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

OMB No. 1545-0047

Open to Public Inspection

A F	or th	ne 2020 c	alendar year, or tax year beginning 01-01-2020 , and ending 12-31	2020			
B Che	ck if a	applicable:	C Name of organization OLYMPIC PENINSULA HUMANE SOCIETY		D Employer	identifi	cation number
		change			91-60017	724	
O Na		hange	Doing business as				
		rn/terminated					
		ed return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	E Telephone	number	
○ Ap	plicat	ion pending	PO BOX 3124		(360) 45	7-8206	
			City or town, state or province, country, and ZIP or foreign postal code	-			
			PORT ANGELES, WA 98362		G Gross rece	ipts \$ 1,0	031,416
			F Name and address of principal officer: DONNA HALSAVER	H(a) Is this	a group retu	ırn for	
			PO BOX 3124		inates?		🗆 Yes 🛂 No
			PORT ANGELES, WA 98362	H(b) Are all include	subordinate: :d?	S	☐ Yes ☐No
I Tax	(-exe	mpt status:	✓ 501(c)(3)		" attach a lis	t. (see i	nstructions)
J W	ebsi	te:▶ OPH	HUMANESOCIETY.ORG	H(c) Group	exemption n	umber l	•
K Forn	n of c	organization:	Corporation Trust Association Other	L Year of format		VI State o NA	f legal domicile:
Pa	art I		mary				
			cribe the organization's mission or most significant activities: OPEN ADMISSION SHELTER, IS DEDICATED TO MAINTAINING AND IMPROV	/ING THE HEAI	TH AND WE	II BEIN	G OF ALL
		,	ERED, LOST, ABANDONDED, NEGLECTED, AND ABUSED COMPANION ANIMA				
		CONDUIT	FOR HELPING LOST ANIMALS REUNITE WITH THEIR OWNERS, AS WELL AS	HELPING ADO	PTABLE ANI	MALS FI	ND NEW OWNERS.
		PROMOTIC	ON OF RESPONSIBLE ANIMAL OWNERSHIP AND DEVOTION TO POPULATION	CONTROL IN	THE FORM O	F SPAY	AND NEUTER
œ			S FOR SHELTER ANIMALS, AS WELL AS SPAY AND NEUTER FINANCIAL ASSI				
2			FOR OPHS. ADDITIONALLY, OPHS IS IN SUPPORT OF THE ENFORCEMENT O				
<u> </u>			ION TO ASSIST IN THE JUST ENFORCEMENT OF ALL CRUELTY LAWS IN CLAI ING HEALTHY AND ADOPTABLE ANIMALS DUE TO LACK OF SPACE OR LENG				
e				DE AT OPHS.			
Š.							
3							
Activities & Governance	_	CI 1.11:					
Ě	3		s box $ ightharpoonup \Box$ of voting members of the governing body (Part VI, line 1a)			3	10
cti	4		of independent voting members of the governing body (Part VI, line 1b)			4	10
۷			nber of individuals employed in calendar year 2020 (Part V, line 2a)			5	26
	6		nber of volunteers (estimate if necessary)			6	123
			elated business revenue from Part VIII, column (C), line 12		•	7a	0
			ated business taxable income from Form 990-T, line 39			7a 7b	0
	D	Net unrei	ated busiless taxable income from Form 990-1, line 39		r Year	1 1	Current Year
	١.	Cambuibus	ions and symbol (Doub)/III line 1b)	Pric		_	
9			ions and grants (Part VIII, line 1h)		726,86	_	744,712
Revenue		-	service revenue (Part VIII, line 2g)		271,83	_	257,231
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)		44,46		26,892
	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,20		-8,928
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,065,36	57	1,019,907
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)			0	0
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)			0	0
XS	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		573,44	19	607,274
Expenses	16	a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0	0
ре	ь	Total fundr	aising expenses (Part IX, column (D), line 25) ▶69,237				_
ă			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		350,17	1	392,171
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		923,62	_	999,445
		-	less expenses. Subtract line 18 from line 12		141,74	_	
- 97	13	venering	iess expenses. Subtract fine 10 HUIII fine 12	Reginning	of Current Yea	_	20,462 End of Year
Salances				beginning o	a current fea	71	LIIU OI TEAF
set	20	Total asse	ets (Part X, line 16)		3,598,96	53	3,682,069
62 CB	ı – –		(, ,		2,330,30	_	3,002,003

Net / Fund		iabilities (Part X, line 26)			64,924	82,759
Zű		sets or fund balances. Subtract line 2	21 from line 20		3,534,039	3,599,310
Unde know	er penalties o	gnature Block f perjury, I declare that I have examielief, it is true, correct, and complete.				
	- Ik				2021-04-07	
Sigr	Sign	nature of officer			Date	
Her	- li	NISE FOLEY TREASURER				
	Тур	e or print name and title				
Pai	d	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN P00003151 self-employed	
	parer	Firm's name AIKEN & SANDERS INC	PS		Firm's EIN > 91-0870697	
USE	Only	Firm's address 324 S MAIN ST UNIT A			Phone no. (360) 533-3370	
		MONTESANO, WA 985	634502			
		uss this return with the preparer show	· · · · · · · · · · · · · · · · · · ·		<u>~</u> Y	es 🗆 No
	фентон	Reduction Act Notice, see the sep	Page 2	Cdt. i	lo. 11282Y	Form 990 (2020)
Form	990 (2020)					Page 2
Pa	rt III Sta	tement of Program Service A	ccomplishments			
		ck if Schedule O contains a response	or note to any line in this Part III	<u></u>		\square
	GOALS OF THE SOCIETY PRO	cribe the organization's mission: HE SOCIETY INCLUDE FINDING RESP DVIDES ANIMAL SPAYING, NEUTERIN				
3	the prior Fo If "Yes," de Did the org services? If "Yes," de Describe th Section 50:	lanization undertake any significant porm 990 or 990-EZ?	le O. significant changes in how it cond	ducts, any progra	m	
4a	ANIMALS TH) (Expenses \$ Y PROVIDES ANIMAL SPAYING, NEUTERING AT INCLUDE SNAP PROGRAM - THE SPAY N THE SOCIETY CAN IMPLANT AN IDENTIFICA	EUTER ASSIST PROGRAM OFFERS LOW	COST OR FREE SER	RAL PROGRAMS TO ASSIST II	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

4d	Other program services (Describe in So	chedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses▶	808,394		
				Form 990 (2020)

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Form	990 (2020)			Page 3
Pa	tiv 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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	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	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 📆	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? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15 000 total of fundraising event gross income and contributions on Part VIII	T	_	

	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	Ī
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 99	0 (2020
	Page 4 ———————————————————————————————————			
orm	990 (2020)			Page
Par	Checklist of Required Schedules (continued)			
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	Yes	No 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</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 member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Statements Regarding Other IRS Filings and Tax Compliance Lab	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
The Enter the number reported in Box 3 of Form 1996. Enter -0- if not applicable 1	Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
Let cert the number reported in Box 3 of Form 1996. Enter -0- if not applicable of Dist the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winness? Form 990 (2020) Page 5 Torm 990 (2020) Page 5 Torm 990 (2020) Page 5 Torm 990 (2020) Page 6 Torm 1990 (2020) Page 7 Torm 1990 (2020) Page 7 Torm 1990 (2020) Page 8 Torm 990 (2020) Page 8 Torm 990 (2020) Page 8 Torm 990 (2020) Page 90 (20		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable 1	1.	Enter the number reported in Pay 2 of Form 1006 Enter 0 if not applicable		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c 7c 7c 7c 7c 7c 7c 7c		· · · · · · · · · · · · · · · · · · ·	ļ		
Form 990 (2020) Page 5 Form 990 (2020) Page		· · · · · · · · · · · · · · · · · · ·	ļ		
Form 990 (2020) Form 9	С		1c	Yes	
Form 990 (2020) Page V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W.1, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by Isa least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to reflet (eve instructions) 3a 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 990.1 for this year?!f "No" to line 3b, provide an explanation in Schedule O. 3b If "Yes," the time during the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No. If "Yes," the filed a Form 990.1 for this year?!f "No" to line 3b, provide an explanation in Schedule O. 3b If "Yes," the filed a Form 990.1 for this year?!f "No" to line 3b, provide an explanation in Schedule O. 4a As any time during the calendary year, did the organization are interests, in or a signature or other authority over, of financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization approximation for financial recovers of the financial accounts (FBAR). 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-f? 6a Does the organization and pross receipts that are normally greater than \$100,000, and did the organization of the such accounts an explanation and party for goods and services of 17 Organization that were not tax deductible as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," Indicate the n			l F	orm 99	0 (2020
Form 990 (2020) Page V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W.1, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by Isa least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to reflet (eve instructions) 3a 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 990.1 for this year?!f "No" to line 3b, provide an explanation in Schedule O. 3b If "Yes," the time during the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No. If "Yes," the filed a Form 990.1 for this year?!f "No" to line 3b, provide an explanation in Schedule O. 3b If "Yes," the filed a Form 990.1 for this year?!f "No" to line 3b, provide an explanation in Schedule O. 4a As any time during the calendary year, did the organization are interests, in or a signature or other authority over, of financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization approximation for financial recovers of the financial accounts (FBAR). 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-f? 6a Does the organization and pross receipts that are normally greater than \$100,000, and did the organization of the such accounts an explanation and party for goods and services of 17 Organization that were not tax deductible as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," Indicate the n					
Point V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form Way. A Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by the return of the state one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a No b If "Yes," has it filed a form 990-1 for this year?!! "Not "to line 3b, provide an explanation in its Schedule 0. 3b A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (PAR). 5e li "Yes," the fire of the organization was sheller transaction at any time during the tax year? 5a Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5b No 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17? 5c If "Yes," to line 5a or 5b, did the organization file form 8896-17? 5c Organizations that may receive deductible contributions under section 170(c). 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 5c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services on the provided to the payor? 5d If "Yes," indicate the number of forms 8282 filed during the year. 5d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-17. 5d If the orga		Page 5			
Point V 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, field for the calendar year ending with or within the year covered by this return. 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Ibid the organization have unrelated business gross income of \$1,000 or more during the year? 3 A No 5 If "Yes," has it filed a form 990-T for this year?!" Not 2 line 3b, provide an explanation in Schedule 0. 3 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction? 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the organization file form 8886-T? 5 C If "Yes," to line 5 aor 5b, did the organization file form 8886-T? 5 C O S O S D S S S S S S S S S S S S S S S	orm	990 (2020)			D
12. Eiter the number of employees reported on Form W.3. Transmittal of Wage and Tax Stataments, filed for the celendar year ending with or within the year covered by this return. 12. The state of th		. ,			Page
Tas Statements, filed for the calendar year ending with or within the year covered by this returns provided to the payor. It at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) 5b If "Yes," the line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a No 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Anos 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? 5c No 5c No 5d If "Yes," in line 5a or 5b, did the organization file Form 8886-T? 6a Opes 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 on a party for goods and services provided to the payor? 6b If "Yes," in line 5a or 5b, did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c Did the organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8590 as r			l		1
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3a No bit The organization have unrelated business gross income of \$1,000 or more during the year? 3b No bit Thes,* has it flied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account)? 5c Press,* here the name of the foreign country: **—See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization aparty to a prohibited tax shelter transaction? 6d Did any taxable party notify the organization file Form 8886-T? 6d 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? 6d No solicit any contributions that were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," indiciate the number of forms 8282 filed during the year 6d If "Yes," indiciate the number of forms 8282 filed during the year 7d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-C? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C? 7d If the organization received a con	b		2b	Yes	
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	_	· · · · · · · · · · · · · · · · · · ·			
a Gross income from members or shareholders	11		1		
against amounts due or received from them.)	а				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	b	Gross income from other sources (Do not net amounts due or paid to other sources			
· · · · · · · · · · · · · · · · · · ·			12a		

-	If 163, effect the amount of tax exempt interest received of accraca during the year.	12b				_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Sci	hedule	0.	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year	ar? .		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation	n in So	chedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 parachute payment(s) during the year?		remuneration or excess	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on no	et inve	estment income?	16		No
	If "Yes," complete Form 4720, Schedule O.					
				F	orm 99	0 (2020)
	Page 6					
	Page 6					
Form	990 (2020)					Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			" resp	onse to I	lines
	Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	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	10		Yes	No
Ia	If there are material differences in voting rights among members of the governing	Ia	10			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a busines officer, director, trustee, or key employee?	s rela	ionship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other μ			3		No
4	$\label{eq:decomposition} \mbox{Did the organization make any significant changes to its governing documents since the} \\$	prior I	Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	nizatio	n's assets? .	5		No
6	Did the organization have members or stockholders?	• .		6		No
7a	Did the organization have members, stockholders, or other persons who had the power t members of the governing body?	o elec	t or appoint one or more	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?	mem	bers, stockholders, or	7b		No
8	Did the organization contemporaneously document the meetings held or written actions the following:	under	caken during the year by			
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 conganization's mailing address? If "Yes," provide the names and addresses in Schedule Conganization of the conganization of th		be reached at the	9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenue	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 activitie and branches to ensure their operations are consistent with the organization's exempt put the control of the	urpose	s?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its go form?	•		11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form			120	Voc	
	Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually int			12a	Yes	
	conflicts?			12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done	policy •	e ir "Yes," describe in	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? Did the process for determining compensation of the following persons include a review:		unroval by independent	14	Yes	
15	Did the process for determining compensation of the following persons include a review of persons, comparability data, and contemporaneous substantiation of the deliberation and the process of the person of the deliberation and the process of the person of the deliberation and the person of the	d decis	sion?	15-	Ves	
а	The organization's CEO, Executive Director, or top management official			15a	Yes	

b	Other officers or key employees of the org	anization .			_	_	_	_			15b	Yes	
	If "Yes" to line 15a or 15b, describe the pr			ee ins	• struc	tion	s).	•		•		165	
16a	Did the organization invest in, contribute a taxable entity during the year?		•				•	or si	milar arrangement	with a	16a	1	No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applic status with respect to such arrangements?	cable federal ta	x law, a	nd ta	ke s	teps	to sa				16t		
Se	ction C. Disclosure										10.	<u>′ </u>	
17	List the states with which a copy of this Fo	rm 990 is requ	ired to I	oe file	ed▶								
10	Section 6104 requires an organization to n	aaka ito Earm 1	022 (01	. 102/	1 A i		WA	اما (ما	000 and 000 T (50	11(c)(2)c			
18	only) available for public inspection. Indica Own website Another's website	ite how you ma	de thes	e ava	ilabl	e. C	heck	alĺ th	nat apply.	1(0)(3)5			
19	Describe in Schedule O whether (and if so, policy, and financial statements available t	, how) the orga	nizatior	n mad	le its	gov	•		•	f interest			
20	State the name, address, and telephone n												
	►ORGANIZATION ACCOUNTING DEPARTM	ENT 1743 OLD	OLYMP	IC HI	GHW	VAY	POI	RT A	NGELES, WA 98362	(360) 457-8	206	Form 99	(2020)
												101111 33	(2020)
				Page	7								
_	000 (0000)												
	990 (2020)				_								Page 7
Par	Compensation of Officers, D and Independent Contracto		stees,	кеу	/ En	npi	oyee	s, H	lighest Comper	isated Emp	loye	ees,	
	Check if Schedule O contains a resp		o any lir	ne in 1	this	Part	VII .						
Se	ction A. Officers, Directors, Truste												
	emplete this table for all persons required to	be listed. Rep	ort com	pensa	ation	for	the c	alend	dar year ending wit	h or within th	e org	janization	s tax
	List all of the organization's current officers							or o	rganizations), rega	rdless of amo	unt		
	mpensation. Enter -0- in columns (D), (E), a	. ,	•					ion .	of "Ivov omploves "				
	ist all of the organization's current key em ist the organization's five current highest o									r kev emplov	ee)		
who r	eceived reportable compensation (Box 5 of ization and any related organizations.												
e L	ist all of the organization's former officers,						sated	emp	loyees who receive	d more than	\$100	,000	
	ortable compensation from the organization	,	_						6				
	ist all of the organization's former directo ization, more than \$10,000 of reportable co										tne		
See ii	nstructions for the order in which to list the	persons above											
	check this box if neither the organization no	r any related o	rganiza	tion c	omp	ensa	ated a	ny c	urrent officer, direc	tor or tructor			
	(A) Name and title	(B) Average	Positio	on (do	(C)				(D)	itor, or trustee	:		
		hours per week (list any hours	than c	ne bo	ox, ι n of	t che Inles ficer	and a	son	(D) Reportable compensation from the organization	(E) Reportable compensati from relate organizatio	e on ed ns	Estim amount of compen from	ated of other sation
		hours per week (list any hours for related	than o	one bo oth a direct	ox, u n off or/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns	Estim amount of compen from organizat	ated of other sation the ion and
		hours per week (list any hours for related organizations below dotted	than o	one bo oth a direct	ox, u n off or/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization	(E) Reportable compensati from relate organizatio	e on ed ns	Estim amount of compen from	ated of other sation the ion and
		hours per week (list any hours for related organizations	than o	one bo oth a direct	ox, u n off or/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns	Estim amount of compen from organizat relat	ated of other sation the ion and
		hours per week (list any hours for related organizations below dotted	than o	one bo oth a direct	ox, u n off or/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns	Estim amount of compen from organizat relat	ated of other sation the ion and
		hours per week (list any hours for related organizations below dotted	than o	one bo oth a direct	ox, u n off or/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns	Estim amount of compen from organizat relat	ated of other sation the ion and
		hours per week (list any hours for related organizations below dotted	than cois b	ne bo oth a	ox, u n off or/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns	Estim amount of compen from organizat relat	ated of other sation the ion and
		hours per week (list any hours for related organizations below dotted line)	than is Individual trustee or director	one bo oth a direct	ox, u n off or/t	t che inles ficer rust	ss pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns	Estim amount of compen from organizat relat	ated of other sation the ion and
(1) AL	LEN BRUSSEAU	hours per week (list any hours for related organizations below dotted	than is Individual trustee or director	one bo oth a direct	ox, u n off or/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns	Estim amount of compen from organizat relat	ated of other sation the ion and
		hours per week (list any hours for related organizations below dotted line)	than is Individual trustee or director	one bo oth a direct	ox, u n off or/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns)-	Estim amount of compen from organizat relat	ated of other sation the ion and ed ations
BOAR) member DNNA HALSAVER	hours per week (list any hours for related organizations below dotted line)	than ob Individual trustee x	one bo oth a direct	ox, un officer	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e oon ed ns 	Estim amount of compen from organizat relat	ated of other sation the ion and ed ations
BOAR	D MEMBER DNNA HALSAVER	hours per week (list any hours for related organizations below dotted line)	than is Individual trustee ×	one bo oth a direct	ox, u n off or/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns)-	Estim amount of compen from organizat relat	ated of other sation the ion and ed ations
BOARI (2) DO	D MEMBER DNNA HALSAVER	hours per week (list any hours for related organizations below dotted line) 5.00	than ob Individual trustee x x	one bo oth a direct	ox, un officer Officer	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns o)-	Estim amount of compen from organizat relat	other sation the ion and ed ations
BOARI (2) DO	D MEMBER DINNA HALSAVER DENT CKY UPTON	hours per week (list any hours for related organizations below dotted line)	than is Individual trustee x	one bo oth a direct	ox, un officer	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e oon ed ns 	Estim amount of compen from organizat relat	ated of other sation the ion and ed ations
(2) DO PRESI (3) BE	D MEMBER DINNA HALSAVER DENT CKY UPTON STARY	hours per week (list any hours for related organizations below dotted line) 5.00	than ob Individual trustee x x	one bo oth a direct	ox, un officer Officer	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns o)-	Estim amount of compen from organizat relat	other sation the ion and ed ations
BOARI (2) DO PRESI (3) BE SECRE	D MEMBER DINNA HALSAVER DENT CKY UPTON ETARY ENISE FOLEY	hours per week (list any hours for related organizations below dotted line) 5.00	than ob Individual trustee x x	one bo oth a direct	ox, un officer Officer	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns o)-	Estim amount of compen from organizat relat	other sation the ion and ed ations
BOARI (2) DO PRESI (3) BE SECRE (4) DE	D MEMBER DINNA HALSAVER DENT CKY UPTON ETARY ENISE FOLEY	hours per week (list any hours for related organizations below dotted line) 5.00 8.00	than oblindividual trustee x x x	one bo oth a direct	ox, un officer/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns	Estim amount of compen from organizat relat	other sation the ion and ed ations
BOARI (2) DO PRESI (3) BE SECRE (4) DE TREAS	D MEMBER DINNA HALSAVER DENT CKY UPTON ETARY ENISE FOLEY	hours per week (list any hours for related organizations below dotted line) 5.00 8.00	than oblindividual trustee x x x	one bo oth a direct	ox, un officer/t	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensati from relate organizatio (W-2/1099	e on ed ns	Estim amount of compen from organizat relat	other sation the ion and ed ations

BOARD MEMBER	•••••	Х			0	0	0
(7) LINDA CROW BOARD MEMBER	8.00	Х			0	0	0
(8) KENNETH BEARLY BOARD MEMBER	8.00	Х			0	0	0
(9) KAREN DUNNING BOARD MEMBER	8.00	Х			0	0	0
(10) DAVE NEUPERT BOARD MEMBER	8.00	Х			0	0	0
(11) LUANNE HINKLE EXECUTIVE DIRECTOR	40.00		х		75,637	0	0
	· · · · · · · · · · · · · · · · · · ·						

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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	than d	one b	ox, ι in of	t cho unles ficer	eck moss pers and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
										_
										_

ď	Total (add lines 1b and 1c)		▶	75,637	()		0
2	Total number of individuals (including but not of reportable compensation from the organiza		sted above) who red	ceived more than \$1	00,000			
							Yes	No
3	Did the organization list any former officer, d line 1a? <i>If "Yes," complete Schedule J for sucl</i>			ighest compensated	employee on	3		No
4	For any individual listed on line 1a, is the sum	of reportable com	npensation and othe	er compensation from	n the	- +		
•	organization and related organizations greater					4		No
5	Did any person listed on line 1a receive or accesservices rendered to the organization?If "Yes,	•	•	-	vidual for	5		No
	ection B. Independent Contractors							
1	Complete this table for your five highest comp from the organization. Report compensation for					pensati	ion	
	(A)	or the calendar ye	ar ending with or wi	dilli tile organizacio	(B)		(C)
	Name and busine	ess address		Desc	ription of services		Compen	
2	Total number of independent contractors (includ compensation from the organization ► 0	ing but not limited	to those listed abo	ve) who received m	ore than \$100,000) of		
	compensation from the organization - 0					Fo	rm 99 0	0 (2020
			Page 9					
Forn	1 990 (2020)							Page S
Pa	art VIII Statement of Revenue							
	Check if Schedule O contains a respo	nse or note to any	/ line in this Part VIII (A)	(B)	(C)	.	 (D)	
			Total revenue	Related or	Unrelated		Reven	iue
				exempt function	business revenue		cluded under s	from sections
				revenue			512 - !	
29	derated campaigns 1a							
Grants	embership dues 1b							
s,	<u> </u>							
Gifts,	indraising events 1c							
18,	34,237							
Contributions,	Nernment grants (contributions) 1d							
<u></u>	vernment grants (contributions) 1e							
텉	<u> </u>							
ರ	त्री। other contributions, gifts, grants,							
	and similar amounts not included above							
	710,475							
g	Noncash contributions included in							
	lines 1a - 1f:\$							
h	Total. Add lines 1a-1f	744,712						
┪		Business Code						
	2a SHELTERING SERVICES	624200	174,140	174,140				
9	PROGRAM INCOME		83,091	83,091		+		
Sarvica Bayanta	<u> </u>	611710	•					
ģ	:							
rigin								
S	1							
E S								
		-	•					

Pog							
f All other program	service revenue	·.					
9 Total. Add lines 2	a-2f 		257,231				
3 Investment income similar amounts) .			terest, and other	26,892			26,892
4 Income from invest			nd proceeds	·			,
		-	▶				
	(i) Re	eal	(ii) Personal				
6a Gross rents	6a						
b Less: rental							
expenses	6b						
c Rental income or (loss)	6c						
d Net rental income	or (loss)						
	(i) Secu	ırities	(ii) Other				
7a Gross amount from sales of assets other	7a						
than inventory							
b Less: cost or other basis and sales expenses	7b						
c Gain or (loss)	7c						
d Net gain or (loss)							
Gross income from fu			-			<u> </u>	
(not including \$ contributions reported See Part IV, line 18	34,237 of						
See Part IV, line 18		8a	0				
b Less: direct expens	ses	8b	8,439				
c Net income or (los	s) from fundrais	sing eve	nts 🕨	-8,439			-8,439
Gross income from	naming activities						
See Part IV, line 19		9a					
b Less: direct expens	ses	9b					
c Net income or (los	s) from gaming	activitie	es >				
10-Cuses sales of inve							
10aGross sales of inverturns and allowa		10a	2,086				
b Less: cost of goods	s sold	10b	3,070				
c Net income or (los	s) from sales of	invento	ry	-984		L.	-984
Miscellaneo	ous Revenue		Business Code				
11a _{MISC}			900099	495			495
		_					
b							
		_					
С							
d All other revenue].					
e Total. Add lines 13	1a-11d			495			
12 Total revenue. Se	ee instructions		🕨	1,019,907	257,231	0	17,964
			<u></u>	1,015,307	237,231	0	Form 990 (2020)
				Page 10 ———			

Page 19 Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 66, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	75,637	65,048	10,589	
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	465,669	461,053	4,616	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	65,968	63,989	1,979	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	21,150		21,150	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,517		8,517	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,855	33,123	6,732	
12	Advertising and promotion	5,923		5,923	
13	Office expenses	79,314		25,001	54,313
14	Information technology				
15	Royalties				
16	Occupancy	32,597	26,078	6,519	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	680		680	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,736	54,189	13,547	
23	Insurance	13,167		13,167	
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 MISC EXPENSES	70,616	53,115	2,577	14,924
İ	b ANIMAL CARE	51,799	51,799		
(c DUES & MEMBERSHIP	495		495	
	d EXCISE/B&O	322		322	
	e All other expenses	000 445	000.001	404.044	60.227
	Total functional expenses. Add lines 1 through 24e	999,445	808,394	121,814	69,237
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).				

Balance Sheet Part X

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			104,044	1	198,400
	2	Savings and temporary cash investments .				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		📙	10,693	4	26,111
	5 6	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons . Loans and other receivables from other disquali	butor, o	or 35% controlled entity		5	
		section 4958(f)(1)), and persons described in se		`		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges		. · ·	20,275	9	20,054
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,275,521			
	b	Less: accumulated depreciation	10b	344,030	1,956,627	10 c	1,931,491
	11	Investments—publicly traded securities .			1,193,997	11	1,174,687
	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		[313,327	15	331,326
	16	Total assets. Add lines 1 through 15 (must equ	ual line	33)	3,598,963	16	3,682,069
	17	Accounts payable and accrued expenses			64,674	17	38,801
	18	Grants payable				18	
	19	Deferred revenue			250	19	43,958
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part 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, c	or 35% controlled entity		22	
Ï	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 and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25 .			64,924	26	82,759
nces		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck h	ere 🕨 🗹 and			
ale	27	Net assets without donor restrictions	•		3,334,039	27	3,399,310
9	28	Net assets with donor restrictions			200,000	28	200,000
Net Assets or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	-	heck here and		29	
St	30	Paid-in or capital surplus, or land, building or eq	Juipmer	nt fund		30	
SSE	31	Retained earnings, endowment, accumulated inc	come, c	or other funds		31	
A	32	Total net assets or fund balances		🟲	3,534,039	32	3,599,310
Ne	33	Total liabilities and net assets/fund balances .			3,598,963	33	3,682,069
1777				I	<u> </u>		Form 990 (2020
				— Page 12 ————			

Fc	orm 990	0 (2020)	age 1 2
	Part XI	Reconcilliation of Net Assets	
		Check if Schedule O contains a response or note to any line in this Part XI	
	1 To	stal revenue (must equal Part VIII, column (A), line 12)	019,90

Net assets or for Net unrealized Donated service Investment experience of the Prior period add Other changes Net assets or for table of the Accounting metals of the organizate Schedule O. Were the organizate Schedule O. Were the organizate Separate basis, Separate Were the organizate Separate basis, Separate Separate Separate	sests or fund balances at beginning of year (must equal Part X, line 32, column (A))	balances at beginning of year (must equal Part X, line 32, column (A))	2 10	tal expenses (must equal Part IX, column (A), line 25)	2			999	,44
Net unrealized Donated servic Investment exp Prior period adj Other changes Net assets or function Check Accounting met If the organizat Schedule O. Were the organ If 'Yes,' check a separate Were the organ If 'Yes,' check a consolidated ba	Arealized gains (losses) on investments	s (losses) on investments	3 Re	evenue less expenses. Subtract line 2 from line 1	3			20	,46
Donated service Investment exp Prior period add Other changes Net assets or for TXII Finan Check in Accounting men If the organizate Schedule O. Were the organ If 'Yes,' check asseparate basis, Separate Were the organ If 'Yes,' check asconsolidated base	ed services and use of facilities	Indiuse of facilities	4 N	et assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			3,534	,03
Investment exp Prior period adj Other changes Net assets or for It XII Finan Check in Accounting men If the organizat Schedule O. Were the organ If 'Yes,' check a separate Were the organ If 'Yes,' check a consolidated ba	rement expenses	res	5 N	et unrealized gains (losses) on investments	5			54	,77
Prior period addy Other changes Net assets or for TXII Finan Check in Accounting met If the organizat Schedule O. Were the organ If 'Yes,' check at separate basis, Separate Were the organ If 'Yes,' check at consolidated base Separate	changes in net assets or fund balances (explain in Schedule O)	the assets or fund balances (explain in Schedule O)	5 D	onated services and use of facilities	6				
Other changes Net assets or for the state of	changes in net assets or fund balances (explain in Schedule O)	et assets or fund balances (explain in Schedule O)	7 In	vestment expenses	7				
Accounting med If the organizate Schedule O. Were the organizate basis, Separate Were the organ If 'Yes,' check a consolidated basis.	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Statements and Reporting hedule O contains a response or note to any line in this Part XII	B Pr	ior period adjustments	8			-9	,96
Accounting med If the organizat Schedule O. Were the organizat Separate basis, Separate Were the organ If 'Yes,' check a consolidated base Separate	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Statements and Reporting hedule O contains a response or note to any line in this Part XII	9 0	ther changes in net assets or fund balances (explain in Schedule O)	9				(
Accounting mei If the organizat Schedule O. Were the organ If 'Yes,' check a separate basis, Separate Were the organ If 'Yes,' check a consolidated ba	Check if Schedule O contains a response or note to any line in this Part XII	wised to prepare the Form 990:	10 N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			3,599	,310
Accounting med If the organizate Schedule O. Were the organizate Schedule O. Were the organizate basis, Separate Were the organizate User organizate Schedule O. Separate Separate Sconsolidated basis Separate	Noting method used to prepare the Form 990:	used to prepare the Form 990:	Part X	Financial Statements and Reporting					
If the organizat Schedule O. Were the organ If 'Yes,' check a separate basis, Separate Were the organ If 'Yes,' check a consolidated basis.	nting method used to prepare the Form 990:	used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				V	
If the organizat Schedule O. Were the organ If 'Yes,' check a separate basis, Separate Were the organ If 'Yes,' check a consolidated basis.	organization changed its method of accounting from a prior year or checked "Other," explain in ule O. the organization's financial statements compiled or reviewed by an independent accountant? 2a 2b Separate basis	changed its method of accounting from a prior year or checked "Other," explain in ion's financial statements compiled or reviewed by an independent accountant? a below to indicate whether the financial statements for the year were compiled or reviewed on a solidated basis, or both: is Consolidated basis Both consolidated and separate basis ion's financial statements audited by an independent accountant? a below to indicate whether the financial statements for the year were audited on a separate basis, or both: is Consolidated basis Both consolidated and separate basis or 2b, does the organization have a committee that assumes responsibility for oversight or oversight or compilation of its financial statements and selection of an independent accountant?					Yes	N	o
Schedule O. Were the organ If 'Yes,' check a separate basis, Separate Were the organ If 'Yes,' check a consolidated basis	the organization's financial statements compiled or reviewed by an independent accountant? 2a 2b 2b 2c 2c 2c 2a 2a 2a 2a 2b 2a 2b 2b 2b 2c 2c 2c 2a	No solidated basis	1 Ad	counting method used to prepare the Form 990:					
Were the organ If 'Yes,' check a separate basis, Separate Were the organ If 'Yes,' check a consolidated ba	the organization's financial statements compiled or reviewed by an independent accountant? (c) check a box below to indicate whether the financial statements for the year were compiled or reviewed on a late basis, consolidated basis, or both: Separate basis	below to indicate whether the financial statements for the year were compiled or reviewed on a solidated basis, or both: is Consolidated basis Both consolidated and separate basis ion's financial statements audited by an independent accountant? below to indicate whether the financial statements for the year were audited on a separate basis, or both: is Consolidated basis Both consolidated and separate basis or 2b, does the organization have a committee that assumes responsibility for oversight or or compilation of its financial statements and selection of an independent accountant?		the organization changed its method of accounting from a prior year or checked "Other," explain in					
If 'Yes,' check a separate basis, Separate Were the organ If 'Yes,' check a consolidated ba	c,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a late basis, consolidated basis, or both: Separate basis	below to indicate whether the financial statements for the year were compiled or reviewed on a solidated basis, or both: is Consolidated basis Both consolidated and separate basis ion's financial statements audited by an independent accountant? below to indicate whether the financial statements for the year were audited on a separate basis, or both: is Consolidated basis Both consolidated and separate basis or 2b, does the organization have a committee that assumes responsibility for oversight or or compilation of its financial statements and selection of an independent accountant?				22		l N	0
Separate basis, Separate Were the organ If 'Yes,' check a consolidated ba	Separate basis	solidated basis, or both: is Consolidated basis Both consolidated and separate basis ion's financial statements audited by an independent accountant? below to indicate whether the financial statements for the year were audited on a separate basis, or both: is Consolidated basis Both consolidated and separate basis or 2b, does the organization have a committee that assumes responsibility for oversight, or compilation of its financial statements and selection of an independent accountant? 2b No 2c		, , ,	on a			IN	-
Were the organ If 'Yes,' check a consolidated ba	the organization's financial statements audited by an independent accountant? C', check a box below to indicate whether the financial statements for the year were audited on a separate basis, lidated basis, or both: Separate basis	ion's financial statements audited by an independent accountant? A below to indicate whether the financial statements for the year were audited on a separate basis, or both: Both consolidated and separate basis Consolidated basis Both consolidated and separate basis or 2b, does the organization have a committee that assumes responsibility for oversight or compilation of its financial statements and selection of an independent accountant?		parate basis, consolidated basis, or both:	OII a				
If 'Yes,' check a consolidated ba	,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, lidated basis, or both: Separate basis	below to indicate whether the financial statements for the year were audited on a separate basis, or both: is Consolidated basis Both consolidated and separate basis or 2b, does the organization have a committee that assumes responsibility for oversight, or compilation of its financial statements and selection of an independent accountant?		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
If 'Yes,' check a consolidated ba	,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, lidated basis, or both: Separate basis	below to indicate whether the financial statements for the year were audited on a separate basis, or both: is Consolidated basis Both consolidated and separate basis or 2b, does the organization have a committee that assumes responsibility for oversight, or compilation of its financial statements and selection of an independent accountant?	b W	ere the organization's financial statements audited by an independent accountant?		2b		l N	0
•	s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	or 2b, does the organization have a committee that assumes responsibility for oversight or compilation of its financial statements and selection of an independent accountant?	If		basis,				-
	audit, review, or compilation of its financial statements and selection of an independent accountant?	r, or compilation of its financial statements and selection of an independent accountant?		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
	organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	changed either its oversight process or selection process during the tax year, explain in Schedule O.		"Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
If the organizat	- gamentaria and gamentaria and area of the production	1 1	If	the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C).			
	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133? 3a			s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Idit Act and OMB Circular A-133?	ingle	За		N	О
	s." did the organization undergo the required audit or audits? If the organization did not undergo the required	Circular A-133? 3a No		"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	3b			
		panization undergo the required audit or audits? If the organization did not undergo the required				•	Form 9	90 (2	020
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ganization undergo the required audit or audits? If the organization did not undergo the required alain why in Schedule O and describe any steps taken to undergo such audits. 3b							
	s." did the organization undergo the required audit or audits? If the organization did not undergo the required	Circular A-133?			iired				
	r, and the organization andergo the redulted gualt of addits; if the organization did not undergo the redulter								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ganization undergo the required audit or audits? If the organization did not undergo the required alain why in Schedule O and describe any steps taken to undergo such audits. 3b					Form 9	90 (2	020
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ganization undergo the required audit or audits? If the organization did not undergo the required alain why in Schedule O and describe any steps taken to undergo such audits. 3b							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ganization undergo the required audit or audits? If the organization did not undergo the required alain why in Schedule O and describe any steps taken to undergo such audits. 3b							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ganization undergo the required audit or audits? If the organization did not undergo the required alain why in Schedule O and describe any steps taken to undergo such audits. 3b	rm 00	0 (2020)					
. 000 (2020)	or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Form	panization undergo the required audit or audits? If the organization did not undergo the required				Datus			
990 (2020)	Form 9 020)	ganization undergo the required audit or audits? If the organization did not undergo the required slain why in Schedule O and describe any steps taken to undergo such audits. Form 990 (2020)	Auu			Ketu	rn to F	orm	
990 (2020) Iditional D	Form 9 020)	ganization undergo the required audit or audits? If the organization did not undergo the required slain why in Schedule O and describe any steps taken to undergo such audits. Form 990 (2020)							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Form 9 020) Ponal Data Return to	ganization undergo the required audit or audits? If the organization did not undergo the required slain why in Schedule O and describe any steps taken to undergo such audits. Form 990 (2020) Return to Form							
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lditional D	Or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Form 9 O20) Onal Data Software ID: Software Version:	panization undergo the required audit or audits? If the organization did not undergo the required plain why in Schedule O and describe any steps taken to undergo such audits. Form 990 (2020) Return to Form Software ID: Software Version:	rm 9	90, Special Condition Description:					
lditional D	Or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Form 9 O20) Onal Data Software ID:	panization undergo the required audit or audits? If the organization did not undergo the required alain why in Schedule O and describe any steps taken to undergo such audits. Form 990 (2020) Return to Form Software ID: Software Version:		Special Condition Description					

ObjectId: 202111879349300326 - Submission: 2021-07-06

TIN: 91-6001724

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public Inspection

		INSULA HUMANE SOCIETY					Employer identific	ation number
				(41)			91-6001724	
Pai		Reason for Public ration is not a private four					See instructions.	
1	r gariiz	A church, convention of					(A)(i)	
_		•	•			()()	(A)(I).	
2		A school described in se	. , ,		•	• •		
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ribed in sectior	170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital desc	ribed in section 1	L 70(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co	ed for the benefi omplete Part II.)	t of a college or univer	sity owned or o	operated by a gov	ernmental unit descril	oed in section
6		A federal, state, or loca	government or	governmental unit de	scribed in sect	ion 170(b)(1)(A)(v).	
7	✓	An organization that no section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust desc	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organization organiz		• •	r public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported in lines 12a through 12d	l organizations (described in section 5	09(a)(1) or se	ection 509(a)(2)). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the san				
С		Type III functionally supported organization(integrated. A s	supporting organizations). You must com	n operated in co	onnection with, ar	nd functionally integra	ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organi n generally must satisf	zation operated fy a distribution	d in connection with requirement and	th its supported orgar	
е		Check this box if the ordintegrated, or Type III r				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	r the number of supported	•		-			
g		de the following informat	-					
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
						1		
Total						+		
		work Reduction Act No or 990-EZ.	tice, see the I		Cat. No. 1128	\$5F \$	Schedule A (Form 9	90 or 990-EZ) 2020
Sched	lule A	(Form 990 or 990-EZ) 20	020					Page 2

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

If the organization failed to qualify under the tests listed below, please complete Part III.)

(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.

Part II

	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	802,441	509,892	1,057,080	726 969	744,712	3,840,993
	include any "unusual grant.")	802,441	509,892	1,057,080	726,868	744,712	3,840,993
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	802,441	509,892	1,057,080	726,868	744,712	3,840,993
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f) Public support. Subtract line 5 from						
6	line 4.						3,840,993
	ection B. Total Support	1	•	1	1	1	
	lendar year r fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	802,441	509,892	1,057,080	726,868	744,712	3,840,993
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	10,591	15,630	30,747	44,462	26,892	128,322
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 or						
10	loss from the sale of capital assets	100,735	130,783	93,487	48,550	2,581	376,136
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10					<u> </u>	4,345,451
12	Gross receipts from related activities,	•	•			12	1,028,716
13	First 5 years. If the Form 990 is for the	-			•	. , . ,	ization, check
_	this box and stop here			<u> </u>	<u> </u>	▶∪	
14	Public support percentage for 2020 (lin		_	column (f))		14	88.390 %
15	Public support percentage for 2019 Sci		•			15	87.400 %
	33 1/3% support test—2020. If the						
	and stop here. The organization quali						
Ŀ	33 1/3% support test—2019. If the	-		•		•	
	box and stop here. The organization 10%-facts-and-circumstances test						▶□
1/6	is 10% or more, and if the organization in Part VI how the organization meets	n meets the "facts	s-and-circumstanc	es" test, check thi	s box and stop he	ere. Explain	
	organization			-			ightharpoons
ь	10%-facts-and-circumstances tes	t-2019. If the o	rganization did no	t check a box on li	ine 13, 16a, 16b,	or 17a, and line	•
	15 is 10% or more, and if the organiz Explain in Part VI how the organizatio	ation meets the "	facts-and-circums s-and-circumstand	tances" test, checl	k this box and sto	p here. as a publicly	
	supported organization			_	•		▶ 🗆
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	k and see	
	instructions					<u> </u>	▶□
					Schedu	le A (Form 990 o	or 990-EZ) 2020
			Dago 2				
			Page 3				
<u>.</u>							
_	edule A (Form 990 or 990-EZ) 2020			. 6	(-)(D)		Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	er Part II If
	the organization fails						
	ection A. Public Support		ī	1	1		
	lendar year r fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
`1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .			<u> </u>		<u> </u>	
2	· · · · · · · · · · · · · · · · · · ·						1
	performed, or facilities furnished in					1	1
	any activity that is related to the organization's tax-exempt purpose					1	1
3	Gross receipts from activities that are	e				1	
	not an unrelated trade or business under section 513						
4	Tay revenues levied for the		i	1	1	1	

4	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ection B. Total Support	1	T	1		I	1		
	endar year fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f)	Total	
`9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is			1					
	regularly carried on.			1					
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.).								
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) org	anizat	ion,	
	check this box and stop here							. •	
Se	ection C. Computation of Public								
15	Public support percentage for 2020 (lir	ne 8, column (f) d		column (f))		15			
	Public support percentage for 2020 (lin Public support percentage from 2019 S		livided by line 13,			15 16			
15 16		Schedule A, Part I	livided by line 13, II, line 15						
15 16	Public support percentage from 2019 S	Schedule A, Part I	livided by line 13, II, line 15 Percentage						
15 16 Se	Public support percentage from 2019 Section D. Computation of Invest	Schedule A, Part II ment Income 20 (line 10c, colum	livided by line 13, II, line 15	line 13, column (f))	16			
15 16 Se 17 18	Public support percentage from 2019 Section D. Computation of Investr Investment income percentage for 202	ment Income (line 10c, column) (19 Schedule A,	livided by line 13, II, line 15	line 13, column (f))	16 17 18	e 17 is	s not	
15 16 Se 17 18 19a	Public support percentage from 2019 Section D. Computation of Investor Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the comore than 33 1/3%, check this box and section in the comore than 33 1/3%, check this box and section in the comore than 33 1/3%, check this box and section in the comore than 33 1/3%, check this box and section in the comore than 33 1/3%, check this box and section in the comore than 33 1/3%, check this box and section in the computation in the	ment Income 20 (line 10c, colui 019 Schedule A, organization did n stop here. The or	Iivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif	line 13, column (f))	16	. •		
15 16 Se 17 18 19a	Public support percentage from 2019 Section D. Computation of Investor Investment income percentage from 2013 Investment income percentage from 2 331/3% support tests—2020. If the comore than 33 1/3%, check this box and so 33 1/3% support tests—2019. If the	ment Income (10 (line 10c, colur) (10 Schedule A, organization did not organization did not organization did not organization did	Ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif not check a box	line 13, column (f))	16 17 18 33 1/3%, and lin ion more than 33 1/3	. ► 3% an	d line	18 is
15 16 Se 17 18 19a	Public support percentage from 2019 Section D. Computation of Investor Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the comore than 33 1/3%, check this box and section in the comore than 33 1/3%, check this box and section in the comore than 33 1/3%, check this box and section in the comore than 33 1/3%, check this box and section in the comore than 33 1/3%, check this box and section in the comore than 33 1/3%, check this box and section in the computation in the	ment Income (10 (line 10c, colur) (10 Schedule A, organization did not organization did not organization did not organization did	Ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif not check a box	line 13, column (f))	16 17 18 33 1/3%, and lin ion more than 33 1/3	. ► 3% an	d line	18 is
15 16 Se 17 18 19a	Public support percentage from 2019 Section D. Computation of Investor Investment income percentage from 2013 Investment income percentage from 2 331/3% support tests—2020. If the comore than 33 1/3%, check this box and so 33 1/3% support tests—2019. If the	ment Income 20 (line 10c, colur 019 Schedule A, organization did n stop here. The ore organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif not check a box The organization	line 13, column (on line 14, and lines as a publicly suon line 14 or line 1 qualifies as a publ	f))	16	. Ы 3% an . Ы [d line	
15 16 Se 17 18 19a	Public support percentage from 2019 Section D. Computation of Investration Investment income percentage from 2013 Investment income that 33 1/3%, check this box and some than 33 1/3%, check this box and some Investment Inve	ment Income 20 (line 10c, colur 019 Schedule A, organization did n stop here. The ore organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif not check a box The organization	line 13, column (on line 14, and lines as a publicly suon line 14 or line 1 qualifies as a publ	f))	16	. Ы 3% an . Ы [d line	
15 16 Se 17 18 19a	Public support percentage from 2019 Section D. Computation of Investration Investment income percentage from 2013 Investment income that 33 1/3%, check this box and some than 33 1/3%, check this box and some Investment Inve	ment Income 20 (line 10c, colur 019 Schedule A, organization did n stop here. The ore organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif not check a box The organization	line 13, column (on line 14, and lines as a publicly suon line 14 or line 1 qualifies as a publ	f))	16	. Ы 3% an . Ы [d line	
15 16 Se 17 18 19a	Public support percentage from 2019 Section D. Computation of Investration Investment income percentage from 2013 Investment income that 33 1/3%, check this box and some than 33 1/3%, check this box and some Investment Inve	ment Income 20 (line 10c, colur 019 Schedule A, organization did n stop here. The ore organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif not check a box The organization	line 13, column (on line 14, and ling es as a publicly su on line 14 or line 1 qualifies as a publ	f))	16	. Ы 3% an . Ы [d line	
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Se	organization. ection C. Type II Supporting Organizations	2	Yes	
		2		
				1
4	operated, supervised, or controlled the supported 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			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		-
	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly			
Se	ection B. Type I Supporting Organizations		Yes	No
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
b	A family member of a person described in 11a above?	11b		
-	governing body of a supported organization?	11a		
11 a	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 in lines 11b and 11c below, the			
			Yes	No
	t IV Supporting Organizations (continued)		F	Page .
	Page 5 ————			
	Schedule A (Form 990	or 99	0-EZ)	2020
	the organization had excess business holdings).	10b		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
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.			
10	which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in	9b		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	8		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
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 or 990-EZ).	7		
7	organization's supported organizations? If "Yes," provide detail in Part VI .	6		
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			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
_ 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
	supervised by or in connection with its supported organizations.	4b		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	44		
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		
C	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		

1	were a majority of the organization's directors or trustees during the tax year also a neach of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed to	contr	ol or management of the	1		
		ne sup	porteu organization(s).	<u> </u>		
Se	ection 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	ng the the or	prior tax year, (ii) a copy of the		res	NO
	documents in effect on the date of notification, to the extent not previously provided?			1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or 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 supported	No," e	xplain in Part VI how the			
_	Du announ of the velocities described in line 2 charge did the averagination/s average			2	<u> </u>	
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's i	ncome or assets at all times	3		
	ction E. Type III Functionally-Integrated Supporting Organizations					
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 i	ions):		
a						
b	The organization is the parent of each of its supported organizations. Complete	line :	3 below.			
C	The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further	the ex	empt purposes of the		163	110
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	oses, l	how the organization was			
	substantially all of its activities.	ac cc.		2a		
b	Did the activities described in line 2a constitute activities that, but for the organization organization's supported organization(s) would have been engaged in? If "Yes," explain organization's position that its supported organization(s) would have engaged in these	in in P	art VI the reasons for the			
	involvement.	activi	des but for the organization's	2b	 	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No" provide details in Part VI.	cers, o	lirectors, or trustees of each of	За		
b	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? If "Yes," describe in Part VI. the role played by the organizations?					
	supported organizations: If ites, describe in Fait VI. the role played by the organize	acioii ii	Schedule A (Form 990	3b	00 EZ)	2020
			Schedule A (Form 950	, OI 93	,U-EZ)	2020
	Page 6 ————					
Sche	dule A (Form 990 or 990-EZ) 2020				F	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				e	
	Section A - Adjusted Net Income	itions i	· · · · · · · · · · · · · · · · · · ·		rent Yea	ır
	•			(opti	onal)	
	Net short-term capital gain	1				
	Recoveries of prior-year distributions Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	(1) 5 (
	Section B - Minimum Asset Amount	I	(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				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				

е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
	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	om 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	e 8 Column A)	1			
	Enter 85% of line 1	c o, column A)	2			
3	Minimum asset amount for prior year (from Section B,	line 8. Column A)	3			
4	Enter greater of line 2 or line 3		4			
	Income tax imposed in prior year		5			
6	Distributable Amount. 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 organizatio instructions)	n's first as a non-functionally-	integrate	ed Type III sup	porting	organization (see
				Sched	ule A (Form 990 or 990-EZ) 2020
		Page 7				
		Page 7				
C - l	dula A (Faura 000 au 000 F7) 2020					_
	dule A (Form 990 or 990-EZ) 2020	E00(-)(D) C	<u> </u>	(60)	atinuad	Page 7
	rt V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organi	zations (cor	itinued	
Sec	tion D - Distributions					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	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructio	ns			6	
7 1	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>pro</i>	vide	8	
9	Distributable amount for 2020 from Section C, line 6				9	
10 L	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) lerdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1 D	Distributable amount for 2020 from Section C, line 6			110-2020		Amount for 2020
2 (Inderdistributions, if any, for years prior to 2020 reasonable cause required explain in Part VI).					
	excess distributions carryover, if any, to 2020:					
а	From 2015					
_	From 2016					
	From 2017					
	From 2018					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
	Carryover from 2015 not applied (see instructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
_	stributions for 2020 from Section D, line 7:					
	Applied to underdistributions of prior years					

b Applied to 2020 distributable amount	1	1	1
c Remainder. Subtract lines 4a and 4b from I	ine 4		
Remainder. Subtract lines 4a and 4b from 5 Remaining underdistributions for years prior 2020, if any. Subtract lines 3g and 4a from If the amount is greater than zero, explain See instructions.	r to		
6 Remaining underdistributions for 2020. Sub lines 3h and 4b from line 1. If the amount than zero, explain in Part VI. See instructions.	is greater		
7 Excess distributions carryover to 2021. 3j and 4c.	Add lines		
Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
Section A, lines 1, 2, 3b, 3c, 4b, 4 Part IV, Section D, lines 2 and 3; F	c, 5a, 6, 9a, 9b, 9c, 11a, 11b, Part IV, Section E, lines 1c, 2a,	by Part II, line 10; Part II, line 17a or and 11c; Part IV, Section B, lines 1 an 2b, 3a and 3b; Part V, line 1; Part V, S 1 6. Also complete this part for any add	d 2; Part IV, Section C, line 1; ection B, line 1e; Part V
	Facts And Circums	stances Test	
Return Reference		Explanation	
		Schedule	A (Form 990 or 990-EZ) 202
Additional Data			Return to Form

Software ID:

Software Version:

ObjectId: 202111879349300326 - Submission: 2021-07-06

TIN: 91-6001724 OMB No. 1545-0047

Schedule B (Form 990, 990-EZ,

Department of the Treasury

Schedule of Contributors

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

or 990-PF) 2020 ► 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 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Cat. No. 30613X for Form 990, 990-EZ, or 990-PF. Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

フェ	-000	1/	

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person
			Payroll
		\$ RESTRICTED	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.)
		Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2020)
	Page 3		
	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of org OLYMPIC PE	panization NINSULA HUMANE SOCIETY	Employer identification	on number
		91-6001724	_
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	7.15
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

-					\$	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) instructions)	(d) Date received
-				-	\$_	
(a) No. from Part I	(b) Description of noncash	property give	n 		(c) or estimate) instructions)	(d) Date received
(a)					(c)	
No. from Part I	(b) Description of noncash	property give	n		or estimate) instructions)	(d) Date received
(a)					(c)	
No. from Part I	(b) Description of noncash	property give	n		or estimate)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) instructions)	(d) Date received
-					\$_	
					Schedule B (Forn	m 990, 990-EZ, or 990-PF) (2020)
		——— Р	age 4 ————			
	B (Form 990, 990-EZ, or 990-PF) (2020)				Employer iden	Page 4
OLYMPIC P	ENINSULA HUMANE SOCIETY				91-6001724	
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Completotal of exclustructions.) ►	ete columns (a) thr 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) Descri	ption of how gift is held
-	Transferee's name, address, and 2) Transfer of gift R	elationshi	p of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Descri	ption of how gift is held
-					<u> </u>	
	Transferee's name, address, and 2) Transfer of gift R	elationshi	p of transferor to	o transferee
(a)	(h) Purnose of nift		(c) llea of aift		(d) Noscri	ntion of how aift is hold

Part I	(S) i dipoco oi giit	,	(o) 000 or gire	(a) Booonpaon of non girt io noid
-		-		
	Transferee's name, address, and) Transfer of gift Relationshi	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
-				
	Transferee's name, address, and) Transfer of gift Relationshi	o of transferor to transferee
•		-	Schedu	le B (Form 990, 990-EZ, or 990-PF) (2020)

Additional Data Return to Form

Software ID: Software Version:

ObjectId: 202111879349300326 - Submission: 2021-07-06

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

OMB No. 1545-0047

Open to Public **Inspection**

	MPIC PENINSULA HUMANE SOCIETY				Empi	oyer identification number
						01724
Pa	rt I Organizations Maintaining Donor Advis Complete if the organization answered "Yes				or Acco	unts.
	Complete if the organization answered Tes			sed funds	(b) Funds and other accounts
1	Total number at end of year	(4) 50		554 14.145	•	2, : aa. aa ee. aeceae
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year				-	
	· · · · · · · · · · · · · · · · · · ·	and the second the second teachers	ul	and hald to dance of	1 6.	and a result of
5 6	Did the organization inform all donors and donor advisor organization's property, subject to the organization's except the organization inform all grantees, donors, and do	clusive legal contr	ol?			☐ Yes ☐ N
	charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for	any other purpose		
Pai	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990	, Part	IV, line 7.		
1	Purpose(s) of conservation easements held by the organ	nization (check all	that a	pply).		
	Preservation of land for public use (e.g., recreation	or education)		Preservation of ar	n historic	ally important land area
	Protection of natural habitat			Preservation of a	certified	historic structure
				rreservation or a	certified	instance structure
_	Preservation of open space	: <i>E</i> :d				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	quaimed conserva	ation co	ontribution in the fo		Held at the End of the Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified historic	structure include	ed in (a	1)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06	, and r	ot on a historic	2d	
3	Number of conservation easements modified, transferred tax year	d, released, extin	guishe	d, or terminated by	the orga	nization during the
4	Number of states where property subject to conservation	n easement is loc	ated 🕨			
5	Does the organization have a written policy regarding th	e periodic monito	orina. ir	spection, handling	of violat	ions.
•	and enforcement of the conservation easements it holds	3?			0. 1.0.00	Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of	violatio	ns, and enforcing c	onservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$\$	handling of violat	ions, a	nd enforcing conse	rvation e	asements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?				.70(h)(4)	(B)(i)
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the o				ement, and
Par	t III Organizations Maintaining Collections Complete if the organization answered "Yes				ner Sim	ilar Assets.
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	C 958, not to rep ic exhibition, edu	ort in it cation,	s revenue stateme or research in furth		
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:	ic exhibition, edu	cation,	or research in furth	nerance (of public service, provide the
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$
	i)Assets included in Form 990, Part X					
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or o	ther si	milar assets for fina		
а	Revenue included on Form 990, Part VIII, line 1					▶ \$
b	Assets included in Form 990, Part X					

Sche	dule D (Form 990) 2020						Page 2
Parl	t III Organizations Maintaining Coll	ections of Art, His	torical Treas	ures, or C	Other Similar A	Assets (con	tinued)
3	Using the organization's acquisition, accession items (check all that apply):	, and other records, ch	eck any of the f	ollowing tha	t are a significant	use of its co	llection
а	Public exhibition		d Loar	n or exchan	ge programs		
b	Scholarly research		e Othe	er			······
С	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain how	w they further th	ne organizat	ion's exempt purp	ose in	
_	Part XIII.						
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part				☐ Yes	□ No
Par	rt IV Escrow and Custodial Arranger Complete if the organization answ line 21.		990, Part IV, li	ine 9, or re	eported an amo	unt on Forr	m 990, Part X,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?					☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:			Amount	
С	Beginning balance			:	1c		
d	Additions during the year				Ld		
е	Distributions during the year			:	Le		
f	Ending balance				1f		
2a	Did the organization include an amount on For	m 990, Part X, line 21	, for escrow or c	ustodial acc	ount liability?	. 🗆 Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.					_	
Pa	rt V Endowment Funds.	·					
	Complete if the organization answ						
1-	Reginning of year balance	(a) Current year 310,551	(b) Prior year 232,124	(c) Two year	rs back (d) Three y 251,248	/ears back (e)	Four years back 220,118
	Beginning of year balance	310,331	232,124		231,246	225,722	220,118
	Contributions	17,999	78,427		-19,124	25,527	
	Net investment earnings, gains, and losses	27,7333	70/127		13/12 .	23/327	
	Grants or scholarships						
	Other expenditures for facilities and programs						
f.	Administrative expenses						
g	End of year balance	328,550	310,551		232,124	251,248	225,722
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment	nt year end balance (li 39.000 %	ne 1g, column (a	a)) held as:		•	
ь	Permanent endowment						
С	Term endowment • 61.000 %						
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.					
3a	Are there endowment funds not in the possess organization by:	sion of the organizatior	that are held a	nd administ	ered for the		Yes No
	(i) Unrelated organizations					3a(i)	
L	(ii) Related organizations		Cobodulo D2			3a(ii) No
ь 4	If "Yes" on 3a(ii), are the related organizations. Describe in Part XIII the intended uses of the	•				. 30	
	rt VI Land, Buildings, and Equipmen		Terre rariasi				
rai	Complete if the organization answ		990, Part IV, li	ine 11a. S	ee Form 990, P	art X, line 1	.0.
	Description of property (a) Cost or othe (investment)		other basis (other)	(c) Accum	nulated depreciation	(d)	Book value
1a	Land		89,000)			89,000
b	Buildings		2,039,254	1	271,325		1,767,929
c	Leasehold improvements		42,600)	388	1	42,212
d	Equipment		50,517	7	31,481		19,036
е	Other		54,150)	40,836	i	13,314
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B), line	10(c).) .	. •		1,931,491

Part VII Investments □ Other Securities. Complete if the organization answered "Yes" on Form 99	O Part IV line	11h Coo Form 000	Part V line 12
(a) Description of security or category	(b)	(c) Meth	od of valuation:
(including name of security)	Book value	Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3)Other	_		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments □ Program Related. Complete if the organization answered 'Yes' on Form 99	90 Part IV line	e 11c See Form 990	Part X line 13
(a) Description of investment	, o, r are 14, mi	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets.	O Dowt IV line	114 C. F. F. O.O. D.	AV Par 4E
Complete if the organization answered 'Yes' on Form 99 (a) Description	o, Part IV, lille	11u. See Form 990, Pa	(b) Book value
(1)ENDOWMENT FUNDS			328,550
(2)EVENT SUPPLIES			1,979
(3)SQUARE HARDWARE (4)			797
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		1	331,326
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 99	0, Part IV, line	11e or 11f.See Form	990, Part X, line 25.
1. (a) Description of lia			(b) Book value
The control of the co			į.

(2)					+
3)					
(4)					
(5)					
6)					
(7)					<u> </u>
					_
8)					
(9)					
otal. (Column (b) mus	st equal Form 990, Part X, col.(B) line 25.)			b	
•	tain tax positions. In Part XIII, provid		-		
rganization's liabilit	y for uncertain tax positions under FI	N 48 (ASC 740). Check here if	the text of the footnote ha	· · · · · · · · · · · · · · · · · · ·	
				Schedule D (Form 990) 2020
		Page 4			
chedule D (Form 99	90) 2020				Page 4
-	nciliation of Revenue per Aug	lited Financial Statement	ts With Revenue per	Return.	Tage 4
	plete if the organization answered				
 Total revenue, 	gains, and other support per audited	I financial statements		1	
2 Amounts inclu	ded on line 1 but not on Form 990, P	art VIII, line 12:			
a Net unrealized	gains (losses) on investments .	2	2a		
b Donated servi	ces and use of facilities	2	2b		
c Recoveries of	prior year grants		2c		
d Other (Describ	pe in Part XIII.)		2d		
e Add lines 2a t	hrough 2d			2e	
Subtract line 2	2e from line 1			3	
4 Amounts inclu	ded on Form 990, Part VIII, line 12, l	out not on line 1:			_
a Investment ex	penses not included on Form 990, Pa	rt VIII, line 7b . 4	l a		
b Other (Describ	pe in Part XIII.)	4	1b		
c Add lines 4a a	and 4b			4c	
5 Total revenue.	Add lines 3 and 4c. (This must equa	ıl Form 990, Part I, line 12.)		5	
	nciliation of Expenses per Au			r Return.	
Comp	olete if the organization answered	d 'Yes' on Form 990, Part IV	/, line 12a.		
1 Total expense	s and losses per audited financial stat	ements		1	
2 Amounts inclu	ded on line 1 but not on Form 990, P	art IX, line 25:	ì		
a Donated servi	ces and use of facilities	2	2a		
b Prior year adj	ustments	2	2b	_	
c Other losses		2	2c	_	
d Other (Describ	pe in Part XIII.)	2	2d		
e Add lines 2a t	hrough 2d			2e	
	2e from line 1			3	
	ded on Form 990, Part IX, line 25, bu	Ť	1		
	xpenses not included on Form 990, Pa	· —	l a		
-	pe in Part XIII.)	<u> </u>	1b	<u> </u>	
	and 4b			4c	
	s. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18.)		5	
Part XIII Su	pplemental Information				
Provide the descrip	tions required for Part II, lines 3, 5, and Part XII, lines 2d and 4b. Also com			ort V, line 4; Part	X, line 2; Part XI,

_ . . _

Auditional Data Return to Form

Software ID: Software Version:

ObjectId: 202111879349300326 - Submission: 2021-07-06

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

TIN: 91-6001724 OMB No. 1545-0047

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Open to Public

Nam	ne of the organization		irs.gov/Fo	rm990 for	instructions and the latest in	nformation.	Employer ide	entification number
OLYI	MPIC PENINSULA HUMANE SOC	IETY					91-6001724	
Pa	nrt I Fundraising Activ	ities. Complete if	the orga	anization	answered "Yes" on F	orm 990,	Part IV, line 1	.7.
	Form 990-EZ filers a	are not required to	o compl	ete this	part.			
1	Indicate whether the organiza	ation raised funds th	rough an	y of the f	ollowing activities. Check	all that a	pply.	
а	Mail solicitations			•	Solicitation of nor	ı-governm	ent grants	
b	☐ Internet and email solicita	itions		1	Solicitation of gov	ernment o	grants	
c	Phone solicitations			g	Special fundraisin	g events		
d	☐ In-person solicitations							
2a	Did the organization have a wor key employees listed in Fo							es 🗆 No
b	If "Yes," list the 10 highest pa to be compensated at least \$			draisers)	pursuant to agreements	under wh	ich the fundraise	er is
1 (i)	Name and address of individual or entity (fundraiser)	(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	al							
	List all states in which the orga licensing.	nization is registered	d or licens	sed to sol	icit contributions or has I	neen notifi	ed it is exempt	from registration or
====				=======		=======	=======================================	
For I	Paperwork Reduction Act Notice,	see the Instructions	for Form	990 or 99	O-EZ. Cat. No.	50083H	Schedule G	(Form 990 or 990-EZ) 2020
Sche	edule G (Form 990 or 990-FZ) 2	2020		—— Pa	ge 2 —————			Page 2

		(a)Event #1 MEOWGARITAS (event type)	(b) Event #2 OTHER (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
	1 Gross receipts	20.470	12.750		24 227
	·	20,479	13,758		34,237
	2 Less: Contributions	20,479	13,758		34,237
	4 Cash prizes				
es	5 Noncash prizes				
ens	6 Rent/facility costs				
页	7 Food and beverages				_
Direct Expenses	8 Entertainment				
ā	9 Other direct expenses	8,439			8,439
	11 Net income summary. Subtract line 10				8,439
Par	t III Gaming. Complete if the orga		s" on Form 990, Part I'	V, line 19, or reported	-8,439 more than \$15,000
6 \	on Form 990-EZ, line 6a.				T
Revenue		(a) Bingo	(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				
쫎	3 Noncash prizes				
Direct	4 Rent/facility costs				
ш	5 Other direct expenses				
	6 Volunteer labor	☐ Yes	☐ Yes %☐ No	☐ Yes %☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)		
9 a b	Enter the state(s) in which the organizati Is the organization licensed to conduct ga If "No," explain:	aming activities in each of	these states?		
10a b	Were any of the organization's gaming lic	enses revoked, suspended	d or terminated during the	e tax year?	☐ Yes ☐ No

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1	Does the organization conduct ga	aming activities with nonmembers	5?		Yes	□No	
2	Is the organization a grantor, ber formed to administer charitable of	neficiary or trustee of a trust or a gaming?	member of a partnership or other entity		Yes	□No	
3	Indicate the percentage of gamin	ng activity conducted in:			_ 103	_ 110	
а	The organization's facility .			13a			9/
b	An outside facility			13b			%
4	Enter the name and address of the	he person who prepares the organ	nization's gaming/special events books and	records:			
	Name						
	Address						
5a	_	ntract with a third party from who	m the organization receives gaming		Yes	□No	
b		ning revenue received by the organed by the third party $ ho$ \$	anization ► \$ and t				
c	If "Yes," enter name and address	s of the third party:					
	Name •						
	Address						
6	Gaming manager information:						
		* \$					
	Description of services provided						
	☐ Director/officer	Employee	☐ Independent contractor				
7 a b	retain the state gaming license?		stributions from the gaming proceeds to		Yes	□No	
		t activities during the tax year					
Par			ions required by Part I, line 2b, columr icable. Also provide any additional info				s.
	Return Reference		Explanation				

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Additional Data

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TIN: 91-6001724

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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 or 990-EZ) 2020

Additional Data

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