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) |
| | | | | |

———— Page 3 —

| 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 |
| b If all 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? 3b Did "Yes," has it filed a Form 990-T for this year?!" "No" to line 3b, provide an explanation in Schedule 0. 3b No 1f "Yes," the sit filed a Form 990-T for this year?!" "No" to line 3b, provide an explanation in Schedule 0. 3b No 1f "Yes," the third than 1 or 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)? 5b If "Yes," the the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did not such a su | 2a | | | | |
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| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders | | 1 1 | | | |
| 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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Form **990** (2020)

Page **8**

------ Page 8 -----

Form 990 (2020)

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 |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| 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 | | | | | | | |
| | 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 plain why in Schedule O and describe any steps taken to undergo such audits. Form 990 (2020) Return to Form Software ID: | | | | | | | |
| 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 | | | | | | | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| | 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 | |
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| 15 16 Se 17 18 19a b 20 Sche Par | Public support percentage from 2019 Section D. Computation of Investing Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the common than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section 4. All Supporting Organization (Complete only if you checked a fection A. All Supporting Organization (Complete only if you checked a least of Part I, complete Section 5 and 12b, of Part I, complete Section 5 and 12b, of Part I, complete Section 6 and 15 in Part VI how the state of the designation. If historic and 15 in Part VI how the state of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI how the State of the designation have any | ment Income 20 (line 10c, colun 019 Schedule A, organization did n stop here. The ore organization did and stop here. on did not check a box on line 12 o ctions A and C. If is A and D, and co ations organizations list upported organiza d continuing relat ed organization th part VI how the o | Page 4 Page 4 Page 4 Page 4 Page 15 Part I. If you checked box omplete Part V.) | eline 13, column (| f)) | 16 17 18 33 1/3%, and linion | . 3% an . 6 () 6 () 6 () 6 () 6 () 6 () 6 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 (| O-EZ) | 2020 age 4 ked |
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| 15 16 Se 17 18 19a b 20 Sche Par | Public support percentage from 2019 Section D. Computation of Investing Investment income percentage from 2020. Investment income percentage from 20331/3% support tests—2020. If the common than 33 1/3%, check this box and support tests—2019. If the not more than 33 1/3%, check this box and support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization (Part I) in Part VI how the subscribe the designation. If historic and Did the organization have any supported 1f "No," describe in Part VI how the subscribed in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each | ment Income 20 (line 10c, colur 20 (line 10c, | Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualifinot check a box The organization a box on line 14, Page 4 Of Part I. If you checked box complete Part V.) Page 4 Page 4 Page 4 Page 4 | line 13, column (| f)) | 16 17 18 33 1/3%, and linion | . 3% an . 6 () 6 () 6 () 6 () 6 () 6 () 6 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 (| O-EZ) | 2020 age 4 ked |
| 15 16 Se 17 18 19a b 20 Sche Par 1 | Public support percentage from 2019 Section D. Computation of Invests 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 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization (I "No," describe in Part VI how the section bid the organization have any supported 15 "No," describe in Part VI how the section bid the organization have any supported 509(a)(1) or (2)? If "Yes," explain in Part described in section 509(a)(1) or (2). Did the organization have a supported 3c below. | ment Income 20 (line 10c, colur 20 (line 10c, | Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualifinot check a box The organization a box on line 14, Page 4 Of Part I. If you checked box complete Part V.) Page 4 Page 4 Page 4 Page 4 | line 13, column (| f)) | 16 17 18 33 1/3%, and linion | . 3% an . 6 () 6 () 6 () 6 () 6 () 6 () 6 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 () 7 (| O-EZ) | 2020 age 4 ked |

| 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, |

_ . . _

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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 |
| | | | | | |

| che | dule G (Form 990 or 990-EZ) 2020 | J | | | | ŀ | Page 3 |
|-------------|-----------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------|-------|-------|--------|
| 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

ObjectId: 202111879349300326 - Submission: 2021-07-06

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

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