(3)			ļ	
_(4)				
_(5)				
(6)				
		·	 	
	·			
<u>(9)</u>				
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		<i>)</i>	
rait ix	Complete if the organization answere	d "Ves" on Form 000	Part IV line 11d See Form 990 Par	t Y line 15
		escription		b) Book value
(1)		odiption		of Dook falso
(2)			· · · · · · · · · · · · · · · · · · ·	
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)				
(6)		-		
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<u> </u>	0
Part X	Other Liabilities.			
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	90, Part X,
_	line 25.			
1.	(a) Description of liability	(b) Book value	-	
	income taxes	(<u>'</u>	
(2)			-	
(3)			1	
(5)			1	
(6)		-	1	
(7)			1	
(8)			1 .	
(9)			1	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(5	
			organization's financial statements that reports	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Pari	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	•	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	0
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf		nt X, line

Schedule D (Fo		WHITMAN COUNTY HUMANE SOCIETY, INC	91-2054548	Page 5
Part XIII	Suppleme	ental Information (continued)		
~~~~~~				
		•		
	<b></b>			
		· 		
	- <b>-</b>			

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

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Name of the organization Employer Identification number WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants b Phone solicitations C X | Special fundraising events X In-person solicitations ď 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes." list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iil) Did fundraiser have (vi) Amount paid to (or retained by) (I) Name and address of individual (iv) Gross receipts (or retained by) (II) Activity custody or control of fundraiser listed in or entity (fundraiser) from activity contributions? organization col. (I) Yes No 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 10 0 0 0 Total 0

registration or licensing.	

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

Schedule G (Form 990 or 990-EZ) 2018 WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548 Page 2 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 (add col. (a) through col. (c)) **FUR BALL MUTT STRUT** (event type) (total number) (event type) Revenue Gross receipts . . . . . 98,328 13,087 114,696 3,281 Less: Contributions . . . Gross income (line 1 minus 3,281 13,087 114,696 Cash prizes . . . . . 0 Noncash prizes . . . . . 0 0 **Direct Expenses** Rent/facility costs . . . . 0 0 0 Food and beverages . . . 0 0 Entertainment . . . . . 0 Other direct expenses . . 24,337 590 24,927 24.927) Net income summary. Subtract line 10 from line 3, column (d) . . . . 89,769 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 0 Direct Expenses Cash prizes . . . . . . 0 Noncash prizes . . . . . 0 Rent/facility costs . . . . 0 Other direct expenses. Yes Yes % Yes % Volunteer labor . . . . . No No No Enter the state(s) in which the organization conducts gaming activities: If "No," explain: ...... 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . | Yes b If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2018 WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization   \$\bigsec* 0 and the amount of gaming revenue retained by the third party   \$\bigsec* 0 0
C	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$0
	Description of services provided
	Director/officer Employee Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to
b	retain the state gaming license?
-	spent in the organization's own exempt activities during the tax year > \$
Part	
	See instructions.

#### **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 0` Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number WHITMAN COUNTY HUMANE SOCIETY, INC 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.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
WHITMAN COUNTY HUMANE SOCIETY, INC	91-2054548
······································	
······································	

Form 4562 Statement	-	990
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12/31/2018

WHITM	WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548															
		Date		Business	Cost or								Con-	Prior Accum.	2018	2018
Item	Description of	Placed	Asset	Use	Other	Sec. 179		Special	Salvage	Recovery	Recovery		vention	Deprec.,		Accum.
No.	Property	In Service	Code	%	Basis	Deduction	Credit	Allowance	Value	Basis	Period	Method	Code	179, Bonus	Deprec.	Deprec.
Denre	eciation Detail														•	
MACR	S deductions for prior years (L	ine 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	Ď	0	ō	Ö	2,625	39	SL/GDS	MM	402	67	469
E26	BUILDING SITE COSTS - 07	6/1/2007	R-5	100.00%	4,751	n	Ď	0	Ō	4,751	39	SL/GDS	MM	732	122	854
A27	DEVELOPMENT COSTS	10/31/2008	R-5	100.00%	110,000	0	ő	Ö	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	Ö	0	48,252	39	SL/GDS	MM	11,134	1,237	12,371
B29	CAMPAIGN DEVELOPMENT		R-2	100.00%	4,520	0	0	0	0	4,520	15	SUGDS	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	SLIGDS	MM	348	39	387
A36	SITE PREP	2/11/2009	R-5	100.00%	11,301	0	0	0	0			SL/GDS	MM			
E41	INSURANCE - CONSTRUCTION		R-5	100.00%	685	0	0	0	_	11,301	39			2,573	290	2,863
A30	SEPTIC/WATER DRAIN SYST		n-5 R-5			0	0	0	0	685	39	SL/GDS	MM	157	18	175
A30 A37				100.00%	118,217	-	•	-	0	118,217	39	SL/GDS	MM	26,396	3,031	29,427
	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		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	HΥ	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 pr	rior years (Line	e 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				200.050	20.656	202 742
	oubtotal Depreciation			-	1,102,244		U	<u>U</u> _		1,102,244				260,056	32,656	292,712
1 !-4-	J Duamante															
LISTE	d Property															
Listed	property with more than 50% b	ousiness use	(Line 25	and 261												
H12	1985 VAN	8/1/2003	V-7	100.00%	2,000	0	0	0	O	2,000	5	200DB	HY	2,000	0	2,000
H44	1990 PLYMOUTH VOYAGER		V-5	100.00%	500	ő	ő	0	0	500	5	SL/GDS	HY	500	0	500
H55	TOYOTA SIENNA	9/15/2014	V-6	100.00%	21,919	ő	0	o o	0	21,919	5	200DB	HY	18,131	2,525	20,656
		0, 10,2011		100.0070	21,010	•	·	•	v	21,010	•	20000	•••	10,101	2,020	20,000
	Total listed prop with > 50% bu	siness use		_	24,419	0	0	0	0	24,419				20,631	2,525	23,156
				-												
	Subtotal Listed Proper	lv		_	24,419	0	0	0	0	24,419				20,631	2,525	23,156
	1 1 <b>0 pc</b>	-7		ē				iliates and licens						20,031	2,020	20,100
				Ŭ		, 0.0			2. 7 1191103 10							

Form 4562 Statement - 990

12/31/2018

	1111 700	III 1002 Ottitoilloite 000															12/01/2010
	WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548																
- 1			Date		Business	Cost or	-				İ			Con-	Prior Accum.	2018	2018
- 1	Item	Description of	Placed	Asset	Use	Other	Sec. 179		Special	Salvage	Recovery	Recovery		vention	Deprec.,		Accum.
ļ	No.	Property	In Service	Code	%	Basis	Deduction	Credit	Allowance	Value ·	Basis	Period	Method	Code	179, Bonus	Deprec.	Deprec.
Total Depreciation and Amortization						1,186,663	. 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**

 Unadjusted

 Activity
 Cost or Basis

 1
 990
 1,191,075

**Detail of Depreciable Property** 

<u> </u>	. о. дорго	clable Froperty	Date In	Recovery	Years in	Total Cost	Business/Time	Unadjusted
	Activity	Asset Description	Service	Period	Service	or Basis	Use Percent	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		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		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		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

	Jy Classilication - 33													12/31/2018		
WHITM	AN COUNTY HUMANE SOCIET	Y, INC 91-	2054548	, ,												
	Description of	Date		Business	Cost or							_	Con-	Prior Accum.	2018	2018
Item	Property	Placed	Asset	Use	Other	Sec. 179		Special	Salvage	Recovery	Recovery		vention	Deprec.,		Accum.
No.	**** indicates DISPOSED	In Service	Code	%	Basis	Deduction	Credit	Allowance	Value	Basis	Period	Method	Code	179, Bonus	Deprec.	Deprec.
														,,		
5-vr Res	sidential rental furnishings an	d appliances														
F18	OFFICE EQUIPMENT	6/30/2001	F-3	100.00%	441	0	0	0	0	441	5	200DB	HY	441	0	441
	•		. •									20000	111		•	
	Total: 5-yr Res rental furnishing	gs		_	441	0	0	0	0	441				441	0	441
									-							
	mputers and peripherals (not															
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
	Totals E va Communicate (not liste			-	00.050					00.050						22.052
	Total: 5-yr Computers (not liste	;a)		-	22,050	0	0	0	0	22,050				22,050	0	22,050
7 vm Ca																
	neral purpose tools, machiner SHELTER/LAB EQUIPMENT			400.000/	000		•			000	-	00000	107	000	•	202
G5	• • • • • • • • • • • • • • • • • • • •	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, ma	ch. equip		-	4,374	0	0	0	0	4,374	•			4,374	0	4,374
		v, v 4p		-	.,0	<u>-</u>		•	<u> </u>	1,07 1	ı			4,014		7,017
7-vr Offi	ice furniture, fixtures and equ	ipment														
F9	OFFICE EQUIPMENT	4/25/2003	F-11	100.00%	1,708	0	0	0	0	1,708	7	200DB	ΗY	1,708	0	1,708
			• • • •									LUUDD	•••			
	Total: 7-yr Office furn, fixtures,	equip		-	1,708	. 0	0	0	0	1,708	i			1,708	0	1,708
<u>Land</u>						_										
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
	roun Lund			-	07,000			<del>_</del>		57,000	i			<u>v</u> .		
Other n	ondepreciable															
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	Ö	Ö	Ö	ő	68,271	0	02000		Ö	Ö	0
•••		120112010		-					_							
	Total: Other nondepreciable			_	71,617	0	0	0	0	71,617				0	0	0
	and improvements															
B2	CAMPAIGN DEVELOPMENT		R-2	100.00%	3,000	0	0	0	0	3,000	15	SL/GDS	MM	2,987	0	2,987
B7	CAMPAIGN DEVELOPMENT		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	Ö	Ō	ō	970	7	SL/GDS	HY	970	0	970
A47	SOUND PROOFING	3/16/2010	R-2	100.00%	3,989	Ö	Ö	n	n	3,989	7	SL/GDS	HY	3,989	ő	3,989
A48	CAT DOORS	3/31/2010	R-2	100.00%	500	0	Ö	ñ	ő	500	7	SL/GDS	HY	499	0	499
A54	ADD'L FENCING TO SPLIT KE		R-2	100.00%	1,384	0	ő	o	ő	1,384	15	SL/GDS	HY	506	92	598
					· · · · · · · · · · · · · · · · · · ·	<del></del>						22,000				
	Total: 15-yr Land improvement	s			116,073	0	0	0	0	116,073				87,176	4,493	91,669
				-												

4	n	n	4	n	Λ1	с

WHITM	AN COUNTY HUMANE SOCIETY	Y, INC 91-	2054548												•	
	Description of	Date		Business	Cost or								Con-	Prior Accum.	2018	2018
ltem	Property	Placed	Asset	Use	Other	Sec. 179		Special	Salvage	Recovery	Recovery		vention	Deprec.,		Accum.
No.	***" indicates DISPOSED	In Service	Code	%	Basis	Deduction	Credit	Allowance	Value	Basis	Period	Method	Code	179, Bonus	Deprec.	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/Servi	ira		-	1,709	0	0	0	0	1,709				450	103	553
	Iolai. 13-yi Distrib Haucsiocivi	ICC		-	1,100	· · · · · · · · ·			<u> </u>	1,703				430	. 103	<del></del>
39-yr N	onresidential 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 - CONSTRUCTION	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
	•			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					7,00 1,001					20,000	200,100
	<u>ssenger vehicles (excluding ce</u>															
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)		<u>-</u>	500	0	0	0	0	500				500	0	500
	V and certain trucks and vans	-		400.000/	24.040		•	•	_	24.242	_			10.101		
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 > 6,00	00 lbs		_	21,919	0	0	0	0	21,919				18,131	2,525	20,656
£ 1 :.	ht trucks, vans, and autos buil	la an a amiali	-h!-													
<u>э-уг сц</u> Н12	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
1112			V-1	100.0076								20000	п			
	Total: 5-yr Truck, van, auto on to	rk chassis		-	2,000	0	0	0	0	2,000				2,000	0	2,000
	SubTotals				1 /12/ 270	Λ	•	^	^	1 /2/ 270				250 000	25 404	204 444
	Less: Disposed Assets				1,434,278	0 ( 0)	( 0	0 ( 0)	0 )	1,434,278				358,960	35,181	394,141
	Edda. Dioposou nasela			-	0) (	(0)	( 0)	( 0)	( 0)	(0)				( 0) (	0) (	(0)

Assets by Classification - 990

12	/31	12	D1	8

WHITMA	WHITMAN COUNTY HUMANE SOCIETY, INC 91-2054548															
	Description of	Date		Business	Cost or								Con-	Prior Accum.	2018	2018
Item	Property	Placed	Asset	Use	Other	Sec. 179		Special	Salvage	Recovery	Recovery		vention	Deprec.,		Accum.
No.	**** indicates DISPOSED	In Service	Code	%	Basis	Deduction	Credit	Allowance	Value	Basis	Period	Method	Code	179, Bonus	Deprec.	Deprec.
	Ending Totals				1,434,278	0	0	0	0	1,434,278	<u>-</u>			358,960	35,181	394,141