TIN: 91-6001724

Form **990** 

Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or the	e 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-3	1-2021		<u>'</u>	
<b>B</b> Che	ck if a <sub>l</sub>	pplicable: C Name of organization OLYMPIC PENINSULA HUMANE SOCIETY		D Employe	r identifi	ication number
○ Ad	dress (	change		91-6001	724	
	me ch	Delta barbara da		-	,	
_	tial ret					
_		n/terminated  I return  Number and street (or P.O. box if mail is not delivered to street address) Room/si	ıita	E Telephone	number	_
		on pending PO BOX 3124	iice	(360) 45	7-8206	
_ `		City or town, state or province, country, and ZIP or foreign postal code		- (333)		
		PORT ANGELES, WA 98362		<b>G</b> Gross rec	eipts \$ 1.	546.318
		<b>F</b> Name and address of principal officer:	H(a) Ic th	is a group ret		
		JESSICA PINKHAM		rdinates?	uiii ioi	☐Yes ✓No
		PO BOX 3124 PORT ANGELES, WA 98362	H(b) Are	all subordinate	es	
I Tax	k-exem	· ·		ded?	-	☐ Yes ☐No
		npt status:		o," attach a li		
J W	ebsit	e: DOPHUMANESOCIETY.ORG	11(0) 6100	ip exemption i	lullibei	•
			L Year of form	nation: 1947	M State	of legal domicile:
K Forr	n of or	ganization: 🗹 Corporation 🗌 Trust 🔲 Association 🗋 Other 🕨			WA	or regar dominents
P:	art I	Summary				
		Briefly describe the organization's mission or most significant activities:				
		DPHS, AN OPEN ADMISSION SHELTER, IS DEDICATED TO MAINTAINING AND IMPRO				
		SURRENDERED, LOST, ABANDONDED, NEGLECTED, AND ABUSED COMPANION ANIN CONDUIT FOR HELPING LOST ANIMALS REUNITE WITH THEIR OWNERS, AS WELL A				
	F	PROMOTION OF RESPONSIBLE ANIMAL OWNERSHIP AND DEVOTION TO POPULATION	N CONTROL I	N THE FORM (	OF SPAY	AND NEUTER
e		PROGRAMS FOR SHELTER ANIMALS, AS WELL AS SPAY AND NEUTER FINANCIAL AS: PRIORITY FOR OPHS. ADDITIONALLY, OPHS IS IN SUPPORT OF THE ENFORCEMENT				
Governance	L	EGISLATION TO ASSIST IN THE JUST ENFORCEMENT OF ALL CRUELTY LAWS IN CL	S NOT B	ELIEVE IN		
E		EUTHANIZING HEALTHY AND ADOPTABLE ANIMALS DUE TO LACK OF SPACE OR LEN EFFORT POSSIBLE IS MADE TO ENSURE THAT HEALTHY ADOPTABLE ANIMALS WILL				
ŏ	=	TON TOSSIBLE IS TIME TO ENSURE THAT HEALTH ADOLINGE ANTIMES WILL	TEITI OTOTAL	AND SECONE	LI KLSI	DE AT OTTIS.
9	-					
Activities &	_					
Ĕ		Check this box $\triangleright \Box$ Number of voting members of the governing body (Part VI, line 1a)			3	9
É		Number of independent voting members of the governing body (Part VI, line 1b)		•	4	9
Ř		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5	29
		Total number of volunteers (estimate if necessary)		•	6	152
		,,		•		
		Total unrelated business revenue from Part VIII, column (C), line 12		•	7a	0
	ь	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0
			Pi	ior Year		Current Year
3		Contributions and grants (Part VIII, line 1h)		744,7	_	1,235,070
8		Program service revenue (Part VIII, line 2g)		257,2	31	275,604
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d )		26,8	92	35,287
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,9		-1,622
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,019,9	07	1,544,339
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )			0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
88	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		607,2	74	674,198
JSG	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 66,045				
Ф		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		392,1	71	483,252
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		999,4	_	1,157,450
		Revenue less expenses. Subtract line 18 from line 12		20,4	_	386,889
× 8	<del></del>	and the second s	Beginning	of Current Ye	_	End of Year
ssets or Balances			5	,		
	I	Total assets (Part X, line 16)		3,682,0	60	4,082,194

Net A Fund		iabilities (Part X, line 26)			82,	,
		ssets or fund balances. Subtract line	21 from line 20		3,599,	310 4,019,42
Unde know	r penalties o	<b>gnature Block</b> of perjury, I declare that I have exan elief, it is true, correct, and complete				
					2022-04-29	
Sign	1 1	nature of officer			Date	
Here	KLI	NNETH BEARLY TREASURER be or print name and title				
	l i i i	Print/Type preparer's name	Preparer's signature	Date		PTIN
Pai	d	Tring type preparer 5 hame	Treparer 5 Signature	Butte		P00003151
Pre	parer	Firm's name AIKEN & SANDERS IN	IC PS	•	Firm's EIN ▶ 91	-0870697
Use	Only	Firm's address 324 S MAIN ST UNIT	A		Phone no. (360)	533-3370
		MONTESANO, WA 98	5634502			
May 1	the IRS disc	uss this return with the preparer sho	own above? (see instructions) .			✓ Yes □ No
For F	Paperwork	Reduction Act Notice, see the se	parate instructions.	Cat.	No. 11282Y	Form <b>990</b> (2021
			Dama 2			
			——————————————————————————————————————			
	990 (2021)					Page
Pa		atement of Program Service	<u>-</u>			
1		eck if Schedule O contains a respons cribe the organization's mission:	e or note to any line in this Part III		<u></u>	U
_	•	HE SOCIETY INCLUDE FINDING RES	PONSTRIE OWNERS FOR ALL ADO	DTARIE DETS ΔΝ	D THE DREVENTI	ON OF ARUSE AND CRUEITY
	SOCIETY PR	OVIDES ANIMAL SPAYING, NEUTERI				
2	the prior F	ganization undertake any significant orm 990 or 990-EZ?	ule O.			☐ Yes V No
3	services?	ganization cease conducting, or mak		nducts, any progr	am 	🗆 Yes 🔽 No
4	Describe the Section 50	ne organization's program service ac 1(c)(3) and 501(c)(4) organizations ue, if any, for each program service i	complishments for each of its three are required to report the amoun			
4a	(Code:	) (Expenses \$	950,884 including grants of \$		) (Revenue \$	275,604 )
	ANIMALS TH	Y PROVIDES ANIMAL SPAYING, NEUTERIN IAT INCLUDE SNAP PROGRAM - THE SPAY THE SOCIETY CAN IMPLANT AN IDENTIFIC	NEUTER ASSIST PROGRAM OFFERS LO	W COST OR FREE SE	RVICES TO QUALIF	
4b	(Code:	) (Expenses \$	including grants of \$		) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$		) (Revenue \$	)

4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	\		
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses 950,884	)		
		F	orm <b>99</b>	<b>0</b> (2021)
	Page 3			
	rage 5			
	990 (2021) t IV Checklist of Required Schedules			Page 3
Га	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete</i>			No
7	Schedule D,Part I	6		N -
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 8		No
	complete Schedule D, Part III			No
9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
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 2	11b		No
С	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 📆	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
10	Nid the conscinution consent assert than #15 000 total of foodunising count access income and containstitute on Doublilli			

12	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
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		No
		F	orm <b>99</b>	<b>0</b> (2021)
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Pa	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	163	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family	26		No

Schedule L, Part III .

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employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a

35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete

Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV

A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . . .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions):

No

No

No

No

Nο

No

No

No

No

No

No

No

No

28a

28b

28c

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33

34

35a

35b

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Pai	All Form 990 filers are required to complete Schedule O	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	<b>0</b> (2021
			01111 33	0 (202)
	Page 5			
orm	990 (2021)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:			
Ea	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a		No
Оa	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?	Oa		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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		No
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 required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		
3	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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a h	Gross income from members or shareholders			
b	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

b	It "Yes," enter the amount of tax-exempt interest received or accrued during the year.		ļ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
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		No
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (2021)
	Page 6 ———————————————————————————————————			
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	TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" rest	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	-		<b>✓</b>
<u>Se</u>	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   9		Yes	No
10	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			
b	similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent			
	<b>1b</b> 9	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	

15	Did the process for determining compensa persons, comparability data, and contemp									lependent			
а	The organization's CEO, Executive Director										15a	Yes	
ь	Other officers or key employees of the org	anization .									15b	Yes	
	If "Yes" to line 15a or 15b, describe the pr	ocess on Sched	ule O. S	See ir	nstru	ıctio	ns.						
16a	Did the organization invest in, contribute a taxable entity during the year?		rticipate •					or si	milar arrangement		16a		No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applic status with respect to such arrangements?	able federal ta	x law, a	ınd ta	ike s	teps	s to sa			n's exempt			
					-	-			•		16b		
<u>Se</u>	ction C. Disclosure List the states with which a copy of this Fo	000 is requi	irod to	ho file	a d <b>ile</b>								
18	Section 6104 requires an organization to r	nake its Form 1	023 (10	024 o	r 10	24-	WA A, if ap	oplica	able), 990, and 990	-T (section			
19	501(c)(3)s only) available for public inspection.  Own website Another's website Describe in Schedule O whether (and if so	Upon rec	quest		Othe	r (e:	xplain	in S	chedule O)				
20	policy, and financial statements available t State the name, address, and telephone n	o the public du	ring the	tax	year.			-	·				
	▶ORGANIZATION ACCOUNTING DEPARTM	ENT 1743 OLD	OLYMP	IC HI	GHV	VAY	РО	RŤ A	NGELES, WA 98362	(360) 457-82			. (2.22.1)
												Form <b>99</b> (	<b>0</b> (2021)
				Page	e 7								
Form	990 (2021)												Page <b>7</b>
Par	Compensation of Officers, D and Independent Contracto		stees	, Key	y Er	npl	oyee	s, H	lighest Compen	sated Empl	oye	es,	
	Check if Schedule O contains a resp		o anv lii	ne in	this	Par	t VII .						
Se	ction A. Officers, Directors, Truste										•		
	omplete this table for all persons required to	be listed. Rep	ort com	pens	atior	n for	the c	alen	dar year ending wit	h or within the	orga	anization'	's tax
year.	List all of the organization's current officers	s. directors, tru	stees (\	wheth	ner ii	ndiv	iduals	or o	rganizations), regai	dless of amou	nt		
	npensation. Enter -0- in columns (D), (E), a												
	ist all of the organization's <b>current</b> key em										. \		
	ist the organization's five <b>current</b> highest of eceived reportable compensation (box 5 of											000 from	the
organ	ization and any related organizations.	,				-			,	·	·		
	ist all of the organization's <b>former</b> officers, ortable compensation from the organization						sated	emp	loyees who received	d more than \$1	100,	000	
	ist all of the organization's former directo	•	_				capa	city a	as a former director	or trustee of t	he		
_	ization, more than \$10,000 of reportable co	•		orgar	nizat	ion	and ar	ny re	lated organizations	•			
	he instructions for the order in which to list	•											
	Check this box if neither the organization no	, , , , , , , , , , , , , , , , , , ,	rganıza İ	tion c			ated a	iny c	, I	•	1		
	<b>(A)</b> Name and title	<b>(B)</b> Average	Positio	on (d	(C) o no		eck m	ore	<b>(D)</b> Reportable	<b>(E)</b> Reportable		( <b>F</b> Estim	
		hours per week (list	than o				ss per		compensation from the	compensatio from related		amount o	
		any hours		direc				a	organization	organization	S	from	
		for related organizations	2 E	=	Q	줎	욕포	Ţ	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-		organizat relat	
		below dotted	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	NEC)	NEC)		organiz	
		line)	ect a	tio	~	mp	st c	er.					
			~ <del>2</del>	nal		оуе	° on						
			8	Truste		Φ	pen						
			Ψ	89			sate						
					<u> </u>		ğ						
(1) DE	NISE FOLEY	8.00	x						0		0		0
BOAR	) MEMBER		^						Ü		U		0
	SSICA PINKHAM	8.00			,,					<u> </u>			
PRESI	DENT		X		Х				0		0		0
(3) MA	ARTHA IRELAND	8.00									$\neg$		
. ,			Х		Х				0		0		0
		8.00		-	-						$\dashv$		
	NNETH BEARLY		х		х				0		0		0
TREAS		0.00			_						_		
(5) MA	ARTI OLDHAM	8.00			l								_

VICE PRESIDENT		Х	Х		U	U	U
(6) DONNA HALSAVER BOARD MEMBER	8.00	х			0	0	0
(7) LINDA CROW BOARD MEMBER	8.00	х			0	0	0
(8) WENDY LESKINOVITCH BOARD MEMBER	8.00	х			0	0	0
(9) DAVE NEUPERT BOARD MEMBER	8.00	Х			0	0	0
(10) LUANNE HINKLE EXECUTIVE DIRECTOR	40.00		х		100,053	0	0

Form **990** (2021)

——— Page 8 —

Form 990 (2021)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	ne b	ox, ι n of or/t	t che unle: ficer rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations

b Sub-Total c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A	▶	100,053	0		0
Total number of individuals (including but of reportable compensation from the org	it not limited to those li		eived more than \$10	0,000		
Did the organization list any <b>former</b> offi line 1a? <i>If "Yes," complete Schedule J fo</i>		key employee, or hi	ghest compensated e	employee on	Yes	No No
For any individual listed on line 1a, is the organization and related organizations g individual				the	4	No
Did any person listed on line 1a receive services rendered to the organization?If	•	•	_		5	No
Section B. Independent Contractor  Complete this table for your five highest from the organization. Report compensa	compensated independ				ensation	
	(A) business address	ar chang with or with		(B) iption of services	Compe	
Total number of independent contractors (	including but not limited	d to those listed abov	ve) who received mo	re than \$100,000	of	
compensation from the organization ▶ 0					Form <b>99</b>	<b>0</b> (2021)
		Page 9				
m 990 (2021) Part VIII Statement of Revenue						Page <b>9</b>
Check if Schedule O contains a	response or note to any					
		<b>(A)</b> Total revenue	( <b>B</b> ) Related or exempt function revenue	(C) Unrelated business revenue	Reverse excluded tax under 512 -	nue d from sections
rederated campaigns 1a  ntributions, ts. Grants, y Membership dues 1b						
nerAmt hilar objects 1c						
22,687  Related organizations 1d						
Government grants (contributions) 1e						
All other contributions, gifts, grants, and similar amounts not included above						
1,085,925 Noncash contributions included in lines 1a - 1f:\$  1g						
Total. Add lines 1a-1f	1,235,070					
2a PROGRAM INCOME	Business Code 611710	173,370	173,370			
, SHELTERING SERVICES	624200	102,234	102,234			
SHELTERING SERVICES  :						
a l						

5									
Š	,								
å									
	<b>f</b> All other program	servic	e revenue.						
	<b>9 Total.</b> Add lines 2	2a-2f <b>.</b>		•	275,604				
	<b>3</b> Investment income similar amounts) .			nds, ir •	iterest, and other	35,287			35,287
	4 Income from invest				nd proceeds	•			
					<b>&gt;</b>				
		ПΓ	(i) Rea	ıl	(ii) Personal				
	En Cross ronts	اً ۔ ا							
	<b>6a</b> Gross rents <b>b</b> Less: rental	6a							
	expenses	6b							
	c Rental income or (loss)	6с							
	<b>d</b> Net rental income	or (lo	oss)		•		u.	ı	u.
			(i) Securi	ties	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a							
	<b>b</b> Less: cost or other basis and sales expenses	7b							
	c Gain or (loss)	7c							
	<b>d</b> Net gain or (loss)	-							
Revenue	contributions reported See Part IV, line 18  b Less: direct expen	d on lir	22,687 of ne 1c).	8a 8b	0 1,979				
Other	c Net income or (los				nts	-1,979			-1,979
ŧ									
Ť	Gross income from See Part IV, line 19								
	<b>b</b> Less: direct expen			9a 9b					
	c Net income or (los				es				
	<b>10a</b> Gross sales of invereturns and allowa	entory	, less	10a	357				
	<b>b</b> Less: cost of goods	s sold		10b	0				
	<b>c</b> Net income or (los	s) fro	m sales of i	nvento	ory <b>&gt;</b>	357			357
	Miscellaneo				Business Code				
	11a								
	ь								
	С								
	<b>d</b> All other revenue								
	e Total. Add lines 1	1a-11	.d	'	🕨				
	12 Total revenue. S	ee ins	tructions .		🛌	_			
					-	1,544,339	275,604	0	33,665 Form <b>990</b> (2021)
									\/

— Page 10 −

	Check if Schedule O contains a response or note to any	y line in this Part IX	<u></u>	<u> </u>	🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	100,053	83,044	17,009	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	504,009	504,009		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	70,136	68,161	1,975	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	24,900		24,900	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,591		6,591	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,126	48,076	10,050	
12	Advertising and promotion	4,352		4,352	
13	Office expenses	79,992		14,425	65,567
14	Information technology	12,707	10,166	2,541	
15	Royalties				
16	Occupancy	54,301	43,441	10,860	
17	Travel	2,937	2,337	600	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	89,792	71,834	17,958	
23	Insurance	19,567		19,567	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
;	a ANIMAL CARE	63,329	63,329		
İ	<b>b</b> PROGRAM SUPPLIES	54,004	54,004		
•	c MISC EXPENSES	5,860	2,483	2,899	478
•	d BANK FEES	5,304		5,304	
	e All other expenses	1,490		1,490	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,157,450	950,884	140,521	66,045
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 if following SOP 98-2 (ASC 958-720).				

Form 990 (2021) Page **11** 

01111 990 (	2021)	Page II
Part X	Balance Sheet	

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			198,400	1	157,108
	2	Savings and temporary cash investments			100,100	2	101,100
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	• •	·  -	26,111	4	2,331
	5	Loans and other receivables from any current or	forme	er officer director	20,111	7	2,001
		trustee, key employee, creator or founder, subst controlled entity or family member of any of the	tantial se per	contributor, or 35% sons		5	
	6	Loans and other receivables from other disqualit section $4958(f)(1)$ , and persons described in section $4958(f)(1)$		`		6	
22	7	Notes and loans receivable, net		7			
ssets	8	Inventories for sale or use			8		
ĄŠ	9	Prepaid expenses and deferred charges			20,054	9	26,493
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,326,326			
	b	Less: accumulated depreciation	10b	433,822	1,931,491	<b>10</b> c	2,892,504
	11	Investments—publicly traded securities .			1,174,687	11	617,284
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			331,326	15	386,474
	16	Total assets. Add lines 1 through 15 (must equ	ual line	: 33)	3,682,069	16	4,082,194
	17	Accounts payable and accrued expenses		38,801	17	44,813	
	18	Grants payable				18	
	19	Deferred revenue			43,958	19	17,958
	20	Tax-exempt bond liabilities				20	
(C)	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	butor, d	or 35% controlled entity		22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		·		24	
	25	Other liabilities (including federal income tax, pa		·		25	
	25	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related time parties,			
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			82,759	26	62,771
Assets or Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	eck h	ere 🕨 🗹 and	0.000.040		0.040.400
ga	27	Net assets without donor restrictions	•		3,399,310	27	3,819,423
d E	28	Net assets with donor restrictions			200,000	28	200,000
Fu		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, c	check here 🕨 🗌 and			
0	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building or eq	uipme	nt fund		30	
SS	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
t A	32	Total net assets or fund balances			3,599,310	32	4,019,423
Net	33	Total liabilities and net assets/fund balances .			3,682,069	33	4,082,194

Form **990** (2021)

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Software Version:				
Software ID:				
Additional Data		Retur	n to F	orm
			Form <b>99</b>	<b>90</b> (20
audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	. oquii cu	3b		
<ul> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>	-	За		N
If the organization changed either its oversight process or selection process during the tax year, explain in		-		
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant:		2c		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
<b>b</b> Were the organization's financial statements audited by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a seption consolidated basis, or both:	arate basis,	2b		No
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<b> </b>		
separate basis, consolidated basis, or both:	.weu on a			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed.	wed on a	2a		N
Schedule O.				
Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on				
			Yes	No
Check if Schedule O contains a response or note to any line in this Part XII				<b>✓</b>
Part XII Financial Statements and Reporting	(-))			.,,
Other changes in fee assets of fulfild balances (explain in Schedule O)				1,019
Prior period adjustments	8			
Investment expenses	7			
Donated services and use of facilities	6			
Net unrealized gains (losses) on investments	5			33
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3	3,599
Revenue less expenses. Subtract line 2 from line 1	3			386
Total expenses (must equal Part IX, column (A), line 25)	2		1	1,157

ObjectId: 202221269349301307 - Submission: 2022-05-06

TIN: 91-6001724

OMB No. 1545-0047

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Inspection **Employer identification number** 

OLYMF	IC PEN	INSULA HUMANE SOCIETY					91-6001724	
	rt I	Reason for Public					See instructions.	
The c	rganiz	ration is not a private four	ndation because	it is: (For lines 1 thro	ugh 12, check o	nly one box.)		
1		A church, convention of	churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school described in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical research orga name, city, and state:	nization operate	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	oed in <b>section</b>
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>						
7	$\checkmark$	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)						
8		A community trust descri	ribed in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that nor from activities related to investment income and 30, 1975. See <b>section</b> !	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	ain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	organizations of	described in section 5	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
а		Type I. A supporting or organization(s) the power complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting o management of the sup must complete Part IV	rganization sup porting organiza	ervised or controlled in ation vested in the san				
С		Type III functionally supported organization(						ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organization	n generally must satisf	fy a distribution	requirement and		
е		Check this box if the org				RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III n the number of supported	•		•			
g		de the following informati	3				· · · · · · · · <u> </u>	
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	ı							
For F	aperv	work Reduction Act Not or 990-EZ.	ice, see the In	nstructions for	Cat. No. 11285	5F	Schedule	I A (Form 990) 2021
				Pag	ge 2 ———			

Schedule A (Form 990) 2021

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

	r fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and	F00 003	1 057 000	726.060	744 712	1,235,070	4 272 622
	membership fees received. (Do not include any "unusual grant.")	509,892	1,057,080	726,868	744,712	1,235,070	4,273,622
2	Tax revenues levied for the organization's benefit and either paid						l
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						l
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	509,892	1,057,080	726,868	744,712	1,235,070	4,273,622
5	each person (other than a						l
	governmental unit or publicly supported organization) included on						l
	line 1 that exceeds 2% of the amount						l
_	shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						4,273,622
	ection B. Total Support		•				
	lendar year r fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total
7	Amounts from line 4	509,892	1,057,080	726,868	744,712	1,235,070	4,273,622
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	15,630	30,747	44,462	26,892	35,287	153,018
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital	130,783	93,487	48,550	2,581	357	275,758
11	assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through						
	10						4,702,398
12	Gross receipts from related activities, e	•	•			12	1,249,035
13		-			•		ization, check
_	this box and <b>stop here</b>			<u> </u>	<u></u>	▶∪	
	Section C. Computation of Public Public support percentage for 2021 (lin		_	column (f))		141	90.880 %
14						14	
15	Public support percentage for 2020 Sch	nedule A. Part II.	line 14			15	88 300 %
15 16a	Public support percentage for 2020 Sch 33 1/3% support test—2021. If the					more, check this l	88.390 % oox
	Public support percentage for 2020 Sci 33 1/3% support test—2021. If the and stop here. The organization qualit	organization did r	ot check the box	on line 13, and line	e 14 is 33 <sub>1/3</sub> % or	more, check this l	
	a33 1/3% support test—2021. If the and stop here. The organization quality 33 1/3% support test—2020. If the	organization did r fies as a publicly s organization did	not check the box of supported organized not check a box o	on line 13, and line ation n line 13 or 16a, a	e 14 is 33 1/3% or	more, check this l	oox ▶ <mark>✓</mark> k this
16a	and stop here. The organization quality 33 1/3% support test—2021. If the organization quality 33 1/3% support test—2020. If the box and stop here. The organization	organization did r fies as a publicly organization did qualifies as a pub	not check the box of supported organization of check a box of plicly supported org	on line 13, and line ation n line 13 or 16a, a ganization	e 14 is 33 1/3% or	more, check this l	oox • • • • k this
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	to or experiued on its benail	•	1			•			
5	The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge <b>Total.</b> Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
u	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b								
3	<b>Public support.</b> (Subtract line 7c								
	from line 6.)								
	ction B. Total Support	I	1				- 1		
	iscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f)	Total	
9	Amounts from line 6								
а	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
U	(less section 511 taxes) from								
	businesses acquired after June 30,		1						
	1975.								
C	Add lines 10a and 10b.		<del> </del>			+			
1	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is		1						
	regularly carried on.		<u> </u>			<u> </u>			
2	Other income. Do not include gain or								
	loss from the sale of capital assets								
,	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
3	11, and 12.)								
ļ	First 5 years. If the Form 990 is for the	he organization's	first, second, thi	ird, fourth, or fift	h tax year as a sec	tion 501(c)(3) c	rganiza	tion, ch	eck
	this box and <b>stop here</b>							)	<b>►</b> □
Se	ction C. Computation of Public	Support Perce							
	Public support percentage for 2021 (lir		entage						
5	rubiic support percentage for 2021 (iii	ne 8, column (f) o	divided by line 13	3, column (f)) .		15			
5			divided by line 13						
5	Public support percentage from 2020 S	Schedule A, Part I	divided by line 13			15 16			
s Se	Public support percentage from 2020 Section D. Computation of Invest	Schedule A, Part I	divided by line 13 III, line 15 Percentage			16			
Se 7	Public support percentage from 2020 Stion D. Computation of Invest.  Investment income percentage for 202	Schedule A, Part I ment Income 21 (line 10c, colu	divided by line 13 III, line 15  Percentage Imn (f) divided b	y line 13, columr		16			
5 Se 7	Public support percentage from 2020 Sction D. Computation of Invest. Investment income percentage from 2020. Investment income percentage from 2	ment Income (line 10c, colu () Schedule A,	divided by line 13 III, line 15 Percentage Imn (f) divided b Part III, line 17	y line 13, columr	ı (f))	16 17 18			
5 Se 7 3	Public support percentage from 2020 Stion D. Computation of Investor Investment income percentage from 2020 Investment income percentage from 2 33 1/3% support tests-2021. If the	ment Income 1 (line 10c, colu 21 (line 10c, colu 20 Schedule A, 0rganization did	divided by line 13 III, line 15  Percentage Imn (f) divided by Part III, line 17 Inot check the bo	y line 13, column	n (f))	16 17 18 an 33 1/3%, and			
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Se 7 3 9 a b	Public support percentage from 2020 Setion D. Computation of Invest Investment income percentage from 203 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organiz  Are all of the organization's supported If "No," describe in Part VI how the st describe the designation. If historic an Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in Part VI how the st described in section 509(a)(1) or (2). Did the organization have a supported 3c below.  Did the organization confirm that each the public support tests under section	sechedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did a stop here. The e organization did and stop here. On did not check on did	divided by line 13 III, line 15  Percentage Imn (f) divided b Part III, line 17 not check the bo organization qual not check a box The organization a box on line 14,  Page 4  Of Part I. If you ce f you checked bo complete Part V.)  The does not have briganization detection cribed in section  divided by name in the control of the complete Part v.)  The does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design.	y line 13, column  x on line 14, and alifies as a public c on line 14 or lin qualifies as a pu  19a, or 19b, che  hecked box 12a, x 12c, of Part I,  ne organization's ated. If designate e an IRS determined that the  501(c)(4), (5), of under section 50	of (f))	16  17  18  an 33 1/3%, and zation	B. If you check	Particular description of the control of the contro	<b>2021</b> age <b>4</b>
Se Bab b	Public support percentage from 2020 Setion D. Computation of Invest Investment income percentage from 2021 Investment income percentage from 203 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization in Part VI how the state describe the designation. If historic and Did the organization have any supported 3c below.  Did the organization have a supported 3c below.  Did the organization have a supported 3c below.	sechedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did a stop here. The e organization did and stop here. On did not check on did	divided by line 13 III, line 15  Percentage Imn (f) divided b Part III, line 17 not check the bo organization qual not check a box The organization a box on line 14,  Page 4  Of Part I. If you ce f you checked bo complete Part V.)  The does not have briganization detection cribed in section  divided by name in the control of the complete Part v.)  The does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design that does not have organization detections are design.	y line 13, column  x on line 14, and alifies as a public c on line 14 or lin qualifies as a pu  19a, or 19b, che  hecked box 12a, x 12c, of Part I,  ne organization's ated. If designate e an IRS determined that the  501(c)(4), (5), of under section 50	of (f))	16  17  18  an 33 1/3%, and zation	B. If you chec	Particular description of the control of the contro	<b>2021</b> age <b>4</b>
Se 7 3 9a b	Public support percentage from 2020 Setion D. Computation of Invest Investment income percentage from 203 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organiz  Are all of the organization's supported If "No," describe in Part VI how the st describe the designation. If historic an Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in Part VI how the st described in section 509(a)(1) or (2). Did the organization have a supported 3c below.  Did the organization confirm that each the public support tests under section	schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did a stop here. The e organization did and stop here. On did not check on did not check on did not check on did not check on did not check on did not check on did not check organizations list apported organization that VI how the configuration des supported organization des supported organiz	divided by line 13 III, line 15  Percentage Imn (f) divided b Part III, line 17 not check the bo organization qual not check a box The organization a box on line 14,  Page 4  of Part I. If you ce f you checked bo complete Part V.)  ted by name in the ations are design tionship, explain. that does not have organization dete cribed in section dization qualified is," describe in P  anizations was u	y line 13, column  x on line 14, and alifies as a public c on line 14 or lin qualifies as a pu  19a, or 19b, che  hecked box 12a, x 12c, of Part I,  ne organization's rated. If designate e an IRS determined that the  501(c)(4), (5), or  art VI when and seed exclusively f	of (f))	16  17  18  an 33 1/3%, and zation	B. If you check	Particular description of the control of the contro	<b>2021</b> age <b>4</b>

4a				
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	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 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
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 line 10b below.	10a		
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		
	Schedule A	(Forn	າ 990)	2021
	Page 5			
	Page 5			
Scheo	Page 5 ———————————————————————————————————		F	age <b>5</b>
			F	age <b>5</b>
	dule A (Form 990) 2021  t IV Supporting Organizations (continued)		Yes	age 5
Par	dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?			
Par	dule A (Form 990) 2021  t IV Supporting Organizations (continued)	11a		
Par	dule A (Form 990) 2021  **EXIMATE OF THE PROPERTY OF THE PROPE	11a 11b		
Par 11 a	dule A (Form 990) 2021  **Example 10 To Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part			
Par 11 a b	dule A (Form 990) 2021  **TV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11b		
Par 11 a b	dule A (Form 990) 2021  **Example 10 To Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b		
Par 11 a b	dule A (Form 990) 2021  **TV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11b 11c	Yes	No
Par 11 a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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	11b 11c	Yes	No
Par 11 a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11b 11c	Yes	No
Par 111 a b c See	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Extion B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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	11b 11c	Yes	No
Par  11 a b c Se 1	tive Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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.	11b 11c	Yes	No

	supporting organization was vested in the same persons that controlled or managed t	ne sup	portea organization(s).	1 -		Ī
Se	ction D. All Type III Supporting Organizations					
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the			
_				1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the support	'No," e	xplain in <b>Part VI</b> how the	<u></u>		
3	By reason of the relationship described in line 2 above, did the organization's support	od ora	anizations have a significant	2	<b>-</b>	
3	voice in the organization's investment policies and in directing the use of the organization's supported during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported the organization supported the organization's supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the organization supported the	ition's i	ncome or assets at all times	3		
	ction E. Type III Functionally-Integrated Supporting Organizations				<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	tions):		
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
b	The organization is the parent of each of its supported organizations. Complete	e line :	<b>3</b> below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you	ou supp	oorted a government entity (see	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.					
b	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			2b		1
	Did the organization have the power to regularly appoint or elect a majority of the off	icers, o	lirectors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI.	·	·			
b	Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? <i>If "Yes," describe in Part VI. the role played by the organiz</i> .			3b	<u> </u>	
			Schedule A		n 990)	2021
Sched <b>Par</b>	ule A (Form 990) 2021  t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	)rgani	zations		Ī	Page <b>6</b>
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			VT) Sc		
	instructions. All other Type III non-functionally integrated supporting organization					
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	ır
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				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	ır
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					

2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8. Column A)	1			
			2			
	Minimum asset amount for prior year (from Section B,	line 8. Column A)	3			
4	Enter greater of line 2 or line 3	Time of column ry	4			
	Income tax imposed in prior year		5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organization	n's first as a non-functionally-i	ntegrat	l ed Type III sup	porting	organization (see
	instructions)				<b>C</b> -	hedule A (Form 990) 2021
Sched	dule A (Form 990) 2021	——— Page 7 ————				Page <b>7</b>
Pai	rt V Type III Non-Functionally Integrated	1 509(a)(3) Supporting (	Organi	izations (cor	ntinued	
	tion D - Distributions		- J		ĺ	Current Year
1 /	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3 /	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ns		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in <b>Part VI</b> )			5	
6	Other distributions (describe in Part VI). See instructio	ns			6	
7 T	<b>Total annual distributions.</b> Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to what details in <b>Part VI</b> ). See instructions	ich the organization is respons	ive ( <i>pro</i>	ovide	8	
9	Distributable amount for 2021 from Section C, line 6				9	
	ine 8 amount divided by Line 9 amount				10	
10 [	,			(ii)	10	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	derdistribution Pre-2021	าร	Distributable Amount for 2021
<b>1</b> D	Distributable amount for 2021 from Section C, line 6					
(1	Inderdistributions, if any, for years prior to 2021 reasonable cause required explain in <b>Part VI</b> ). ee instructions.					
	excess distributions carryover, if any, to 2021:					
	From 2016					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i (	Carryover from 2016 not applied (see					
	instructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f. stributions for 2021 from Section D, line 7:				-	
<b>4</b> Di	•					
	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount			<u></u>		

Part VI	Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Instructions).	, 9b, 9c, 11a, 11b, and 3 ion E, lines 1c, 2a, 2b, 3	1c; Part IV, Section B, line a and 3b; Part V, line 1; Palso complete this part for a	17a or 17b; Part III, line 12; Part IV, s 1 and 2; Part IV, Section C, line 1; ort V, Section B, line 1e; Part V
Part VI	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section instructions).	, 9b, 9c, 11a, 11b, and ion E, lines 1c, 2a, 2b, 3 on E, lines 2, 5, and 6. A	11c; Part IV, Section B, line a and 3b; Part V, line 1; Pa lso complete this part for a es Test	17a or 17b; Part III, line 12; Part IV, s 1 and 2; Part IV, Section C, line 1; art V, Section B, line 1e; Part V any additional information. (See
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Instructions).	, 9b, 9c, 11a, 11b, and ion E, lines 1c, 2a, 2b, 3 on E, lines 2, 5, and 6. A	1c; Part IV, Section B, line a and 3b; Part V, line 1; Palso complete this part for a	17a or 17b; Part III, line 12; Part IV, s 1 and 2; Part IV, Section C, line 1; ort V, Section B, line 1e; Part V
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Instructions).	, 9b, 9c, 11a, 11b, and ion E, lines 1c, 2a, 2b, 3 on E, lines 2, 5, and 6. A	1c; Part IV, Section B, line a and 3b; Part V, line 1; Palso complete this part for a	17a or 17b; Part III, line 12; Part IV, s 1 and 2; Part IV, Section C, line 1; ort V, Section B, line 1e; Part V
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines D,	, 9b, 9c, 11a, 11b, and 3 ion E, lines 1c, 2a, 2b, 3	1c; Part IV, Section B, line a and 3b; Part V, line 1; Pa	17a or 17b; Part III, line 12; Part IV, s 1 and 2; Part IV, Section C, line 1; ort V, Section B, line 1e; Part V
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a,	, 9b, 9c, 11a, 11b, and	1c; Part IV, Section B, line	17a or 17b; Part III, line 12; Part IV, s 1 and 2; Part IV, Section C, line 1;
Schedule A				
	(Form 990) 2021	Page 8 —	•	Schedule A (Form 990) (2021)  Page 8
<b>e</b> Excess	from 2021			
	s from 2020			
	from 2018			
	s from 2017			
	wn of line 7:			
<b>7 Excess</b> 3j and 4	<b>distributions carryover to 2022.</b> Add lines 4c.			
lines 31	ng underdistributions for 2021. Subtract h and 4b from line 1. If the amount is greater ero, explain in <b>Part VI</b> . See instructions.			
	f any. Subtract lines 3g and 4a from line 2. Amount is greater than zero, <i>explain in <b>Part VI</b>.</i> Structions.			
2021, i If the a	ng underdistributions for years prior to			

## efile Public Visual Render ObjectId: 202221269349301307 - Submission: 2022-05-06 TIN: 91-6001724 Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) ► Attach to Form 990, 990-EZ, or 990-PF. 2021 Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information. Internal Revenue Service **Employer identification number** Name of the organization OLYMPIC PENINSULA HUMANE SOCIETY 91-6001724 Organization type (check one): Filers of: Section: Form 990 or 990-EZ □ 501(c)( ) (enter number) organization $\downarrow$ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization □ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (2021)

Page 2

Schedule B (Form 990) (2021)

Page 2

21-0001/2<del>4</del>

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional spaces	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<u> </u>		Schedule B (Form 990) (2021)
Schedule E	(Form 990) (2021)	Employer identification	Page 3
OLYMPIC PE	NINSULA HUMANE SOCIETY	91-6001724	on number
(a) No. from Part I	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.  (b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

_					\$	
(a) No. from Part I	(b)  Description of noncash p	roperty give	n		(c) or estimate) instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash p	roperty give	n		(c) or estimate) instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash p	n		(c) or estimate)	(d) Date received	
(a) No. from Part I	(b)  Description of noncash p	(b) n of noncash property given			(c) or estimate)	(d) Date received
(a) No. from Part I	(b)  Description of noncash p	(b) Description of noncash property given			(c) or estimate)	(d) Date received
		Р	age 4 ————			Schedule B (Form 990) (2021)
Name of or	B (Form 990) (2021) rganization ENINSULA HUMANE SOCIETY				Employer iden	Page 4 tification number
Part III	Exclusively religious, charitable, etc., contr than \$1,000 for the year from any one contr organizations completing Part III, enter the year. (Enter this information once. See instr Use duplicate copies of Part III if additional spa	ibutor. Compl total of e <i>xclus</i> uctions.) ▶	ete columns (a) the sively religious, ch	rough (e)	and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(	(c) Use of gift		(d) Descrip	otion of how gift is held
-	Transferee's name, address, and Z		) Transfer of gift R	Relationshi	p of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Descrip	otion of how gift is held
-	Transferee's name, address, and Z	(e	) Transfer of gift R	Relationshi	p of transferor to	transferee
(a)	(h) Purpose of gift		(c) Use of aift		(d) Descri	ntion of how gift is held

Part I	(b) i diposo di giit	(0) 000 01 g	(a) Boompton or non-gire to note
_   -			
	Transferee's name, address, and Z	(e) Transfer of gift P 4 Relations	ship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.   <u>:</u>		(e) Transfer of gift	
	Transferee's name, address, and Z	P 4 Relations	ship of transferor to transferee
		<u>.</u>	Schedule B (Form 990) (2021)

Additional Data Return to Form

efile Public Visual Render

ObjectId: 202221269349301307 - Submission: 2022-05-06

TIN: 91-6001724

#### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(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. ► Go to <a href="www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection** 

MPIC PENINSULA HUMANE SOCIETY  Organizations Maintaining Donor Advised Funds or Other Similar Fur Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds  Total number at end of year	nor advised fu	b) Funds and other accounts  nds are the
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds  Total number at end of year	nor advised fu	b) Funds and other accounts
(a) Donor advised funds  Total number at end of year	nor advised fu	nds are the
Total number at end of year	nor advised fu	nds are the
Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Aggregate value at end of year	 Is can be used	_
Aggregate value of grants from (during year)  Aggregate value at end of year	 Is can be used	_
Aggregate value at end of year	 Is can be used	_
Did the organization inform all donors and donor advisors in writing that the assets held in do organization's property, subject to the organization's exclusive legal control?	 Is can be used	_
organization's property, subject to the organization's exclusive legal control?	 Is can be used	_
	is call be used	Yes
Did the organization inform all grantees, donors, and donor advisors in writing that grant fund charitable purposes and not for the benefit of the donor or donor advisor, or for any other purprivate benefit?		g impermissible  Yes
rt II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
Purpose(s) of conservation easements held by the organization (check all that apply).		
	of an historica	ally important land area
		historic structure
	or a certified	mstoric structure
Preservation of open space		
Complete lines 2a through 2d if the organization held a qualified conservation contribution in t easement on the last day of the tax year.	the form of a c	onservation  Held at the End of the Yea
Total number of conservation easements	2a	
Total acreage restricted by conservation easements	. 2b	
Number of conservation easements on a certified historic structure included in (a)	2c	
Number of conservation easements included in (c) acquired after 7/25/06, and not on a historistructure listed in the National Register	ic <b>2d</b>	
Number of conservation easements modified, transferred, released, extinguished, or terminate tax year	ed by the orga	nization during the
Number of states where property subject to conservation easement is located		
Does the organization have a written policy regarding the periodic monitoring, inspection, han	dling of violati	ons,
and enforcement of the conservation easements it holds?	-	☐ Yes ☐ No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce	cing conservat	ion easements during the year
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c  \$\Bigsi\$	conservation ea	asements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?		(B)(i)
In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financia the organization's accounting for conservation easements.		ement, and
t III Organizations Maintaining Collections of Art, Historical Treasures, or	r Other Sim	ilar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue sta	tement and ha	alance sheet works of art
historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items.		
If the organization elected, as permitted under FASB ASC 958, to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in 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 assets for following amounts required to be reported under FASB ASC 958 relating to these items:		· ————————————————————————————————————
Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
Assets included in Form 990, Part X		

Schedule D (Form 990) 2021

Page	2
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		,									ruge
art	III	Organizations Mai	intaining Col	lections of Art, I	Historica	Treas	sures, o	r Other	<u>Similar As</u>	sets (con	tinued)
3		the organization's acqui (check all that apply):	sition, accession	n, and other records		of the	following	that are a	significant u	se of its co	llection
a		Public exhibition			d (	Loa	n or exch	nange prog	rams		
b		Scholarly research			<b>e</b> (	Oth	ner <u></u>				
С		Preservation for future	generations								
1	Provid Part X	de a description of the or III.	rganization's col	lections and explain	how they f	urther t	he organi	zation's ex	empt purpos	e in	
5		g the year, did the organ s to be sold to raise fund								Yes	□ No
Par	t IV	Escrow and Custo Complete if the orgaline 21.			m 990, Pa	art IV,	line 9, o	r reporte	d an amour	nt on Forn	n 990, Part X,
.a		organization an agent, led on Form 990, Part X?								☐ Yes	□ No
b	If "Va	s," explain the arrangem	ent in Part VIII	and complete the fo	ollowing tah	ام!			Δr	nount	
c				·	-			1c			
d	_	ning balance						1d			
		ons during the year									
e		outions during the year .						1e			
f	Endin	g balance						1f			
a	Did th	e organization include a	n amount on Fo	orm 990, Part X, line	21, for esc	row or o	custodial	account lia	bility?	☐ Yes	□ No
b	If "Ye	s," explain the arrangem	nent in Part XIII	. Check here if the e	xplanation	has bee	n provide	ed in Part X	(III		
Par	t V	Endowment Funds	S.		-		-				
		Complete if the orga	anization ansv				line 10.				
				(a) Current year	(b) Prior			years back	(d) Three yea	rs back (e)	Four years back
a l	3eginni	ing of year balance .		328,550		310,551		232,124	2	251,248	225,722
b (	Contrib	utions									
c i	Net inv	estment earnings, gains	, and losses	55,064		17,999		78,427	-	-19,124	25,527
d (	Grants	or scholarships									
		expenditures for facilities ograms	5								
f /	Admini	strative expenses									
g l	End of	year balance		383,614		328,550		310,551	2	232,124	251,248
a		de the estimated percent designated or quasi-end	•	ent year end balance 48.000 %	e (line 1g, c	olumn (	(a)) held a	as:			
b	Perma	anent endowment 🕨									
С	Term	endowment <b>&gt;</b> 52.00	00 %								
	The p	ercentages on lines 2a, 2	2b, and 2c shou	ıld equal 100%.							
а		nere endowment funds n	ot in the posses	ssion of the organiza	tion that ar	e held a	and admir	nistered fo	r the		
	-	ization by:								<u> </u>	Yes No
		related organizations								3a(i)	<del></del>
L		elated organizations .								3a(ii)	) No
b		s" on 3a(ii), are the relatible in Part XIII the inten	-	·						3b	
					Willelle Tull	13.					
ar	t VI	Land, Buildings, a Complete if the orga			m 990 P	art IV	line 11a	See For	m 990 Parl	Y line 1	n
	Descri	ption of property	(a) Cost or oth	ner basis (b) Cost	or other bas			cumulated d		•	Book value
a I	and					164,00	10				164,000
		gs				3,044,56			350,843		2,693,725
		old improvements				.,,50	-		223,0.0		_,030,.20
						73,93	15		41,392		32,543
		nent							·		•
e (	rnerכיי	lines to through to (Co	luman (d)	agual Form 000 Day	t V action	43,82			41,587		2,236
)ta	ı. Add	ines 1a through 1e. (Co	iumn (d) must e	equal Form 990, Part	X, column	(B), lin	e 10(c).)		•		2,892,504

Part VII Investments - Other	Securities. ation answered "Yes" on Form 990	Dart IV	lina 11h Saa Fa	rm 000 Part \	/ line 12
(a) Description of	security or category me of security)	(b) Book value	Cos	(c) Method of v t or end-of-year	valuation:
(1) Financial derivatives					
(2) Closely-held equity interests (3)Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part	X, col. (B) line 12.)	•			
Part VIII Investments - Progr Complete if the organiz	am Related. zation answered 'Yes' on Form 990	, Part IV,	line 11c. See Fo	rm 990, Part	X, line 13.
<u> </u>	ption of investment		(b) Book value	(c) Me	thod of valuation: -of-year market value
(1)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part	X, col.(B) line 13.)	۰			
Part IX Other Assets.  Complete if the organiz	ation answered 'Yes' on Form 990,	Part IV, li	ine 11d. See Fo	rm 990, Part >	(, line 15.
	(a) Description				(b) Book value
(1)ENDOWMENT FUNDS (2)EVENT SUPPLIES					383,61 1,97
(3)SQUARE HARDWARE					79
(4)OTHER					8
(4)					
(5)					
(6)					
(7)					
(8)					
Table (Calumn (b) much as all Farm 00	0 Part V and (D) Part 45 )				200 :=
<b>Total.</b> (Column (b) must equal Form 99 <b>Part X Other Liabilities.</b>	u, rart X, coi.(B) line 15.)			•	386,47
•	ation answered 'Yes' on Form 990,		ine 11e or 11f.S	ee Form 990,	
1. (1) Enderal income tayes	(a) Description of liabil	ity			(b) Book value
(1) Federal income taxes					

otal	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	
. Li	ability for uncertain tax positions. In Part XIII, provide the text of the footnote	to the c	organization's financial st	atements	that reports the
·ga	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	ere if th	e text of the footnote ha	s been pro	ovided in Part XIII
				Schedu	ule D (Form 990) 2021
	Page 4 —				
he	dule D (Form 990) 2021				Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments	With Revenue per	Return.	
	Complete if the organization answered 'Yes' on Form 990, Pa			_	_
	Total revenue, gains, and other support per audited financial statements .			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1		
а	Net unrealized gains (losses) on investments	2a		_	
b	Donated services and use of facilities	2b		_	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		_	
е	Add lines 2a through 2d			2e	
	Subtract line <b>2e</b> from line <b>1</b>			3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12			5	
aı	t XII Reconciliation of Expenses per Audited Financial State			r Return	l.
	Complete if the organization answered 'Yes' on Form 990, Portion of the Complete if the organization answered 'Yes' on Form 990, Portion of the Complete if the organization answered 'Yes' on Form 990, Portion of the Organization answered 'Yes' on Form 990, Portion of the Organization answered 'Yes' on Form 990, Portion of the Organization answered 'Yes' on Form 990, Portion of the Organization answered 'Yes' on Form 990, Portion of the Organization answered 'Yes' on Form 990, Portion of the Organization answered 'Yes' on Form 990, Portion of the Organization answered 'Yes' on Form 990, Portion of the Organization answered 'Yes' on Form 990, Portion of the Organization answered 'Yes' on Form 990, Portion of the Organization answered 'Yes' on Form 990, Portion of the Organization and Organization	<u> </u>		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
	Subtract line <b>2e</b> from line <b>1</b>			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		7	
c	Add lines <b>4a</b> and <b>4b</b>			4c	
;	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line :			5	
	rt XIII Supplemental Information	,			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	ıd 4; Paı	t IV, lines 1b and 2b: Pa	rt V, line 4	I; Part X, line 2; Part XI.
ine	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any add	itional information.	,	. , . , ,
	Return Reference		Explanation		

Schedule D (Form 990) 2021

Additional Data

**Return to Form** 

#### efile Public Visual Render

ObjectId: 202221269349301307 - Submission: 2022-05-06 TIN: 91-6001724

**SCHEDULE G** (Form 990)

**Supplemental Information Regarding** 

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

OMB No. 1545-0047

**Open to Public** 

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.								Open to Public Inspection	
Nam OI YN	e of the organization MPIC PENINSULA HUM	ANE SOCI	FTY					Employer ide	entification number
<b>0</b>								91-6001724	
Pa		_	<b>ties.</b> Complete if ire not required t	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	17.
1	Indicate whether the	ether the organization raised funds through any of the following activities. Check all that apply.							
а	☐ Mail solicitations				•	Solicitation of non	ı-governm	ent grants	
b	☐ Internet and ema	email solicitations <b>f</b> Solicitation of government grants						grants	
c	Phone solicitation	ıs	g Special fundraising events						
d	☐ In-person solicita	tions							
2a						vidual (including officers, on with professional fund			es 🗆 No
b	If "Yes," list the 10 h to be compensated a	ighest pa it least \$5	id individuals or ent 5,000 by the organiz	tities (fun zation.	draisers)	pursuant to agreements	under wh		
(i) N	Name and address of in or entity (fundraise		(ii) Activity	fundrai custo cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
									_
Tota	d				•				
	List all states in which icensing.	the orgar	nization is registered	d or licens	sed to sol	icit contributions or has t	oeen notifi	ed it is exempt	from registration or
For F	Paperwork Reduction A	ct Notice,	see the Instructions	for Form	990 or 99	O-EZ. Cat. No.	50083H	S	chedule G (Form 990) 2021
					D-	nge 2			
Sche	edule G (Form 990) 20	21			Pc	nge 2 —————			Page <b>2</b>

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>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
9		OTHER (event type)	(event type)	(total number)	col. <b>(ć)</b> )
Revenue					
	1 Gross receipts	22,687			22,687
	2 Less: Contributions	22,687			22,687
ses	4 Cash prizes				
Direct Expenses	7 Food and beverages				
ğ	8 Entertainment				
Ö	9 Other direct expenses	1,979			1,979
	10 Direct expense summary. Add lines 4 tl	nrough 9 in column (d)		•	1,979
	11 Net income summary. Subtract line 10				-1,979
Par	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	inization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue	,	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
	1 Gross revenue				_
Expenses	2 Cash prizes				
ă	3 Noncash prizes				
Direct	4 Rent/facility costs				
LI	5 Other direct expenses				
	<b>6</b> Volunteer labor	<ul><li>Yes</li></ul>	<ul><li>☐ Yes</li></ul>	<ul><li>☐ Yes</li></ul>	
	7 Direct expense summary. Add lines 2 tl	nrough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)		
9 a b	Enter the state(s) in which the organization is the organization licensed to conduct gas If "No," explain:	ming activities in each of	these states?		
10a b	Were any of the organization's gaming lic If "Yes," explain:				
					1

Sche	dule G (Form 990) 2	021					P	Page <b>3</b>
11	Does the organizat	on conduct gami	ng activities with nonmembe	ers?		Yes	□No	
12	Is the organization formed to administ			a member of a partnership or other entity		Yes		
13	Indicate the percen	tage of gaming a	ctivity conducted in:				_ 110	
а	The organization's	facility			. 13a			%
b	An outside facility				. 13b			%
14	Enter the name and	d address of the	person who prepares the org	anization's gaming/special events books an	d records:			
	Name							
15a	Address Does the organization revenue?			nom the organization receives gaming		· 🗆 Yes		
b			g revenue received by the object by the third party \( \bigs \) \( \bigs \)	rganization 🕨 \$ and				
c	If "Yes," enter nam	e and address of	the third party:					
	Name							
	Address							
16		ompensation 🕨 \$						
	Description of servi	ces provided 🕨						
	☐ Director/office	-	Employee	$\ \Box$ Independent contractor				
17 a	Mandatory distribut Is the organization retain the state gar	required under s	tate law to make charitable	distributions from the gaming proceeds to		Yes	□No	
b			quired under state law distri tivities during the tax year	buted to other exempt organizations or spe	nt	_ 163	_ NO	
Pai	rt IV Suppleme	ental Informa	tion. Provide the explan	ations required by Part I, line 2b, colur plicable. Also provide any additional ir				5.
	Return Refe	rence		Explanation				
			•	Sc	hedule G (F	orm 990) 2	021	
Ac	dditional Data	1				Return	to Form	1

efile Public Visual Render

**SCHEDULE 0** 

Department of the Treasury

Internal Revenue Service

(Form 990)

ObjectId: 202221269349301307 - Submission: 2022-05-06

TIN: 91-6001724

OMB No. 1545-0047

2021

# 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 <u>www.irs.gov/Form990</u> for the latest information.

Open to Public Inspection

Name of the organization
OLYMPIC PENINSULA HUMANE SOCIETY

Employer identification number
91-6001724

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	VOTING OF THE BOARD OF DIRECTORS IS CONDUCTED AT THE ANNUAL MEETING.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PREPARED BY AN INDEPENDENT CPA. THE FORM IS PROVIDED TO THE TREASURER FOR REVIEW AND PRESENTED TO THE FINANCIAL COMMITTEE FOR QUESTIONS OR COMMENTS. THE TREASURER SIGNS AND APPROVES THE ANNUAL RETURN PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST IS REVIEWED AND SIGNED ANNUALLY BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15	BOARD SURVEYS SALARY AND BENEFIT PACKAGES OFFERED NATIONALLY IN ORDER TO DETERMINE CURRENT COMPENSATION PACKAGES FOR THE EXECUTIVE DIRECTOR AND VETERINARIAN/KENNEL MANAGER.
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.
PART XII LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data Return to Form