PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 601-597-750

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

A F	or th	e 2021 calendar year, or tax year beginning	and	ending	_								
B	Check if applicab	C Name of organization			D Employer identif	cation number							
	Addre	e KITSAP HUMANE SUCLETY											
	Name chang	Doing business as			91-07283	53							
	□ Initial □ return □ Fiṇal	Number and street (or P.O. box if mail is not delivered to street a 9167 DICKEY RD. NW	address)	Room/suite	E Telephone number 360-692-								
	⊥return termir ated		nostal code		G Gross receipts \$ 7,239,366.								
	Amen return	ded CTIVEDDATE WA 00303	postar code		H(a) Is this a group r								
F	Applic				for subordinates								
	pendi	SAME AS C ABOVE			H(b) Are all subordinates i	·····= =							
1	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 527	1	list. See instructions							
		te: NWW.KITSAP-HUMANE.ORG			H(c) Group exemption	on number							
K	orm o	organization: X Corporation Trust Association	Other ►	L Year	of formation: 1908	M State of legal domicile: WA							
Pa	art I	Summary											
Ð	1	Briefly describe the organization's mission or most significant act		IDING	POSITIVE LI	FE CHANGING							
Governance		SOLUTIONS TO PEOPLE AND ANIMALS I											
ern	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Illumber of voting members of the governing body (Part VI, line 1a)											
30	3	Number of voting members of the governing body (Part VI, line 1a				15							
	1 -	Number of independent voting members of the governing body (F				79							
ties	5	Total number of individuals employed in calendar year 2021 (Part				246							
Activities &		Total number of volunteers (estimate if necessary)				0.							
Ac		Net unrelated business taxable income from Form 990-T, Part I, li				0.							
		Test difficiated business taxable most no from 1 offit odd 1, 1 arc 1, ii	110 11		Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)			3,903,870.	4,380,240.							
Revenue	9	Program service revenue (Part VIII, line 2g)			1,712,790.	1,871,417.							
še	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			11,759.	72,348.							
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			-11,719.	-10,274.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colum			5,616,700.	6,313,731.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.							
	14	5 5 11 6 1 75 11 75			0.	0.							
g	15	Salaries, other compensation, employee benefits (Part IX, column	(A), lines 5-10)		2,418,303.	2,752,593.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.							
x	b	Total fundraising expenses (Part IX, column (D), line 25)	373,7	96.									
Û	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,143,306.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), I	line 25)		3,561,609.	4,175,142.							
	19	Revenue less expenses. Subtract line 18 from line 12			2,055,091.	2,138,589.							
Net Assets or				Ве	ginning of Current Year	End of Year							
Sset	20	Total assets (Part X, line 16)			11,436,546.	13,022,477.							
et A	21	Total liabilities (Part X, line 26)			242,388.	212,191. 12,810,286.							
	22 art II	Net assets or fund balances. Subtract line 21 from line 20			11,194,158.	12,010,200.							
		alties of perjury, I declare that I have examined this return, including accom	nanvina echedule	e and etateme	ante and to the heet of m	v knowledge and helief it is							
	•	ct, and complete. Declaration of preparer (other than officer) is based on al			•	y Kilowicage and Delici, it is							
truo	, 00110	and complete. Decidation of property (early than entrolly is based on an	i illioimation or wi	mon propuror	That any knowledge.								
Sig	n	Signature of officer			Date								
Her		MELISSA FENSWICK, DIRECTOR OF	FINANCE										
	_	Type or print name and title											
		Print/Type preparer's name Preparer's sign	ature		Date Check	PTIN							
Paid	j	ALLEN GILBERT, CPA ALLEN G	CPA 1	1/11/22 self-emplo	p01380103								
Prep	oarer	Firm's name CLIFTONLARSONALLEN LLP				41-0746749							
Use	Only	Firm's address 10700 NORTHUP WAY, SUITE	300 200 200 200 200 200 200 200										
		BELLEVUE, WA 98004			Phone no. 42	5-250-6100							
May	the I	RS discuss this return with the preparer shown above? See instruc	ctions			X Yes No							

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	5.)
	ANIMAL RESCUE & ENFORCEMENT:	
	ACTED AS THE ANIMAL CONTROL & IMPOUNDING AUTHORITY FOR KITSAP COUNTY &	
	ALL INCORPORATED MUNICIPALITIES IN KITSAP COUNTY. THIS AGENCY ENFORCE	D
	LAWS AND REGULATIONS REGARDING THE CARE, TREATMENT, CONTROL, IMPOUNDING	G
	OF PETS AND LIVESTOCKS. ANIMAL RESCUE AND ENFORCEMENT OFFICERS	
	INVESTIGATED 2,932 CITIZEN COMPLAINTS IN 2021.	
4b	(Code:) (Expenses \$1,664,308 •including grants of \$0 •) (Revenue \$903,17	4.)
	ANIMAL SHELTER:	
	THE KITSAP HUMANE SOCIETY ANIMAL SHELTER'S MISSION IS "RESCUE,	
	REHABILITATE, REHOME." RESCUE REFERS TO TAKING IN STRAY, ABANDONED AND	ı
	SURRENDERED PETS AND PROVIDING FOOD, BOARD AND CARE FOR THOSE ANIMALS	
	WHILE AT THE SHELTER. REHABILITATION REFERS TO MEDICAL AND BEHAVIORAL	
	REHABILITATION, REHOME REFERS TO REUNITED STRAY ANIMALS WITH THEIR	
	OWNERS, ADOPTING OUT ANIMALS LEFT AT THE SHELTER OR SENDING ANIMALS OU	Т
	TO OTHER RESCUE ORGANIZATIONS. IN 2021, KHS RESCUED 4,094 ANIMALS,	
	TRANSFERRED IN 1,103 AT RISK ANIMALS, AND FOUND HOMES FOR 3,869 OF	
	THOSE PETS. CARING FOR STRAY ANIMALS IN THE SHELTER IS PART OF KHS'S	
	RESPONSIBILITY UNDER ITS ANIMAL CONTROL CONTRACTS.	
4c	(Code:) (Expenses \$1, 104, 205. including grants of \$0. (Revenue \$500, 77)	4.
	VETERINARY SERVICES:	
	THE KHS SHELTER MEDICINE/VETERRINARY SERVICES PROVIDED MEDICAL	
	EVALUATIN, VACCINATIONS, CARE AND NECESSARY TREATMENT TO ANIMALS	
	BROUGHT TO THE KITSAP HUMANE SOCIETY ANIMAL SHELTER. THE VETERINARY	
	SERVICES ALSO PERFORMED SPAY/NEUTER SURGERY ON 5,119 ANIMALS. OF THIS	
	TOTAL 2,844 OF SPAY/NEUTER SURGERIES, WERE NON-SHELTER ANIMALS FROM	
	FAMILES WHO MET LOW-INCOME GUIDELINES SET BY THE STATE OF WASHINGTON.	
	VETERINARY CARE FOR STRAY ANIMALS IS PART OF KHS'S RESPONSIBILITY UNDE	R
	ITS ANIMAL CONTROL CONTRACTS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 73,415 • including grants of \$ 0 •) (Revenue \$ 110,634 •)	
4e	Total program service expenses 3,417,792.	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the the the the the the Chatego	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 4		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

132003 12-09-21

Form 990 (2021) KITSAP HUMANE SOCIETY
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
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? If "Yes," complete Schedule L, Part II	26		х
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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the 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</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	"		
32	•	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>52</u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7		34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			 -
b	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?	335		
50	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	51		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			.,,
	Enter the number reported in 55% 5 of 1 of 11 fost applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
	U Ug F		000	(2021)

132004 12-09-21

KITSAP HUMANE SOCIETY Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Form **990** (2021)

If "Yes," complete Form 6069.

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Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

X

7b

KITSAP HUMANE SOCIETY 91-0728353 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h

Section C. Disclosure

persons other than the governing body?

NONE List the states with which a copy of this Form 990 is required to be filed

9167 DICKEY RD. NW, SILVERDALE,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Another's website X Own website X Upon request __ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

WA

State the name, address, and telephone number of the person who possesses the organization's books and records MELISSA FENSWICK - 360-692-6977

Form **990** (2021)

98383

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Posi heck i		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an an	compensation	compensation	amount of
	week		Jer an	lu a u	recto	rrius	iee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	10001120)	and related
	below	idual	ution	er	Key employee	est co oyee	ler	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) ERIC STEVENS	40.00									
EXECUTIVE DIRECTOR (SEE SCH O)				Х				151,091.	0.	0.
(2) LEE HARPER	40.00									
EXECUTIVE DIRECTOR				Х				100,179.	0.	3,036
(3) MELISSA FENSWICK	40.00									
FINANCE DIRECTOR				Х				79,084.	0.	6,072
(4) EMILY OLSON	2.00									
PRESIDENT		X		X				0.	0.	0.
(5) NICOLLE PERISHO	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0
(6) JULIET SHIELDS	2.00									
SECRETARY		X		Х				0.	0.	0.
(7) TINA CHENEVERT	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0 .
(8) TONY HINSON	2.00									
TREASURER		Х		Х				0.	0.	0 .
(9) SHERRY APPLETON	2.00									
BOARD MEMBER		Х						0.	0.	0
(10) SANDRA BUTLER	2.00									
BOARD MEMBER		X						0.	0.	0
(11) JODI DAVIS	2.00									
BOARD MEMBER		X						0.	0.	0.
(12) KATHERINE DE BRUYN	2.00									
BOARD MEMBER		X						0.	0.	0.
(13) SCOTT MENARD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KELLY MORROW	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) RON MORSE	2.00									
BOARD MEMBER		Х						0.	0.	0 .
(16) LORI OBERLANDER	2.00									
BOARD MEMBER		Х					L	0.	0.	0
(17) SHANNON ORR	2.00									
BOARD MEMBER		Х			l		l	0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)		(F)		
Name and title	Average	(do		Pos heck		ነ than (one	Reportable Reportable			Es	stimate	∍d
	hours per					is both or/trus		compensation	compensatio		ar	mount	of
	week (list any				10010	T	100)	from the	from related		000	other	tion
	hours for	direct				_		organization	organization: (W-2/1099-MIS			npensa rom the	
	related	e or (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	- 1		ganizati	
	organizations	truste	al tru		yee	n be		1099-NEC)			_	d relate	
	below	Individual trustee or director	Institutional trustee	Ja Ja	Key employee	Highest compensated employee	Je.				orga	anizatio	ons
	line)	Indi	Insti	Officer	Key	High	Former						
(18) DAVID B SANDERS	2.00												
BOARD MEMBER		Х						0.		0.			0.
(19) ASCHLEE DRESCHER	2.00												
BOARD MEMBER		Х						0.		0.			0.
										\longrightarrow			
						_				\longrightarrow			
						-				\rightarrow			
di Orinani				<u> </u>		<u> </u>		330,354.		0.		9,10	<u> </u>
1b Subtotal								0.		0.		J, I	0.
c Total from continuation sheets to Part V								330,354.		0.		9,10	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r							- r	· · · · · · · · · · · · · · · · · · ·	000 of roportable			J, I	
compensation from the organization	iot ilitilited to tri	ose	iiste	u al	oove	;) WII	io re	eceived more triair \$100,	ooo or reportable	,			1
compensation from the organization												Yes	No
3 Did the organization list any former officer	director trusto	ee k	ev e	mnl	ove	e or	· hia	nhest compensated emp	lovee on	Γ			
line 1a? If "Yes," complete Schedule J for s			•	•	•	•	·		•		3		х
4 For any individual listed on line 1a, is the si								ner compensation from t					
and related organizations greater than \$15	•							•	J		4	х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." con	•				•			•			5		х
Section B. Independent Contractors	ipiete Scrieduli	- 0 /(טו אנ	<u>ICII I</u>	JEIS	OII .							
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of comp	 ensat	ion fro		
the organization. Report compensation for	•	•											
(A)	,			<u> </u>				(B)			((C)	
Name and business	address							Description of s	services	C		nsatio	n
RICE FERGUS MILLER, 275 I	FIFTH ST	RE	ET	,									
SUITE 100, BREMERTON, WA	98337						ļ	ARCHITECT			16	5,92	26.

(A)
Name and business address

RICE FERGUS MILLER, 275 FIFTH STREET,
SUITE 100, BREMERTON, WA 98337

MRJ CONSTRUCTORS
1400 AIRPORT WAY S, SEATTLE, WA 98134

BUILDERS

(C)
Compensation

165,926.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

91-0728353

Form 990 (2021) KITSAP
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
			6E 2/1				30000013 3 12 3 14
nts		Federated campaigns 1a	65,241.				
ira ou		Membership dues1b					
s, (Am			<u>385,485.</u>				
aif.	c	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e	467,948.				
ion	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 3,	461,566.				
ΞÓ	ç	Noncash contributions included in lines 1a-1f	351,322.				
Col	h	Total. Add lines 1a-1f		4,380,240.			
			Business Code				
ø.	2 a	ANIMAL CONTROL CONTRAC	624110	851,041.	851,041.		
ķ		ANIMAL ADOPTIONS	624110	584,385.	584,385.		
Ser		VETERINARY SERVICES	624110	276,626.	276,626.		
m S		LICENSE RENEWALS	624110	110,634.	110,634.		
gra Re		IMPOUNDING AND BOARDIN	624110	39,142.	39,142.		
Program Service Revenue			624110	9,589.	9,589.		
_		All other program service revenue		1,871,417.	9,309.		
\rightarrow		Total. Add lines 2a-2f		1,0/1,41/0			
	3	Investment income (including dividends, interest		5,293.			5,293.
		other similar amounts)		3,293.			3,233.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Personal				
		Gross rents 6a 2,200. Less: rental expenses 6b 0.					
		()		2 200			2 200
		Net rental income or (loss) Gross amount from sales of (i) Securities	/ii) Othor	2,200.			2,200.
	7 a		(ii) Other				
		assets other than inventory 7a 845,971.					
	b	Less: cost or other basis					
ng		and sales expenses 778,916.					
ève		Gain or (loss) 7c 67,055.		67.055			C7 0FF
her Revenue		Net gain or (loss)	>	67,055.			67,055.
	8 a	Gross income from fundraising events (not					
δ		including \$ 385,485. of					
		contributions reported on line 1c). See	01 667				
			81,667.				
			124,001.	40.224			40 224
		Net income or (loss) from fundraising events	····· •	-42,334.			-42,334.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
			52,382.				
	b	Less: cost of goods sold 10b	22,718.				
	C	Net income or (loss) from sales of inventory	>	29,664.	29,664.		
က္အ		ON TIME GIVES CO	Business Code	105	105		
eon Te	11 a	ON-LINE SALES COMMISSI	624110	196.	196.		
lan	b						
Miscellaneous Revenue	C						
Mis	C	All other revenue		100			
		Total Add lines 11a-11d		196. 6,313,731.	1 001 277	0.	20 01/
	12	Total revenue. See instructions		N, 2T2, /2T•	⊥, ∋∪⊥,⊿//•	ı ∪•∣	32,214.

132009 12-09-21

KITSAP HUMANE SOCIETY 91-0728353 Page **10** Form 990 (2021) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 262,065. 44,227. 182,456. 35,382. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,070,077. 1,788,731. 66,504. 214,842. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,441. 192,792. 178,606. 9,745. Other employee benefits 9 227,659. 182,181. 31,123. 14,355. 10 Payroll taxes 11 Fees for services (nonemployees): 4,600. 4,600. Management 1,687. 1,687. Legal 14,605. 14,605. Accounting Lobbying Professional fundraising services. See Part IV, line 17 4,455. 4,455. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,263. 3,263. column (A), amount, list line 11g expenses on Sch O.) 24,133. 557. 850. 22,726. Advertising and promotion 12 230,072. 148,847. 36,751. 44,474. Office expenses 13 49,610. 44,344. 3,039. 2,227. Information technology 14 15 Royalties 177.700. 9,911. 196,808. 9,197. 16 Occupancy 23. 23. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 1,167. 1,012. 155. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 288,338. 259,504. 14,417. 14,417. Depreciation, depletion, and amortization 22 46,165. 41,549. 2,308. 2,308. 23

Form **990** (2021)

782.

383,554.

24

25

354,727.

169,115.

4,175,142.

25,582.

8,199.

OTHER COSTS

d BAD DEBT e All other expenses

Other expenses. Itemize expenses not covered

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)

DIRECT PROGRAM EXPENSE CAPITAL CAMPAIGN COSTS

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

354,727.

169,115.

3,417,792.

24,441.

359.

8,199.

373,796.

Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to	any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,326,953.	1	579,041
	2	Savings and temporary cash investments			1,330,463.	2	3,286,675
	3	Pledges and grants receivable, net			1,025,511.	3	567,376
	4	Accounts receivable, net			14,681.	4	9,048
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia	al c	ontributor, or 35%			
		controlled entity or family member of any of these pe	erso	ns		5	
	6	Loans and other receivables from other disqualified	pers	sons (as defined			
		under section 4958(f)(1)), and persons described in s		6			
छ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			18,202.	8	24,606
¥	9	B			30,883.	9	25,831
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D10	Оа	10,391,249.			
	b	Less: accumulated depreciation 10)b	2,492,994.	7,661,770.		7,898,255 631,645
	11	Investments - publicly traded securities		28,083.	11	631,645	
	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		15			
	16	Total assets. Add lines 1 through 15 (must equal lin			11,436,546.	16	13,022,477
	17	Accounts payable and accrued expenses	188,204.	17	175,599		
	18	Grants payable		18			
	19	Deferred revenue	500.	19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part	IV c	of Schedule D		21	
န္တ	22	Loans and other payables to any current or former o	office	er, director,			
≝		trustee, key employee, creator or founder, substantia	al c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these pe	erso	ns		22	
-	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated thir	rd p	arties	51,406.	24	35,012
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-	24).	Complete Part X	0 000		1 500
		of Schedule D			2,278.		1,580
_	26	Total liabilities. Add lines 17 through 25			242,388.	26	212,191
ا ي		Organizations that follow FASB ASC 958, check h	nere	• • X			
ğ		and complete lines 27, 28, 32, and 33.			10 000 010		10 000 530
<u>a</u>	27	Net assets without donor restrictions			10,068,618.	27	10,092,538
ĕ	28	Net assets with donor restrictions			1,125,540.	28	2,717,748
Ĭ		Organizations that do not follow FASB ASC 958, o	che	ck here 🕨 📖			
느		and complete lines 29 through 33.					
iş (29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equipr				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom			11 10/ 150	31	10 010 000
ž	32	Total net assets or fund balances			11,194,158.	32	12,810,286
	33	Total liabilities and net assets/fund balances			11,436,546.	33	13,022,477 Form 990 (202

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>31.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2				42.	
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>2,</u>	138	3,5	89.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>11,</u>	11,194,15			
5	Net unrealized gains (losses) on investments	5		-68	3,6	<u>50.</u>	
6	6 Donated services and use of facilities 6						
7	Investment expenses	7					
8	Prior period adjustments	8				54.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9		15	5,2	43.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	12,	810	, 2	<u>86.</u>	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?			За		<u> </u>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b			
				orm	990	(2021)	

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number

KITSAP HUMANE SOCIETY 91-0728353 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		. ,	, ,		, ,	
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stop			ŕ	•	. , . ,	
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•		▶ □
b	10% -facts-and-circumstances test	· ·	•			17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circu						▶ □
18	Private foundation. If the organization		-	• •	•		s
	<u> </u>		•				(Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not								
	include any "unusual grants.")	2770098.	4413240.	3794456.	3903870.	4380240.	19261904.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2147670.	2255764.	2056364.	1712790.	1923799.	10096387.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	4917768.	6669004.	5850820.	5616660.	6304039.	29358291.		
	Amounts included on lines 1, 2, and 3 received from disqualified persons	326,624.	684,182.	94,752.	630,564.	994,475.	2730597.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
c	: Add lines 7a and 7b	326,624.	684,182.	94,752.	630,564.				
	Public support. (Subtract line 7c from line 6.)						26627694.		
Sec	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 6	4917768.	6669004.	5850820.	5616660.	6304039.	29358291.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,889.	57,698.	189,458.	1,183.	7,493.	297,721.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b	41,889.	57,698.	189,458.	1,183.	7,493.	297,721.		
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,065. 4973722.	918. 6727620.	686. 6040964.	360. 5618203.	196.	16,225. 29672237.		
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th								
	-	· ·			ear as a section so	. , . , .	,, ▶□		
Sec	etion C. Computation of Publi						············ /		
	Public support percentage for 2021 (li			olumn (f))		15	89.74 %		
	Public support percentage from 2020		•			16	81.55 %		
	ction D. Computation of Inves								
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	1.00 %		
18	Investment income percentage from 2	2020 Schedule A, I	Part III, line 17			18	1.11 %		
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 1			
b	more than 33 1/3%, check this box are 33 1/3% support tests - 2020. If the						► X		
	line 18 is not more than 33 1/3%, chec						. —		
20	Private foundation If the organization		-			-			

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

_		Yes	No
L	1		
L	2		
L	3a		
	3b		
	3c		
	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
L	7		
	8		
	9a		
	9b		
	0.		
	9с		
	10-		
	10a		
	10h		
	10b		

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Par	TIV Supporting	Organizations (continued)			
		r		Yes	No
11	Has the organization a	accepted a gift or contribution from any of the following persons?			
а	A person who directly	or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the govern	ing body of a supported organization?	11a		
b	A family member of a	person described on line 11a above?	11b		
С	A 35% controlled entit	y of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sect	tion B. Type I Sup	porting Organizations			
				Yes	No
1		ly, members of the governing body, officers acting in their official capacity, or membership of one or			
		nizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		at all times during the tax year? If "No," describe in Part VI how the supported organization(s) upervised, or controlled the organization's activities. If the organization had more than one supported			
		how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		ns and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization o	perate for the benefit of any supported organization other than the supported			
	organization(s) that op	perated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing	such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controll	ed the supporting organization.	2		
Sect	tion C. Type II Su _l	pporting Organizations			
				Yes	No
1	Were a majority of the	organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of	the organization's supported organization(s)? If "No," describe in Part VI how control			
		supporting organization was vested in the same persons that controlled or managed			
	the supported organiza	ation(s).	1		
Sect	tion D. All Type III	Supporting Organizations			
				Yes	No
1	Did the organization p	rovide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year	r, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the	Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governi	ng documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organ	ization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) se	erving on the governing body of a supported organization? If "No," explain in Part VI how			
		ained a close and continuous working relationship with the supported organization(s).	2		
3	•	onship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the	organization's investment policies and in directing the use of the organization's			
	income or assets at al	I times during the tax year? If "Yes." describe in Part VI the role the organization's			
		ns plaved in this regard.	3		
Sect	tion E. Type III Fu	nctionally Integrated Supporting Organizations			
1	Check the box next to	the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization	n satisfied the Activities Test. Complete line 2 below.			
b	The organization	n is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization	n supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answe	er lines 2a and 2b below.		Yes	No
а	Did substantially all of	the organization's activities during the tax year directly further the exempt purposes of			
	the supported organiz	ation(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported orga	anizations and explain how these activities directly furthered their exempt purposes,			
	how the organization v	vas responsive to those supported organizations, and how the organization determined			
	that these activities co	nstituted substantially all of its activities.	2a		
b	Did the activities desc	ribed on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the org	ganization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for	r the organization's position that its supported organization(s) would have engaged in			
		the organization's involvement.	2b		
3	Parent of Supported C	Organizations. Answer lines 3a and 3b below.			
а	Did the organization h	ave the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the	e supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization e	xercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organ	izations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2021 KITSAP HUMANE SOCIETY			91-0728353 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explair</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B. line 8, column A)	3		

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
<u>b</u>	From 2017				
с	From 2018				
<u>d</u>	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number
KITSAP HUMANE SOCIETY	91-0728353

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify a requirements of Schedule B (Form 990).			

 $\label{eq:local_local_local_local_local} \textbf{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Name of organization Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 23,934.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$9,913.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,940.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$8,636.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,113.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,655.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and Zir + +	\$ 12,785.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll

Name of organization

Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,113.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, and Zir + +	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 63,881.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

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KIISAP	HUMANE	SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$16,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$88,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and Zir + +	\$ 121,072.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ <u>107,335.</u>	Person X Payroll

Name of organization Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,658.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Nume, address, and En 1 1	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$15,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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KIISAP	HUMANE	SOCIETI

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$6,702.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ 73,984.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Name, address, and Zir + +	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 76,022.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	Name, address, and ZIF + 4	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,104.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$5,536.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$5,113.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$8,194.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$6,000.	Person X Payroll

Name of organization Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$12,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$6,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	Nume, address, and Zii + +	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$ 27,386.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$	Person X Payroll

Name of organization Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	Nume, address, and En 1 1	\$5,720.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$8,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	Name, address, and ZIF + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$ 563,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$5,463.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$11,853.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$10,674.	Person X Payroll
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	Total contributions \$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$13,293.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

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TTTDAT	HICHARIE	DOCTEL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$11,623 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	- Nume, address, and En 1 7	\$62,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$6,842.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$18,904.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ <u>102,457.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$11,028.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$5,846.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$112,431 .	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$ 5,525.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$ <u>30,449.</u>	Person X Payroll

Name of organization Employer identification number

KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 64,113.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$ 467,948.	Person X Payroll
(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 Oncash 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 Oncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KITSAP HUMANE SOCIETY

91-0728353

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
77	STOCK GIFT		
<u>77</u>			
		\$6,842.	12/31/21
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Parti	STOCK GIFT		
78_			
		\$ 18,904.	12/31/21
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK GIFT		
<u>79</u>			
		\$51,681.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK GIFT		
80			
		\$10,078.	12/31/21
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
81	STOCK GIFT		
		\$\$	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK GIFT		
82			
		\$77,160.	12/31/21
123453 11-11	1-21	, <u>, , , , , , , , , , , , , , , , , , </u>	Schedule B (Form 990) (2021)

Page 3

Name of organization Employer identification number

KITSAP HUMANE SOCIETY

91-0728353

(a) No. (b) FMV (or estimate) (c) (d) Date received	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
S	No. from		FMV (or estimate)	
(a) No. Tom Description of noncash property given (b) FMV (or estimate) (Sae instructions.) (a) No. Tom Description of noncash property given (c) FMV (or estimate) (Sae instructions.) (a) No. Description of noncash property given (c) FMV (or estimate) (Sae instructions.) (a) No. Description of noncash property given (c) FMV (or estimate) (Sae instructions.) (b) Date received (d) Date received (Sae instructions.) (a) No. Tom Description of noncash property given (e) FMV (or estimate) (Sae instructions.) (a) No. Tom Description of noncash property given (e) FMV (or estimate) (Sae instructions.) (b) Date received (d) Date received (d) Date received (Sae instructions.)	0.2	STOCK GIFT		
(a) No. The part is a struction of noncash property given in the part is a struction of noncash property given is a str	<u>83</u>	-		
No. Description of noncash property given FMV (or estimate) (See instructions.) Description of noncash property given STOCK GIFT (a) STOCK GIFT STOCK GIFT (b) Co			\$5,525.	12/31/21
Part I Description of noncash property given	No.			
STOCK GIFT		Description of noncash property given		Date received
(a) No. (b) Description of noncash property given See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) CFMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) CFMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) CFMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (a) No. (b) CFMV (or estimate) (See instructions.) (b) Date received		STOCK GIFT		
(a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)	84			
No. from Description of noncash property given See instructions. (a)			\$15,857.	12/31/21
(a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (C) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
(a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (C) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)				
(a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (C) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)		-		
No. from Part I (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given (a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I (a) Description of noncash property given Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (c) FMV (or estimate) (See instructions.) (d) Date received	No. from		FMV (or estimate)	
(a) No. from Part I (a) Description of noncash property given Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (c) FMV (or estimate) (See instructions.) (d) Date received				
(a) No. from Part I (a) Description of noncash property given Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (c) FMV (or estimate) (See instructions.) (d) Date received		<u> </u>		
No. from Part I (a) No. from Part I (b) Description of noncash property given (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I (b) FMV (or estimate) (See instructions.) (d) Date received	No. from		FMV (or estimate)	
(a) No. from Part I (b) FMV (or estimate) (See instructions.) (d) Date received				
(a) No. from Part I (b) FMV (or estimate) (See instructions.) (d) Date received				
No. from Description of noncash property given Part I			\$	<u> </u>
	No. from		FMV (or estimate)	
		<u> </u>	\$	

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** KITSAP HUMANE SOCIETY 91-0728353 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

KITSAP HUMANE SOCIETY

Employer identification number 91-0728353

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		mılar Funds or A	ccounts. Complete if the	Э
	,,	(a) Donor advised	d funds	(b) Funds and other accoun	nts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	vriting that the assets hel	d in donor advised fur	nds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used	only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose confer	ring	
	impermissible private benefit?			Yes	☐ No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by the organization		1		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a hist	torically important land area	
	Protection of natural habitat		Preservation of a cer	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a throu	ied conservation contribu	tion in the form of a co		
	day of the tax year.			Held at the End of the	Tax Year
а	Total number of conservation easements			2a	
b				2b	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a	·			
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orgar	nization during the tax	
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the peri	• •	on, handling of		
	violations, and enforcement of the conservation easements it				No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and	d enforcing conservati	on easements during the yea	ar
-	Amount of aurona incomed in manifesting incomeding bond	lina of cialations and out			
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and enf	ording conservation ea	asements during the year	
0	Does each conservation easement reported on line 2(d) above	a actiofy the requirements	of coation 170/b\/4\/P)\(i\	
8		•			□ No
0	and section 170(h)(4)(B)(ii)?				NO
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn		•		
	, , , , , , , , , , , , , , , , , , , ,	ote to the organization's	imanciai statements tr	iat describes trie	
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Other S	Similar Assets.	
1 0.	Complete if the organization answered "Yes" on Form	-		J	
1a	If the organization elected, as permitted under FASB ASC 95		nue statement and ba	lance sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education.	or research in furthera	ince of public	
	service, provide in Part XIII the text of the footnote to its finan	, ,		į.	
b	If the organization elected, as permitted under FASB ASC 956			e sheet works of	
	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items:	, 22222113.1, 01		(
	(i) Revenue included on Form 990, Part VIII, line 1			• \$	
	(m) 4			. .	
2	If the organization received or held works of art, historical trea				
~	the following amounts required to be reported under FASB A			provide	
а	Revenue included on Form 990, Part VIII, line 1	~		• \$	
	Assets included in Form 990, Part X				
	ABSOLO INGIGUEU III I OITH SSU, FAILA	• • • • • • • • • • • • • • • • • • • •		. 🚩 Ψ	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

Pai	rt III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that	make sig	nificant u	se of its	-	-	
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ey further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	'Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contributions	s or other ass	ets not in	cluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ıstodial acco	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	.%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that	t are held ar	nd administer	ed for the	organiza	tion	ſ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Pai	rt VI Land, Buildings, and Equipm		Doub IV	/ lima dda 0		Dart V II	10				
	Complete if the organization answere										
	Description of property	(a) Cost or o		` '	or other	. ,	cumulate	d	(d) Boo	k valu	е
		basis (investn	ierri)		(other)	аер	reciation		1	2 0	21
_	Land				3,031.	1 7	00 05	12		3,0	
b	Buildings				2,802.		89,07		7,19	_	
C	Leasehold improvements				$\frac{4,157.}{0.586}$		$\frac{27,92}{18,62}$			6,2	
	Equipment				0,586. 0,673.		$\frac{18,62}{57,38}$			1,9 3,2	
	Other 1. Add lines 1a through 1e. (Column (d) must e		V				57,38		7,89		
ıvta	i. Aug iiiles ta liituugit le. (Caliimn (d) miist e	nual Form 990 Part	x collim	ın IK) line 11	ucı				, , , ,	· , 4	J J •

Schedule D (Form 990) 2021

chedule D (Form 990) 2021 KITSAP HUMAN	E SOCIETY	91-	-0728353 Page
Part VII Investments - Other Securities.	- F 000 B-+ N/ E	44h Oce Francisco Bart V Franto	
Complete if the organization answered "Yes" o	(b) Book value	(c) Method of valuation: Cost or end	of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
) Financial derivatives			
Closely held equity interests			
Other		1	
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)		<u> </u>	
(4)			
(5)			
(6)			
(7)			
(8)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			1 500
(2) OTHER CURRENT LIABILITIES			1,580
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(6) (7) (8)

1,580.

91	l –	ი '	72	8	35	3	Page	4

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ì.			
1	Total revenue, gains, and other support per audited financial statements			1	6,240,626.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-68,650.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 1			
е	Add lines 2a through 2d			2e	-68,650. 6,309,276.
3	Subtract line 2e from line 1			3	6,309,276.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,455.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	4,455. 6,313,731.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	4,155,444.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments				
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,155,444.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	4 455		
а	Investment expenses not included on Form 990, Part VIII, line 7b		4,455. 15,243.		
b	Other (Describe in Part XIII.)	. 4b	15,243.		10 600
	Add lines 4a and 4b			4c	19,698. 4,175,142.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,1/5,142.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part)	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inforn	nation.		
ם א ד	om v itne 1.				
PAF	RT X, LINE 2:				
тит	ORGANIZATION HAS ANALYZED THE TAX POSITION	ראום האו	TEN THE	DTT.	דאכפ שדיים
1111	ONGANIZATION HAS ANABIZED THE TAX FOSTITO	OND IM	CEN IN IID	г тп.	TINGS WIII
тит	E INTERNAL REVENUE SERVICE AND STATE JURIS	חדכיידטו	וכ ששביפה דיי	ΩDI	FDATEC
1111	INTERNAL REVENUE DERVICE AND DIATE CORID.	DICITOI	10 MILEKE II	01.	EKATED.
тнг	ORGANIZATION BELIEVES THAT ITS INCOME TA	א דיד.דו	IC POSTTION	S W	TI.I. BE
1111	ORGANIZATION DEBIEVED THAT TID INCOME TA	<u> </u>	4G TODITION	D W.	<u> </u>
SIIS	STAINED UPON EXAMINATION AND DOES NOT ANTI	СТРАФЕ	ANV ADTIIST	MEN	тс тиат
000	STATION OF OR DAMPINATION AND DOUB NOT ANTI-	CILAID	ANT ADOUDT	TILLIN.	ID IIIAI
WOI	JLD RESULT IN A MATERIAL ADVERSE EFFECT ON	тне он	RCANTZATTON	'S 1	FTNANCTAL.
	poul in in initial invalida all act on	11111 01		. ر	110
CON	NDITION, RESULTS OF OPERATIONS OR CASH FLO	WS. ACC	CORDINGLY	тне	
<u> </u>	, illould of official one of order	1100			
ORG	SANIZATION HAS NOT RECORDED ANY RESERVE OR	RELATI	ED ACCRUALS	FO	R INTEREST
					_

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AND PENALTIES FOR UNCERTAIN INCOME TAXES.

NONCASH CONTRIBUTIONS CONSUMED AS REPORTED ON AFS

15,243.

Schedule D (Form 990) 2021	KITSAP HUMANE	SOCIETY	91-0728353	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Info	rmation (continued)			
	(00			
-				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

KITSAP	HUMANE SOCIETY				91-0728	353
Part I Fundraising Activities.	Complete if the organization answer	ered "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part						
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			•			
3 List all states in which the organizatio or licensing.				or has been notified	it is exempt from re	gistration
				<u> </u>		

132081 10-21-21

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANIMAL			(add col. (a) through
			KRACKERS	PETSWALK	3	col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	399,885.	58,455.	8,812.	467,152.
Œ						
	2	Less: Contributions	321,017.	55,656.	8,812.	385,485.
	3	Gross income (line 1 minus line 2)	78,868.	2,799.		81,667.
	4	Cash prizes				
			50.060	0 500		04 665
	5	Noncash prizes	78,868.	2,799.		81,667.
Direct Expenses			1 600	1 074		2 404
ber	6	Rent/facility costs	1,620.	1,874.		3,494.
Ä						
Je C	7	Food and beverages				
Ճ		Estataianant			434.	434.
	8 9	Entertainment Other direct expanses	33,218.	894.	4,294.	38,406.
	_	Other direct expenses		<u>.</u>		124,001.
		Net income summary. Subtract line 10 from li				-42,334.
Pa	rt I	Gaming. Complete if the organization a		990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
-			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
ž	3	Noncash prizes				
당						
کi اتو	4	Rent/facility costs				
_	_	Other discount consequence				
	5	Other direct expenses				
	_	Volunteer labor	Yes %	Yes %	Yes %	
	0	Volunteer labor	No	I NO	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	•	Bireet expense summary. And lines 2 timeagr	10 III 00IuIIII (u)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		,	, , , ,		•	
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
b	If "	Yes," explain:				
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 KITSAP HUMANE SUCTETY	91-0/20333 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	ount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Name	
Address ▶	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the
organization's own exempt activities during the tax year \(\bigs \) \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v):	and Doubli lines O Ob 10b
•• • • • • • • • • • • • • • • • • • • •	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	i (Form 990)	KITSAP HUMAN	E SOCIETY	91-0728353	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
		,			
-					
-					
_					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

KITSAP HUMANE SOCIETY

Employer identification number 91-0728353

Pa	art I Questions Regarding Compensation						
		Ye	es	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	b					
2							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а		а		<u>X</u>			
b		b	_	X			
С		С	_	<u>X</u>			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:			v			
		a		$\frac{x}{x}$			
D	, , ,	b		_			
_	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
_	contingent on the net earnings of:			Х			
		a b	+	X			
b	7 - 3						
7	If "Yes" on line 6a or 6b, describe in Part III.						
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	,		Х			
ρ	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
8		3		Х			
۵	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	,					
9	Regulations section 53.4958-6/c)?						
		, ,	- 1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ERIC STEVENS	(i)	151,091.	0.	0.	0.	0.	151,091.	0.
EXECUTIVE DIRECTOR (SEE SCH O)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	1 1/5 200) 2004

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization KITSAP HUMANE SOCIETY Employer identification number 91-0728353

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribu	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	X	97	68,335.	SALES PRICE		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	14	195,572.	SALES PRICE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	127	15,243.	COST		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (AUCTION ITEMS)	X	216	72,172.	SALES PRICE		
26	Other ()						
27	Other ()						
<u>28</u>	Other ()						
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V. Donee Acknowledgement						
	for which the organization completed Form 8283, Part V, Donee Acknowledgement						1
						Yes	No
30a	During the year, did the organization receive by		* ' ' ' '	· · · · · · · · · · · · · · · · · · ·			
	must hold for at least three years from the date			*			7
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					31 X	+-
32a			~			200	x
L	contributions?					32a	+
	•	alumn (a) f-:	o tupo of propert	for which column (a) is the	okod		
33	If the organization didn't report an amount in co	Diumn (C) 101	a type of property	rior which column (a) is chec	keu,		
	describe in Part II.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

KITSAP HUMANE SOCIETY

Employer identification number 91-0728353

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KHS IS COMMITTED TO PROVIDING POSITIVE LIFE-CHANGING SOLUTIONS TO

PEOPLE AND COMPANION ANIMALS. IT DOES SO BY: ACCEPTING, SHELTERING AND

REHABILITATION COMPANION ANIMALS IN NEED. PROVIDING HUMANE RESCUE,

PROTECTION, PREVENTION, ADOPTION AND EDUCATION SERVICES. IMPLEMENTING

PROGRESSIVE LIFE-SAVING AND LIFE-AFFIRMING PROGRAMS AND CREATIVELY

COLLABORATING AND PARTNERING WITH OUR REGION AND SUPPORTERS TO BUILD A

MODEL HUMANE COMMUNITY.

KHS, AS AN ANIMAL WELFARE ORGANIZATION, EXISTS TO PROTECT ANIMALS AND

PROMOTE THEIR HUMANE AND RESPONSIBLE TREATMENT. FOUNDED IN 1908, AND

LOCATED IN SILVERDALE, WA, KHS FILLS A UNIQUE ROLE IN OUR REGION AS THE

PRINCIPAL ANIMAL SHELTER AND SAFETY NET ORGANIZATION FOR LOST AND

HOMELESS ANIMALS IN KITSAP COUNTY AND NEIGHBORING COUNTIES. OUR PRIMARY

PURPOSE IS TO ADVANCE ANIMAL WELFARE THROUGH COMPASSIONATE,

INDIVIDUALIZED, LIFESAVING VETERINARY CARE AND SHELTERING TO RESCUE,

REHABILITATE AND REHOME THOUSANDS OF HOMELESS ANIMALS EVERY YEAR.

FOR SIX YEARS STRAIGHT, SINCE 2015, KHS HAS ACHIEVED A 96% OR BETTER

LIFESAVING RATE--ONE OF THE HIGHEST IN THE NATION. THIS PUTS KHS IN THE

TOP-TIER OF LARGE, OPEN-ADMISSION ANIMAL SHELTERS IN THE U.S.,

EXCEEDING THE 90% SAVE RATE THAT IS THE "GOLD-STANDARD" NATIONALLY IN

THE FIELD. (UNAUDITED) OUR COMPREHENSIVE VETERINARY MEDICINE, BEHAVIOR

REHABILITATION, AND FOSTER CARE PROGRAMS FOLLOW BEST PRACTICES IN THE

FIELD AND ARE EXAMPLES OF THE SPECIALIZED PROGRAMS THAT ENABLE KHS TO

RESCUE AND SAVE THE LIVES OF THOUSANDS OF ANIMALS EACH YEAR. IT IS WITH

132211 11-11-21

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

Schedule O (Form 990) 2021

Name of the organization Employer identification number KITSAP HUMANE SOCIETY 91-0728353

THE SUPPORT OF OUR COMPASSIONATE AND GENEROUS COMMUNITY ADOPTERS,

DONORS, VOLUNTEERS, AND OTHERS THAT WE CAN ACHIEVE THIS LEVEL OF

SUCCESS.

KHS'S MISSION GOES WELL BEYOND SAVING ANIMALS. OVER 30,000 PEOPLE COME

TO KHS EACH YEAR, MOST LOOKING TO ADOPT, INCLUDING FINANCIALLY AT-RISK

FAMILIES SEEKING REDUCED-COST VETERINARY SERVICES AND PET FOOD

SUPPLIES. WE ACTIVELY ENGAGE HUNDREDS OF CITIZENS IN MEANINGFUL

VOLUNTEER WORK. WE IMPROVE THE LIVES OF THOUSANDS OF COMMUNITY

RESIDENTS BY CONNECTING THEM WITH ANIMALS, PROVIDING THE DOCUMENTED

BENEFITS OF PET OWNERSHIP, SUCH AS DECREASED STRESS, IMPROVED HEART

HEALTH, DEVELOPMENT OF EMOTIONAL AND SOCIAL SKILLS FOR CHILDREN, AND

LESS LONELINESS AND ANXIETY. OUR REDUCED FEE SERVICES AND PET FOOD

PANTRY PROVIDE CONSIDERABLE SUPPORT TO LOW-COME HOUSEHOLDS, HELPING

THEM KEEP THEIR PETS, RATHER THAN SURRENDER THEM DUE TO LACK OF

FUNDSTHE KIND OF SAFETY NET THAT HELPS PEOPLE KEEP AND RESPONSIBLY CARE

FOR THEIR ANIMALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

KHS, AS AN ANIMAL WELFARE ORGANIZATION, EXISTS TO PROTECT ANIMALS AND

PROMOTE THEIR HUMANE AND RESPONSIBLE TREATMENT. FOUNDED IN 1908, AND

LOCATED IN SILVERDALE, WA, KHS FILLS A UNIQUE ROLE IN OUR REGION AS THE

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REHABILITATE AND REHOME THOUSANDS OF HOMELESS ANIMALS EVERY YEAR.

<u>Schedule O (Form 990) 2021</u> Page **2**

FOR SIX YEARS STRAIGHT, SINCE 2015, KHS HAS ACHIEVED A 96% OR BETTER

LIFESAVING RATE--ONE OF THE HIGHEST IN THE NATION. THIS PUTS KHS IN THE

TOP-TIER OF LARGE, OPEN-ADMISSION ANIMAL SHELTERS IN THE U.S.,

EXCEEDING THE 90% SAVE RATE THAT IS THE "GOLD-STANDARD" NATIONALLY IN

THE FIELD. (UNAUDITED) OUR COMPREHENSIVE VETERINARY MEDICINE, BEHAVIOR

REHABILITATION, AND FOSTER CARE PROGRAMS FOLLOW BEST PRACTICES IN THE

FIELD AND ARE EXAMPLES OF THE SPECIALIZED PROGRAMS THAT ENABLE KHS TO

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FUNDSTHE KIND OF SAFETY NET THAT HELPS PEOPLE KEEP AND RESPONSIBLY CARE

FOR THEIR ANIMALS.

CAPITAL CAMPAIGN FOR A NEW FACILITY

Employer identification number

Name of the organization

SUCCESS.

Employer identification number Name of the organization 91-0728353 KITSAP HUMANE SOCIETY OVER THE LAST DECADE, KITSAP HUMANE SOCIETY HAS TRANSFORMED OUR CAMPUS AND ANIMAL WELFARE IN KITSAP COUNTY. BUT OUR VETERINARY FACILITIES ARE OUTDATED, OVERCROWDED, AND INADEQUATE. EVERY PET THAT COMES TO KHS REQUIRES INDIVIDUALIZED CARE AND ATTENTION, BUT OVER THE LAST FIVE YEARS, THE PERCENTAGE OF PETS ADMITTED TO THE SHELTER REQUIRING CRITICAL MEDICAL TREATMENT HAS GROWN FROM 33% TO 50%. IN ADDITION, KHS RECOGNIZES THAT TOO OFTEN, PET OWNERS WHO ARE LOW-INCOME IN OUR COMMUNITY CANNOT AFFORD THE URGENT VETERINARY CARE THEY NEED AND WANT FOR THEIR PETS. LACKING RESOURCES OR ASSISTANCE, FAMILIES OFTEN FACE THE PAINFUL CHOICE OF HAVING THEIR PET GO UNTREATED OR HAVING TO SURRENDER THEIR PET TO KHS. BUT WE KNOW THERE'S A BETTER WAY. MORE THAN EVER, IT'S TIME TO PROVIDE OUR COMMUNITY'S PETS IN NEED WITH A VETERINARY FACILITY THAT MATCHES THE EXCELLENCE OF OUR WORK AND SUSTAINS OUR HIGH LIFESAVING RATE. AND IT IS TIME FOR KITSAP HUMANE SOCIETY TO TAKE THE NEXT STEP IN DEVELOPING A STRONGER SAFETY NET IN OUR COMMUNITY TO KEEP PEOPLE AND PETS TOGETHER WHENEVER POSSIBLE. THE CONSTRUCTION OF THE RUSS & LINDA YOUNG VETERINARY LIFESAVING CENTER, INCLUDING THE DEVELOPMENT OF A COMMUNITY CLINIC IS THE NEXT CRUCIAL STEP KHS CAN TAKE TO PROVIDE A FULL SPECTRUM OF INNOVATIVE ANIMAL WELFARE PROGRAMS AND FACILITIES. WITH THE EXPANDED, BETTER-EQUIPPED 6,000 SQUARE FOOT ROSS AND LINDA YOUNG VETERINARY LIFE CENTER WE'LL HAVE TRIPLE THE SPACE TO SAVE EVEN MORE LIVES, ACCEPT MORE MEDICALLY AT-RISK PATIENTS FROM OTHER SHELTERS

AND IMPROVE ANIMAL HEALTH THROUGHOUT OUR SHELTER AND COMMUNITY. KHS
WILL BREAK GROUND IN SEPTEMBER OF 2022 AND COMPLETE THE PROJECT BY YEAR
END 2023.

EXPENSES \$ 73,415. INCLUDING GRANTS OF \$ 0. REVENUE \$ 110,634.

Name of the organization Employer identification number KITSAP HUMANE SOCIETY 91-0728353

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SERVES AT THE PLEASURE OF THE KHS BOARD PRESIDENT

AND FULL BOARD. IT IS RESPONSIBLE FOR WORKING IN SUPPORT OF, OR

OCCASIONALLY IN PLACE OF, THE FULL BOARD. THE EXECUTIVE COMMITTEE SHALL NOT

HAVE POWER TO AMEND THE KHS MISSION, BYLAWS, FILL BOARD VACANCIES, OR

APPROVE THE BUDGET AS THESE ARE FULL BOARD RESPONSIBILITIES. THIS IS A

STANDING COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE UPDATED TO INCLUDE MORE SPECIFIC LANGUAGE FOR BOARD TERM LIMITS. IT ADDS, "TO BE ELIGIBLE FOR RE-NOMINATION FOR A SECOND OR THIRD TERM, THE INDIVIDUAL MUST BE AN ACTIVE BOARD MEMBER IN GOOD STANDING (AS DEFINED AS HAVING CONSISTENTLY PARTICIPATED ACTIVELY IN BOARD MEETING AND OTHER BOARD ACTIVITIES; MET ATTENDANCE REQUIREMENTS (75%); HAVING CONSISTENTLY SERVED ON AT LEAST ONE STANTING BOARD COMMITTEE, EVENT COMMITTEE, AD-HOC COMMITTEE, OR SPECIAL PROJECT; AND HAVING CONSISTENTLY SUPPORTED PRIOR DECISIONS AND DIRECTIONS DETERMINED BY THE FULL BOARD OF DIRECTORS.) TO BE CONSIDERED FOR REMONINATION, BOARD MEMBERS SHALL INDICATE AFFIRMATIVELY TO THE BOARD PRESIDENT AND/OR GOVERNANCE COMMITTEE THEIR INTEREST IN SERVING AN ADDITIONAL TERM... THE BOARD MAY ELECT A FORMER BOARD MEMBER ON TO THE BOARD; HOWEVER, RE-ELECTION CANNOT OCCUR UNTIL THE FORMER BOARD MEMBER HAS BEEN OFF THE BOARD FOR A MINIMUM OF ONE YEAR. IF ELECTED BACK ON TO THE BOARD, S/HE IS AGAIN ELIGIBLE FOR UP TO THREE CONSECUTIVE THREE YEAR TERMS. THE GOVERNANCE COMMITTEE IS RESPONSIBLE FOR TRACKING BOARD MEMBER TERMS."

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization KITSAP HUMANE SOCIETY

Employer identification number 91-0728353

THE EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE AND MEMBERS OF THE FINANCE COMMITTEE, ARE PROVIDED COPIES OF THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS, THE EXECUTIVE

DIRECTOR AND SENIOR MANAGERS. EACH INDIVIDUAL GOVERNED BY THIS POLICY SHALL

FILE A DISCLOSURE STATEMENT ANNUALLY WITH KHS BY THE BOARD OF DIRECTORS

ANNUAL MEETING OF EACH YEAR. A DISCLOSURE STATEMENT MUST ALSO BE PROMPTLY

FILED BY ANY PERSON WHO HAS BEEN APPOINTED OR ELECTED TO A KHS POSITION.

THE DISCLOSURE STATEMENTS SHALL COVER THE SUBJECTS IDENTIFIED IN THIS

POLICY AND SHALL BE IN THE FORM AS PRESCRIBED BY THE BOARD OF DIRECTORS.

DISCLOSURE STATEMENTS SHALL BE REVIEWED BY THE BOARD PRESIDENT. THE

DISCLOSURE STATEMENTS FILED BY THE BOARD PRESIDENT SHALL BE REVIEWED BY THE

EXECUTIVE DIRECTOR. ANY INFORMATION PROVIDED IN THE DISCLOSURE STATEMENT

WILL BE TREATED AS CONFIDENTIAL. IT WILL NOT BE REVIEWED BY ANY PERSON

EXCEPT AS PROVIDED HEREIN. A NEUTRAL PARTY WILL BE ASSIGNED THE DUTY OF

REVIEWING A CHECKLIST OF ALL REQUIRED INDIVIDUALS WHO MUST SUBMIT A

DISCLOSURE STATEMENT.

AN INDIVIDUAL WHO HAS MADE A DISCLOSURE THAT UPON REVIEW DOES APPEAR TO

CONSTITUTE AN ISSUE OF SUFFICIENT MAGNITUDE TO WARRANT FURTHER ACTION WILL

BE SO INFORMED IN WRITING BY THE BOARD PRESIDENT. THE BOARD PRESIDENT WILL

PROMPTLY REFER THE MATTER TO THE FULL BOARD. THE INDIVIDUAL WILL HAVE THE

OPPORTUNITY TO FULLY PRESENT HIS OR HER VIEW OF THE SITUATION (BY LETTER,

TELECONFERENCE, OR OTHER AGREED UPON MEANS) TO THE BOARD. IF THAT BODY

DETERMINES (BY A SIMPLE MAJORITY VOTE OF A QUORUM OF ITS MEMBERS) THAT THE

DISCLOSURE POSES A CONFLICT OF INTEREST OR COULD CREATE A SUBSTANTIAL

PERCEPTION OF A CONFLICT OF INTEREST, IT SHALL ASK THE INDIVIDUAL TO

Schedule O (Form 990) 2021

Name of the organization

KITSAP HUMANE SOCIETY

Employer identification number 91-0728353

WITHDRAW VOLUNTARILY FROM THE SERVICE THAT HE OR SHE CURRENTLY PERFORMS

(OR, IN THE CASE OF NOMINEES, HOPES TO PERFORM) ON BEHALF OF KHS. SUCH

VOLUNTARY WITHDRAWAL SHALL COMPLETE THE CONSIDERATION OF THE POTENTIAL

CONFLICT. IN THE CASE OF A TIE VOTE THE INDIVIDUAL SHALL BE PERMITTED TO

CONTINUE IN SERVICE TO KHS.

SHOULD THE INDIVIDUAL DECLINE TO WITHDRAW, THE MATTER MUST BE RECONSIDERED

BY A QUORUM OF THE BOARD. THE INDIVIDUAL SHALL HAVE THE OPPORTUNITY (BY

LETTER, TELECONFERENCE, OR OTHER AGREED UPON MEANS) TO STATE THE GROUNDS

UPON WHICH HE OR SHE BELIEVES THAT THE BOARD SHOULD REVERSE ITS DECISION.

IF THE BOARD DECIDES NOT TO ALTER ITS EARLIER DETERMINATION, IT SHALL HAVE

THE RIGHT BY A SIMPLE MAJORITY VOTE OF A QUORUM TO TERMINATE THE

INDIVIDUAL'S SERVICE TO KHS. IN THE CASE OF A TIE VOTE THE INDIVIDUAL

SHALL BE PERMITTED TO CONTINUE IN SERVICE TO KHS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BYLAWS) AND CONFLICT OF

INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED

FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE.

PART VII, SECTION A

ERIC STEVENS WAS THE EXECUTIVE DIRECTOR THROUGH APRIL 2021 BUT TOOK A

NEW ROLE WITH THE ORGANIZATION. THE WAGES LISTED REPRESENTS HIS WAGES
FOR THE ENTIRE YEAR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NONCASH CONTRIBUTIONS CONSUMED AS REPORTED ON AFS

15,243.

Schedule O (Form 990) 2021	Page 2
Name of the organization KITSAP HUMANE SOCIETY	Employer identification number 91-0728353
PART XI, LINE 8	
PRIOR PERIOD ADJUSTMENT RELATED TO A GRANT THAT WAS PREVIOUS	USLY
INTERPRETED AS UNCONDITIONAL; HOWEVER THERE WERE CONDITION	S PRESENT TO
PRECLUDE THE RECOGNITION OF THE GRANT.	
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT AC	COUNTANT HAS
NOT CHANGED SINCE THE PRIOR YEAR.	
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