** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Inspection

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, and ending SEP 30, 2020

B c	heck if	C Name of organization		D Employer identifie	cation number
	Addre chang	S WACIITNOMON HIMANE COCTEMY			
	¬Name			- 53-02197	2.4
	_ chang ∏Initial		De ana /accita	+	
	_ return ∏Final	71 OCT. FTHODDE CTDEFT NW	Room/suite	E Telephone number 202-723-	
	⊐return termir			G Gross receipts \$	25,670,409.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20011		<u> </u>	
	⊒return ∏Applio	,		H(a) Is this a group re	
	⊒tion pendi	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	—
	-01/ 01/	empt status: X 501(c)(3) 501(c) ()	or 527		
		te: NWW. HUMANERESCUEALLIANCE. ORG	01 321	H(c) Group exemption	list. (see instructions)
		forganization: X Corporation Trust Association Other	I Vear		1 State of legal domicile: DC
	rt I	Summary	L Toal	or formation. 2070 N	Totale of legal dofficile. 20
	1	Briefly describe the organization's mission or most significant activities: TO P1	ROTECT	C ANIMALS IN	THE
Activities & Governance	ļ .	DISTRICT OF COLUMBIA AND NEW JERSEY FROM	CRUEI	TY AND HARM	•
na	2	Check this box if the organization discontinued its operations or dispose			
Ne.	3			3	17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
S S	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			348
Ĭ	6	Total number of volunteers (estimate if necessary)			1325
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			-19,279.
⋖		Net unrelated business taxable income from Form 990-T, line 39			-19,279.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		30,417,078.	13,544,183.
и	9	Program service revenue (Part VIII, line 2g)		5,790,862.	7,120,255.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		558,390.	302,192.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		480,230.	390,384.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		37,246,560.	21,357,014.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,122,231.	15,424,860.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
χ̈́		Total fundraising expenses (Part IX, column (D), line 25) 2,335,8		F 200 001	0 00 226
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,300,991.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,423,222.	24,152,196.
<u>_ </u>	19	Revenue less expenses. Subtract line 18 from line 12		21,823,338.	-2,795,182.
Net Assets or Fund Balances		Total accests (Dock V. Bro. 40)	B	eginning of Current Year 58,670,568.	End of Year 57,921,128.
Sse Bala	20	Total assets (Part X, line 16)		11,827,678.	12,863,374.
net Pet	21	Total liabilities (Part X, line 26)		46,842,890.	45,057,754.
∠ੂ Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		40,042,050	13,037,731.
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and staten	nents, and to the best of m	v knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,e.,
Sign	า	Signature of officer		Date	
Her		ANDREW PLATOU, CHIEF FINANCIAL OFFICE	R		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	l	KATHLEEN M. FLAHERTY KATHLEEN M. FLA	HERTY (08/20/21 self-employe	P00969957
Prep	arer	Firm's name MATTHEWS, CARTER & BOYCE		Firm's EIN ▶	54-1487262
Use	Only	Firm's address 12500 FAIR LAKES CIRCLE, SUITE	260		
		FAIRFAX, VA 22033		Phone no. 70	3-218-3600
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE WASHINGTON HILLARD THE COLUMN THEOLOGY AND CHEARES A COMMUNITURE WHERE
	THE WASHINGTON HUMANE SOCIETY INSPIRES AND CREATES A COMMUNITY WHERE ALL ANIMALS HAVE SECURE HOMES AND WHERE PEOPLE AND ANIMALS LIVE
	TOGETHER WITH JOY AND COMPASSION.
	TOGETHER WITH OUT AND COMPADDION.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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?
	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 \$ 2,339,145. including grants of \$) (Revenue \$ 4,406,413.) DC ANIMAL CONTROL - PROVIDE ANIMAL CONTROL SERVICES FOR THE DISTRICT OF
	COLUMBIA AND 15 TOWNS IN THE STATE OF NEW JERSEY.
	COLUMBIA AND 13 TOWNS IN THE STATE OF NEW CERSEL.
4b	(Code:) (Expenses \$ 3,084,363. including grants of \$) (Revenue \$ 39,480.)
	MEDICAL CENTER - WHS CONTINUED ITS LONG STANDING AND CRITICAL WORK OF
	CARING FOR THE COMPANION PETS OF INCOME-QUALIFIED CLIENTS AS WELL AS CARING FOR THE TEMPORARY RESIDENTS OF WHS' ANIMAL SHELTER. WHS HAS A
	FULL SERVICE MEDICAL CENTER WHICH CONTINUES TO PROVIDE SERVICES TO
	THOSE THAT CANNOT AFFORD TO TAKE CARE OF THEIR PETS.
	INODE TIME CHANGE HELOND TO TIME CHANGE OF THEIR FELD.
	SHELTER ANIMALS - SHELTER MEDICINE IS A UNIQUE AND CHALLENGING
	ENVIRONMENT. WHS RECIVES MORE THAN 2,000 ANIMALS EACH YEAR, ALL WITH
	DIFFERENT BACKGROUNDS, FROM VARIOUS REGIONS OF THE COUNTRY, AND ALMOST
	ALL HAVING RECEIVED MARGINAL VETERINARY CARE IN THEIR LIFETIME. THE
	MEDICAL CARE FOR DOGS AND CATS HOUSED AT WHS INVOLVED MANAGEMENT OF
	CONTAGIOUS DISEASES, DIAGNOSIS AND TREATMENT OF INDIVIDUAL ILLNESSES,
4c	(Code:) (Expenses \$8 , 390 , 147 • including grants of \$) (Revenue \$1, 100 , 559 •)
	ANTIVAL CARE PROCESS. OPERATED ANTIVAL CURL THE WHERE THE ANTIVAL COR
	ANIMAL CARE PROGRAM - OPERATED ANIMAL SHELTER WHERE UNWANTED, STRAY OR NEGLECTED ANIMALS WERE GIVEN CARE AND MEDICAL ATTENTION ADDITIONALLY,
	PROVIDED LOST AND FOUND SERVICES, HUMANE EUTHANASIA AND ADOPTIONS.
	FROVIDED BOST AND FOUND SERVICES, HOMANE EDITAMASTA AND ADOPTIONS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 6,148,150 • including grants of \$) (Revenue \$ 1,573,803 •)
<u>4e</u>	Total program service expenses ► 19,961,805.
	Form 990 (2019)
932002	SEE SCHEDULE O FOR CONTINUATION(S)

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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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	Х	
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		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			 ₩
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u>_</u> _
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

932003 01-20-20

			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		X
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		3,7	
	Schedule J	23	X	
24 a	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	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mirest any proceeds of tax exempt borids beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ _{3,7}
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f			
	"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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ _v
04	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 Part V, line 1	34		x
25.2	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	55a		
J	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?	1000		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 66	_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
Ü	(gambling) winnings to prize winners?	1c	Х	

932004 01-20-20

Form 990 (2019) WASHINGTON HUMANE SOCIETY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 348 b 1 1 1 2 3 3 4 5 5 5 5 5 5 5 5 5				Yes	No					
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions) 3	2a									
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 348								
3a DX bit He organization have unrelated business gross income of \$1,000 or more during the year? 3b DX DX bit H*Yes*, has if tilled a Form 9807 for this year of "Wo" to file 83,0 provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly in a foreign country (such as a bank account, provide an explanation on Schedule O 5b If Yes*, indicate the name of the foreign country (such as a bank account, provided an explanation of the foreign country (such as a bank account, provided an explanation of the foreign country (such as a bank account, provided an explanation of the provided and provid	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O 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? 4b If Yes, "enter the name of the foreign country Securities account, or other financial accounts (FBAR). 5b If Yes, "enter the name of the foreign country Securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction? 6c Did any taxable party notify the organization file Form 888877. 6c Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization several payment in excess of \$15 made party as contribution and party for goods and services provided? 7c Did the organization express any expression and party for goods and services provided to the payor? 7a X 7b Did the organization receive a payment in excess of \$15 made party as a contribution of quanty and party for goods and services provided to the payor? 7a If Did the organization received an orotify the doner of the value of the goods or services provided? 7b Did the organization received an orotify the office of the year 7c Did the organization received an orotify the office office of the year 7c Did the organization received an orotify the office off		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) and foreign country (such as a bank account, and the financial account) or other financial accounts (PBAP). 56 Was the organization aparty to a prohibited tax shelter transaction? 57 Was the organization aparty to a prohibited tax shelter transaction? 58 Was the organization have provided to the organization the fire firm 88867? 59 Lif "Yes" to line Sar of 5b, did the organization the Fire Fire M8867. 50 Lif "Yes" to line Sar of 5b, did the organization the Fire Fire M8867. 50 Lif "Yes" to line Sar of 5b, did the organization the Fire M8867. 50 Lif "Yes" to line Sar of 5b, did the organization the Fire M8867. 50 Lif "Yes" to line Sar of 5b, did the organization the Fire M8867. 51 Lif "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 50 Lif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 50 Lif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 50 Lif "Yes," inclinate the number of the walue of the goods or services provided? 50 Lif "Yes," inclinate the number of forms 8882 filed during the year. 51 Lif "Yes," inclinate the number of forms 8882 filed during the year. 52 Lif Lif be organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 53 Lif Lif be organization every and contribution of qualified intellectual property, did the organization file Firm 19867. 54 Sponsoring organizations make any taxabolidays at any time during the year. 55 Lif Lif be organization series and spatial contributions included on Part VIII, line 12. 56 Lif be organization received a contribution of a contribution of a contribution of	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За							
the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'reter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year. 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6c Does the organization shall have a contributions? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6d I 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organization shall many receive deductible contributions under section 170(c). 8 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b If Yes,' did the organization oreity a payment in excess of \$75 made party as a contribution of payment in the section of the value of the goods or services provided? 7 b If the organization received a contribution of unifiencity, to pay premiums on a personal benefit contract? 7 c X 7 d If I'Yes,' find the organization feed of the payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 9 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization feed for a contribution of cars, boats, airplanes, or other vehicles, did the organization feed for the payment in the carson of the payment in the payment in the payment in the payme	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	X						
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of Sb, did the organization file Form 8868-7? 5c If "Yes" organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Dese the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization norify the donor of the value of the goods or services provided? 9 If "Yes," did the organization norify the donor of the value of the goods or services provided? 10 If "Yes," inclinate the number of Forms 8282 filed during the year 2 If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 8 Sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 11 Section 501(c)(7) organizations maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organization make a distribution to a chorn dovised fund maintained by the sponsoring organization make a distribution to a chorn of divisor, or related person? 10 Section 501(c)(7) organizations maintaining donor advised funds. Did a chorn advised f	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
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c Enter the amount of reserves on hand 13c	b	Enter the amount of reserves the organization is required to maintain by the states in which the								
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X					
If "Yes," complete Form 4720, Schedule O.					77					
	16		16		X					
		If "Yes," complete Form 4720, Schedule O.	Fa	000	(0040)					

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1	7								
	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.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	6								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X						
6										
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х						
1 a	more members of the governing body?	7a		х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a								
b		7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75								
		8a	Х							
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X							
b		OD	21							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х						
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u> </u>		21						
<u> </u>	tion B. Folicies (This Section B requests information about policies not required by the internal nevertue code.)		Yes	Na						
100	Did the expeniation have lead charters branches as affiliates?	10a	162	No X						
	Did the organization have local chapters, branches, or affiliates?	IUa		- 21						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406								
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	22							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х							
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Λ							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v							
	The organization's CEO, Executive Director, or top management official		X							
b	Other officers or key employees of the organization	15b	Δ.							
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v						
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
0	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► MD , VA , FL , NJ									
18	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	/) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and fina	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	LISA LAFONTAINE - 202-723-5730									
	71 OGLETHORPE STREET, NW, WASHINGTON, DC 20011									
00000	2 04 00 00	Enrn	aan	(2010)						

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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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)			(C Pos				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	heck ss pe	more rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANDREW WILLISON	8.00								0	
FIRST VICE PRESIDENT	0 00	Х		Х				0.	0.	0.
(2) ERIKA KELTON	8.00	,,							0	0
BOARD MEMBER	10 00	Х						0.	0.	0.
(3) NINA BENTON	12.00	,,		,,					0	0
SECRETARY	10 00	Х		Х				0.	0.	0.
(4) PRISCILLA CLAPP	12.00	. ,							0	0
BOARD MEMBER	12.00	Х						0.	0.	0.
(5) LOUIE DWECK	12.00	X						0.	0.	0.
BOARD MEMBER (6) JOSEPH HOWE	12.00	^						0.	0.	<u> </u>
AUDIT COMMITTEE CHAIRMAN	12.00	X		x				0.	0.	0.
(7) GREG RIEGLE	10.00	^		^				0.	0.	<u> </u>
COMPENSATION COMMITTEE CHAIRMAN	10.00	X		x				0.	0.	0.
(8) MARY SCHAPIRO	10.00							0.	0.	<u> </u>
TREASURER AND FINANCE COMMITTEE CHAI		x		х				0.	0.	0.
(9) THERESA FARIELLO	12.00							0.0		
BOARD CHAIRMAN		x		х				0.	0.	0.
(10) GWYN WHITTAKER	12.00									
GOVERNANCE COMMITTEE CHAIRMAN		Х		х				0.	0.	0.
(11) ERICA MAY-SHERZER	12.00							-	-	
BOARD MEMBER		Х						0.	0.	0.
(12) LISA LAFONTAINE	60.00									
PRESIDENT AND CEO		Х		Х				366,291.	0.	15,719.
(13) CYNTHIANA LIGHTFOOT	8.00									
BOARD MEMBER		Х						0.	0.	0.
(14) PAT LONERGAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) TIM REARDON	8.00									_
BOARD MEMBER		Х						0.	0.	0.
(16) VINCE MORETTI	8.00									
BOARD MEMBER		Х						0.	0.	0.
(17) CONNIE OLSON	8.00]_ [_	_	_
BOARD MEMBER		Х						0.	0.	0. Form 990 (2010)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) (B)				_ (0				(D)	(E)			(F)	
Name and title	Average	(do	not c	Posi	ition more	than	one	Reportable	Reportable		Est	timate	d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			ount c	of
	week (list any	\vdash	T a		1 0010	174443	1	from	from related			other .	
	hours for	irecto						the organization	organizations (W-2/1099-MIS			oensat om the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-18115	.0)		anizati	
	organizations	Individual trustee or director	Institutional trustee		ee/	mpen		(** 27 1000 141100)				l relate	
	below	dual	ution	_	mplo)	est co	ᡖ					nizatio	
	line)	Indivi	Instit	Office r	Key employee	Highest compensated employee	Юm						
(18) STEPHANIE SHAIN	60.00												
EXECUTIVE VICE PRESIDENT AND CHIEF O		1		х				197,267.		0.	12	2,13	36.
(19) ANDREW PLATOU	60.00							-				-	
CHIEF FINANCIAL OFFICER		1				Х		147,860.		0.		3,82	20.
(20) ANDREA MESSINA	60.00							-					
CHIEF DEVELOPMENT OFFICER		1				Х		155,885.		0.	(9,90	00.
(21) DAVID SMITH	60.00							•					
CHIEF COMMUNICATIONS OFFICER-FORMER		1				X		160,754.		0.	1:	1,17	70.
(22) KIM KELLER	60.00					 				-			
CHIEF DEVELOPMENT OFFICER-FORMER		1				x		125,735.		0.	{	3,18	39.
						┢		22377333		-	<u> </u>	,	
		1											
		1											
										-			
		1											
		ł											
dh Cubtatal	1				<u> </u>		\vdash	1,153,792.		0.	61	0,93	3./
1b Subtotal								0.		0.		,,,	0.
c Total from continuation sheets to Part V								1,153,792.		0.	61	0,93	
d Total (add lines 1b and 1c)									000 - 1 1 - 1 - 1	•		J , J .	74.
2 Total number of individuals (including but n	iot ilmited to tr	iose	IIST	ea ar	OOV	e) wr	10 r	eceived more than \$100	,000 of reportable	2			6
compensation from the organization										—	$\overline{}$	Yes	No
2 Did the executestical list on forman efficien							. la:a			ſ		163	140
3 Did the organization list any former officer,	•		•		•		_		•				Х
line 1a? If "Yes," complete Schedule J for s											3		Λ
4 For any individual listed on line 1a, is the su									the organization			х	
and related organizations greater than \$15											4		
5 Did any person listed on line 1a receive or a	•				•			•	idual for services				v
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scheaui	e J i	or s	ucn _i	pers	son .					5		X
<u> </u>									*				
1 Complete this table for your five highest co										pens	ation fr	rom	
the organization. Report compensation for	the calendar y	ear	enai	ing v	vith	or w	rithir		year.				
(A) Name and business	address	NT/	INC					(B) Description of s	envices	C	(C compen		,
Traine and business	addicss	11/	OINI	<u> </u>			-	Description of a	ICI VICCS		Ompon	isatioi	'
							\dashv						
							J						
							\dashv						
							_						
							\dashv						
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to	tho (se lis 0	stec	d above) who received m	nore than				
											_		

Form 990 (2019) WASHING'
Part VIII Statement of Revenue

		Check if Schedule O	conta	ains a re	sponse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
								, and the state of		sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns			la	321,313.				
ara our	k	Membership dues		[lb					
S, (c	Fundraising events		[lc	59,053.				
la it	c	Related organizations		[ld					
ini	e	Government grants (cont	ributi	ons) [1	le	2,175,000.				
rior S	f	All other contributions, gifts,	grant	s, and						
igi He		similar amounts not included	labov	'e 1	lf	10,988,817.				
d O	ç	Noncash contributions included in	lines	1a-1f 1	lg \$	70,839.				
<u> </u>	ŀ	Total. Add lines 1a-1f					13,544,183.			
						Business Code				
e e	2 8	DCAC CONTRACT				900099	4,406,413.	4,406,413.		
e Ž	k	ANIMAL CARE				900099	1,100,559.	1,100,559.		
S n	c	MEDICAL CENTER				900099	39,480.	39,480.		
Program Service Revenue	c	1								
Pog R	e)								
ᇫ	f	All other program service	reve	nue		900099	1,573,803.	1,573,803.		
	ç	Total. Add lines 2a-2f					7,120,255.			
	3	Investment income (inclu	ding	dividend	ds, intere	est, and				
		other similar amounts)					317,089.			317,089.
	4	Income from investment	of tax	-exemp	t bond p	proceeds				
	5	Royalties								
				(i) F	Real	(ii) Personal				
	6 a	Gross rents	6a	18	39,945.					
	k	Less: rental expenses	6b	20	9,224.					
	c	Rental income or (loss)	6с	-1	9,279.					
	c	Net rental income or (loss	s)				-19,279.		-19,279.	
	7 a	Gross amount from sales of		(i) Sed	curities	(ii) Other				
		assets other than inventory	7a	3,84	1,197.					
	k	Less: cost or other basis								
an		and sales expenses	7b	3,85	6,094.					
Ver	c	Gain or (loss)	7с	-1	4,897.					
ther Revenue	c	Net gain or (loss)					-14,897.			-14,897.
her	8 8	Gross income from fundraisi	ng ev	ents (no	t					
ŏ		including \$	59,	053.	of					
		contributions reported on	line	1c). See	e					
		Part IV, line 18			8a	657,740.				
	k	Less: direct expenses			8b	248,077.				
	c	Net income or (loss) from	fund	raising	events	>	409,663.			409,663.
	9 a	Gross income from gamin	ng ac	tivities.	See					
		Part IV, line 19			9a					
	k	Less: direct expenses			9b					
	c	Net income or (loss) from	gam	ing activ	vities					
	10 a	Gross sales of inventory,	less i	returns						
		and allowances			10a	1				
	k	Less: cost of goods sold			10b					
		Net income or (loss) from	sales	of inve	entory	>				
တ္						Business Code				
Miscellaneous Revenue	11 a	i								
lan	k									
e Se	c									
Mis	c	All other revenue								
	6	Total. Add lines 11a-11d								
	12	Total revenue. See instruction	ons				21,357,014.	7,120,255.	-19,279.	711,855.

932009 01-20-20

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 respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	665 041	E 6 0 2 1 1	E7 061	20 026
_	trustees, and key employees	665,941.	568,244.	57,861.	39,836
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	11 050 642	10 2/1 115	000 F01	717 026
7	Other salaries and wages	11,958,642.	10,241,115.	999,591.	717,936
8	Pension plan accruals and contributions (include	204 572	174 561	17 77/	10 007
_	section 401(k) and 403(b) employer contributions)	204,572. 1,552,035.	174,561. 1,324,344.	17,774. 134,850.	12,237 92,841
9	Other employee benefits	1,043,670.	890,559.	90,680.	62,431
10	Payroll taxes	1,043,0/0.	090,009.	30,000.	04,431
11	Fees for services (nonemployees):	9,807.		9,807.	
	Management	8,988.	1,055.	7,631.	302
b	Legal	61,765.	1,055.	61,765.	302
	Accounting	01,703.		01,703.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	66,877.		66,877.	
f	Investment management fees	00,011.		00,011.	
g	Other. (If line 11g amount exceeds 10% of line 25,	581,548.	134,947.	21,931.	121 670
	column (A) amount, list line 11g expenses on Sch O.)	15,006.	13,867.	1,114.	424,670 25
12	Advertising and promotion	1,890,480.	586,817.	596,085.	707,578
13	Office expenses	124,438.	4,350.	120,088.	101,510
14	Information technology	124,430.	4,550.	120,000.	
15	Royalties	1,228,615.	79,321.	1,149,113.	181
16	Occupancy	59,495.	23,102.	34,939.	1,454
17	Travel	33,433.	23,102.	34,333.	1,434
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	374,584.	50.	374,534.	
20	Interest Payments to offiliates	3/4,304•	50.	3,4,3340	
21	Payments to affiliates	1,028,361.	806,070.	210,207.	12,084
22	Depreciation, depletion, and amortization	1,020,001	300,070.	210,2010	12,004
23	Other expenses. Itemize expenses not covered				
24	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 0.) PROGRAM EXPENSES	2,903,555.	2,783,264.	120,291.	
a b	OTHER PERSONNEL COSTS	224,208.	86,949.	110,687.	26,572
-	BANK, CREDIT CARD FEES	149,609.	49,519.	16,411.	83,679
c d	OVERHEAD ALLOCATION	0.	2,193,671.	-2,347,719.	154,048
-	All other expenses	0.	2,155,0710	2,321,113	131,040
25	Total functional expenses. Add lines 1 through 24e	24,152,196.	19,961,805.	1,854,517.	2,335,874
<u>25</u> 26	Joint costs. Complete this line only if the organization			±,00±,0±/•	2,000,074
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 IOIIOWING SOP 98-2 (ASC 938-720)				Eorm 990 (2016

Pа	πx	Balance Sheet					
		Check if Schedule O contains a response or note to	o an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		883,804.	1	1,129,980.	
	2	Savings and temporary cash investments			47,263.	2	34,533
	3	Pledges and grants receivable, net			3,180,523.	3	3,774,899
	4	Accounts receivable, net	1,492,460.	4	100,930		
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these p		5			
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in	sec	etion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use			141,786.	8	136,500
Ä	9				202,771.	9	245,314
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D1	0a	46,017,215.			
	b	Less: accumulated depreciation1	0b	11,635,154.	34,711,035.	10c	34,382,061
	11	Investments - publicly traded securities			17,805,461.	11	17,917,206
	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		205,465.	15	199,705	
	16	Total assets. Add lines 1 through 15 (must equal li	ine 3	3)	58,670,568.	16	57,921,128
	17	Accounts payable and accrued expenses			2,510,923.	17	3,420,004
	18	Grants payable			0.5.5.4.0.4	18	00 454
	19	Deferred revenue			266,421.	19	90,171
	20	Tax-exempt bond liabilities		·····		20	
	21	Escrow or custodial account liability. Complete Par				21	
es	22	Loans and other payables to any current or former					
Ħ		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these p			0 050 224	22	0 252 100
_	23	Secured mortgages and notes payable to unrelated			9,050,334.	23	9,353,199
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 17	7-24)	. Complete Part X			
		of Schedule D			11,827,678.	25	12,863,374
	26	Total liabilities. Add lines 17 through 25			11,027,070.	26	12,003,374
es		Organizations that follow FASB ASC 958, check	ner	e 🏲 🔼			
ŭ	07	and complete lines 27, 28, 32, and 33.			38,030,573.	07	37,725,174
3ala	27				8,812,317.	27 28	7,332,580
ğ	28	Net assets with donor restrictions			0,012,317.	28	7,332,300
Ξ		Organizations that do not follow FASB ASC 958,	, cne	eck nere			
ō		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds			29		
Ass	30	Paid-in or capital surplus, or land, building, or equip				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incor		46,842,890.	31 32	45,057,754	
Z	32	Total liabilities and not essets (fund balances			58,670,568.	33	57,921,128
	33	Total liabilities and net assets/fund balances		30,070,300.	ა პ	31,321,120	

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 35					
2	Total expenses (must equal Part IX, column (A), line 25)	2		,15					
3	Revenue less expenses. Subtract line 2 from line 1	3		,79					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46	,84		90. 71.			
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8		33	1,9	75.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	45	,05	7,7	54.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					Ш			
	<u> </u>				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 in Schedule	O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that assumes responsibility for oversight of the second committee that as the second committee that a second committee that as the second committee that a second	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c		_X_			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule 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		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audi	it						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

WASHINGTON HUMANE SOCIETY

Employer identification number 53-0219724

D =		December Dublic (THE BOOTETT				5 0213721
Pa	rt I	Reason for Public (Jarity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.	
he	organi	zation is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz					-	the hospital's name.
		city, and state:		· · · · · · · · · · · · · · · · · · ·				,
_		An organization operated for	or the benefit of a co	llogo or university evene	d or operat	tod by a a	overnmental unit describ	and in
5				nege or university owner	u or opera	ted by a g	overninental unit descrit	Ded III
		section 170(b)(1)(A)(iv). (C						
6	<u></u>	A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g				-		-
		university:	,			,	,,	,
10		An organization that norma	lly receives: (1) more	than 33 1/30% of its sur	nort from	contributi	one momborehin fooe o	and gross receipts from
10								
		activities related to its exen		• •	. ,		• • • • • • • • • • • • • • • • • • • •	· ·
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ilred by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	. ,					
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	ifety. See s	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a maiority	of the dire	ctors or trustees of the s	supportina
		organization. You must c			, ,			11 3
h		Type II. A supporting organization	- ·		tion with it	e eunnort	ed organization(s), by ha	ovina
		control or management o			ame perso	JIIS IIIAI CI	milior or manage the sup	pporteu
		organization(s). You mus						
С		Type III functionally inte					• •	ed with,
		its supported organization		•				
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	cation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	r the number of supported o	organizations					
g		ide the following information		d organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
ota	ıl							

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	ction A. Public Support		•	•			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(-) =	(-,	(-/	(-, : -	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	17,169,915.	6,820,094.	9,983,469.	29,658,474.	13,544,183.	77,176,135.
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	17,169,915.	6,820,094.	9,983,469.	29,658,474.	13,544,183.	77,176,135.
	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)						1,691,387.
6	Public support. Subtract line 5 from line 4.						75,484,748.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	17,169,915.	6,820,094.	9,983,469.	29,658,474.	13,544,183.	77,176,135.
	Gross income from interest,		, ,				· · ·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	80,613.	258,929.	307,379.	320,510.	317,089.	1,284,520.
9	Net income from unrelated business	-	,			-	
_	activities, whether or not the						
	business is regularly carried on		23,282.	-25,773.	0.	-14,897.	-17,388.
10	Other income. Do not include gain						<u> </u>
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						78,443,267.
12		etc. (see instruction	ons)			12 29	,548,719.
13	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2019 (I	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	96.23 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	94.59 %
16a	16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□
	Schedule A (Form 990 or 990-EZ) 2019						

932022 09-25-19

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its behalf to the organization without charge for the			•	, ,	Section A. Public Support
1 Gifts, grants, contributions, and membership fees received. (Do not include any *unusual grants.*) 2 Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its behalf furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge for the organization without on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the generic of Scoto or 1% of the amount on line 13 for the year can be paid to the year for the organization of the second or the submatile of the year for the organization of the submatile of the year for the organization of the submatile of the year for th	(d) 2018 (e) 2019 (f) Total	(c) 2017	(b) 2016	(a) 2015	Calendar year (or fiscal year beginning in)
a Cross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose and are not an unrelated trade or business under section 513. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Anounts included on lines 2 and 3 received from disqualified persons business in the second in the second from disqualified persons business in the second from a second from					1 Gifts, grants, contributions, and
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of years of the year of years o					membership fees received. (Do not
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness 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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons but exceed the greater of 5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Sulpagatine 7s farm line 8) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included gain or loss from the sale of capital 12 Other income. Do not include gain or loss from the sale of capital					include any "unusual grants.")
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5					2 Gross receipts from admissions,
any activity that is related to the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the gester of \$5,000 or \$16 of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Spitagite 12 total line 5) Section B. Total Support Calendar year (or fiscal year beginning in) P 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital					•
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12 Other income. Do not include gain or loss from the sale of capital					
					12 Other income. Do not include gain
assets (Explain in Part VI.)					
assets (Explain in Part VI.)					
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,	tax year as a section 501(c)(3) organization.	d. fourth, or fifth ta	first, second, thir	the organization's	
check this box and stop here				•	
Section C. Computation of Public Support Percentage					
15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15 %	column (f))	livided by line 13,	ine 8, column (f), c	15 Public support percentage for 2019 (I
16 Public support percentage from 2018 Schedule A, Part III, line 15			III, line 15	Schedule A, Part	16 Public support percentage from 2018
Section D. Computation of Investment Income Percentage			e Percentage	stment Incom	Section D. Computation of Inves
17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17) 17 %	ne 13, column (f))	nn (f), divided by li	19 (line 10c, colur	17 Investment income percentage for 20
18 Investment income percentage from 2018 Schedule A, Part III, line 17					
19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not					
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					
b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and					
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization				•	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions					

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Part IV | Supporting Organizations

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

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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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
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10a		
10b		

Pa	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
'				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
	aon Divin Type in cupperang organizatione		Yes	No
1	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		163	NO
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	3)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

932025 09-25-19

Pa	↑ V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 .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 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting org	ganization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2019

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions	,	Current Year	
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С		inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
d	Exces	s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 WASHINGTON HOMANE SOCIETY 53-0219724 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

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Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

OMB No. 1545-0047

2019

Name of the organization

WASHINGTON HUMANE SOCIETY

53-0219724

Organization type (check one):						
Filers of:	Section:					
Form 990 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 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
-	organization is covered by the General Rule or a Special Rule . section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rul						
	an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or perty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rule	s					
sec any	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1 or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
yea is c pur	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 contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box necked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., sose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must a	organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

WASHINGTON HUMANE SOCIETY

53-0219724

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		\$ 407,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$ 2,175,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$ <u>1,154,482.</u>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$\$	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 Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

WASHINGTON HUMANE SOCIETY

53-0219724

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number** 53-0219724 WASHINGTON HUMANE SOCIETY 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 (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

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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 Open to Public Inspection

Name of the organization

WASHINGTON HUMANE SOCIETY

Employer identification number 53-0219724

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·		
		(a) Donor advised funds	(b) Funds and other accounts		
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	writing that the assets held in don	or advised fun	ds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds	can be used o	only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other p	ourpose confer	ring		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on For	m 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).				
	Preservation of land for public use (for example, recreated	ation or education)	ation of a histo	orically important land area		
	Protection of natural habitat	Preserv	ation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	ified conservation contribution in t	he form of a co	pnservation easement on the last		
	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 st			2c		
d	Number of conservation easements included in (c) acquired					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminate	ed by the organ	nization during the tax		
	year ▶					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforc	ing conservati	on easements during the year		
_	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing c	onservation ea	asements during the year		
•) \$		470/11/41/5	2017		
8	Does each conservation easement reported on line 2(d) abo					
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat		•			
	balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.	note to the organization's illiancia	i Staternerits ti	iat describes trie		
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures	s. or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Forn	-	,			
12	If the organization elected, as permitted under FASB ASC 9		tement and ha	lance sheet works		
	• •	•				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
h	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
~	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
_	the following amounts required to be reported under FASB A		yu,			
а	Revenue included on Form 990, Part VIII, line 1			> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019		

Par	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures,	or Oth	er Sir	nilar As	set	(contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following tha	at make s	signific	ant use of	its			
	collection items (check all that apply):											
а	Public exhibition	d		Loan or excl	nange progr	am						
b	Scholarly research	е		Other								
С												
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizat	ion's exe	mpt p	urpose in I	Part 2	KIII.		
5	During the year, did the organization solicit or											
	to be sold to raise funds rather than to be ma	aintained as part of the	he orga	nization's co	llection?					Yes		No
Par									IV, lir	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.										
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not	t includ	led				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII											
		•	Ū							\mount	:	
С	Beginning balance						1	С				
	Additions during the year							d				
	Distributions during the year							e				
f	Ending balance							f				
2a	Did the organization include an amount on Fo							l		Yes		No
	If "Yes," explain the arrangement in Part XIII.		•									
Par												
	·	(a) Current year		Prior year	(c) Two yea	-		ee vears ba	ıck	(e) Four	vears	back
1a	Beginning of year balance	4,184,083.		,184,083.		4,083.		4,184,08		(-)		077.
	Contributions	, ,		, ,	,			<u>, , , </u>		3		006.
	Net investment earnings, gains, and losses	223,848.		228,033.	35	6,065.		487,36	8.		, ,	
	Grants or scholarships								+			
	Other expenditures for facilities											
·	and programs	223,848.		228,033.	35	6,065.		487,36	8.			
f	Administrative expenses					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,-	+			
g	End of year balance	4,184,083.	4	,184,083.	4 18	4,083.		4,184,08	33.	4	,184,	083.
2	Provide the estimated percentage of the curr	· · · · · ·				-,		-,,	- •		, ,	
	Board designated or quasi-endowment	crit year eria balario	%	g, coluitiii (e	iji ricia as.							
	Permanent endowment	%	_′0									
·	The percentages on lines 2a, 2b, and 2c sho	-										
32	Are there endowment funds not in the posse		ation the	at are hold a	ad administ	arad for t	ho ora	anization				
Ja		SSION OF THE Organiza	20011 016	at are rielu a	iu auriii iiste	sieu ioi i	ine org	ariizatiori		Γ	Yes	No
	by:									20(i)	163	No X
	(i) Unrelated organizations									3a(i)		X
h	(ii) Related organizations									3a(ii) 3b		
4	Describe in Part XIII the intended uses of the									SU		
Ė	t VI Land, Buildings, and Equipm		willelit	iuiius.								
ı uı	Complete if the organization answered) Dort I	/ lino 11a S	00 Form 900) Dort V	lino 1	n				
										al\ D = al		
	Description of property	(a) Cost or ot basis (investm		(b) Cost basis (.ccumu preciat		(d) Bool	k valu	Э
_		'	ierit)		0,181.	ue	preciai	.1011	11	, 44	Դ 1	Q 1
	Land				0,181. 7,997.	10	151	146.		, 44		
	Buildings			JU,1/	1,221.	Ιυ,	т Э Т ,	, 140 •	∠ 0	, ∪ ∠	J , O	<u>эт.</u>
	Leasehold improvements			1 50	Q 10/		500	707		0.0	<u> </u>	07
	Equipment				8,194.			,787.	1			07.
	Other (C. / C.				0,843.		913	,221.		,91		
ı otal	. Add lines 1a through 1e. (Column (d) must ed	guai Form 990, Part .	x, colur	ทท (B), line 1	UC.)				J 4	,38	۷, U	υт.

Schedule D (Form 990) 2019

	HUMANE SOCIET	Y 5:	3-0219724 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on 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)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		,
Part X Other Liabilities.	<i>0 10.)</i>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	25
1. (a) Description of liability	0111 01111 000, 1 01111, 11110	110 01 1111 000 1 01111 000,1 4117,1 1110 2	(b) Book value
(1) Federal income taxes			(2) 2001. 12.00
(2)			
(3)			
(4)			
(5)			1
(6)			+
(7)			+
(8) (Q)			+
191			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. 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...

X

Schedule D (Form 990) 2019

		Form 990) 2019 WASHINGTON HUMANE SOCIETY				0219724 Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial Statemen	ts With	n Revenue per R	eturı	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total re	evenue, gains, and other support per audited financial statements			1	23,096,062
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unr	realized gains (losses) on investments	2a	678,071.		
b		d services and use of facilities	2b	603,676.		
С		eries of prior year grants	2c			
		Describe in Part XIII.)	2d			
		es 2a through 2d			2e	1,281,747
3	Subtrac	ct line 2e from line 1			3	21,814,315
4	Amoun	ts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investn	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (I	Describe in Part XIII.)	4b	-457,301.		
С	Add lin	es 4a and 4b			4c	-457,301
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	21,357,014
Par	t XII	Reconciliation of Expenses per Audited Financial Statemer	nts Wit	th Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total ex	xpenses and losses per audited financial statements			1	25,213,173
		ts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	d services and use of facilities	2a	603,676.		
		ear adjustments	2b			
С	Other lo		2c			
d	Other (I	Describe in Part XIII.)	2d	457,301.		
		es 2a through 2d	•	-	2e	1,060,977
		ct line 2e from line 1			3	24,152,196
		ts included on Form 990, Part IX, line 25, but not on line 1:				
		nent expenses not included on Form 990, Part VIII, line 7b	4a			
		Describe in Part XIII.)	4b			
	•	es 4a and 4b			4c	0.
		xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	24,152,196
		Supplemental Information.				
		lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			4; Part	X, line 2; Part XI,
		45, and 1 art Air, inted 2d and 45. Also complete this part to provide any addition		mation.		
PAF	RT X,	LINE 2:				
WHS	S ADO	OPTED THE INCOME TAX STANDARD FOR UNCER!	TAIN	TAX POSITI	ons	AND HAS
EVA	LUAI	TED ITS TAX POSITIONS AND DETERMINED THE	AT I	rs position	S A	RE
MOF	RE-L]	KELY-THAN-NOT TO BE SUSTAINED ON EXAMI	NATIO	ON. WHS'S	TAX	RETURNS
ARE	E SUE	BJECT TO REVIEW AND EXAMINATION BY FEDER	RAL,	STATE, AND	LO	CAL
LUA	'HOR]	TTIES.				
DAE	ייי אי	I, LINE 4B - OTHER ADJUSTMENTS:				
		·				
		EXPENSES				
EVE	ENT E	EXPENSES				

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2019

12320820 758571 HU37

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

WASHINGTON HIMANE SOCIETY

Employer identification number 53-0219724

	TON HOMANE SOCIETI				33-0219	/ 4 4		
Fundraising Activities required to complete this part	 Complete if the organization answet. 	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not		
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants 								
c Phone solicitations g Special fundraising events								
 d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?								
compensated at least \$5,000 by the	organization.							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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					
Ist all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from re	egistration		

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events BARK BALL -(add col. (a) through OCTOBER 2019WALK EVENT 3 col. (c)) (event type) (event type) (total number) 650,764. 19,637. 46,392. 716,793. 1 Gross receipts 23,314 5,767. 29,972. 59,053. 2 Less: Contributions 13,870. 627,450. 16,420. 657,740. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expense 3,984. 11,800. 1,400. 17,184. 6 Rent/facility costs 181,074. 328. 181,402. 7 Food and beverages 8 Entertainment 49,491. 9 Other direct expenses 49,491. 248,077. **10** Direct expense summary. Add lines 4 through 9 in column (d) 409,663. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 WASHINGTON HUMANE SOCIETY	53-0219724 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 to administer charitable gaming?	or other entity formed
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	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization received	es gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount
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 comices was ideal	
Description of services provided	
Director/officer Employee Independent contractor	r
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gamir	ng proceeds to
retain the state gaming license?	V _{2.2} N _{2.2}
b Enter the amount of distributions required under state law to be distributed to other exemp	
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See	

Schedule G	(Form 990 or 990-EZ) Supplemental Info	WASHINGTON	HUMANE	SOCIETY	53-0219724	Page 4
Part IV	Supplemental Info	rmation (continued)				
_						

Schedule G (Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

WASHINGTON HUMANE SOCIETY

Employer identification number 53-0219724

	·		Yes	No
1 a	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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 X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(6)(1)-(U)	reported as deferred on prior Form 990
(1) LISA LAFONTAINE	(i)	331,291.	35,000.	0.	10,979.	4,740.	382,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHANIE SHAIN	(i)	197,267.	0.	0.	7,396.	4,740.	209,403.	0.
EXECUTIVE VICE PRESIDENT AND CHIEF O	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANDREW PLATOU	(i)	147,860.	0.	0.	3,640.	180.	151,680.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDREA MESSINA	(i)	155,885.	0.	0.	5,340.	4,560.	165,785.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID SMITH	(i)	160,754.	0.	0.	6,430.	4,740.	171,924.	0.
CHIEF COMMUNICATIONS OFFICER-FORMER	(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)							

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

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.

Open to Public Inspection

Name of the organization **Employer identification number** WASHINGTON HUMANE SOCIETY 53-0219724 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 24 70,839.FAIR MARKET VALUE Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other ▶ 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

WASHINGTON HUMANE SOCIETY

Employer identification number 53-0219724

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DENTAL WORK, SPAYING, NEUTERING, AND OTHER SURGERIES. THE CHALLENGES OF SHELTER MEDICINE INCLUDE THE INTAKE OF ANIMALS SUFFERING FROM DISEASES SUCH AS PARVO, RINGWORM, RESPIRATORY ILLNESSES, INTESTINAL PARASITES, AND HEARTWORMS WHICH WERE ALSO TREATED BY MEDICAL CENTER STAFF.

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

THE CFO, CEO AND TREASURER MEET TO REVIEW THE RETURN. ADDITIONALLY, THE RETURN IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.

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

BEFORE MATERIAL DECISIONS ARE MADE, THE BOARD OF DIRECTORS IS CONSULTED FOR POSSIBLE CONFLICTS OF INTEREST. ALL BOARD MEMBERS ARE MADE AWARE OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE CEO IS DETERMINED BY A WRITTEN EMPLOYMENT CONTRACT APPROVED BY THE COMPENSATION COMMITTEE USING COMPARABILITY DATA FROM SIMILAR ORGANIZATIONS. THE PROCESS WAS CONDUCTED IN 2015. FOR OTHER EMPLOYEES, LIKE SIZE ORGANIZATIONS ARE REVIEWED FOR ACCEPTABLE LOCAL SALARY RANGES. THIS PROCESS WAS LAST COMPLETED IN 2014.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2019)

Form 990-T	E	Exempt Organization Bus	sine	ess Income Ta	ax Return	OMB No. 1545-0047
		(and proxy tax und	der se	ection 6033(e))		2010
	For ca	lendar year 2019 or other tax year beginning OCT 1,				2019
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for i Do not enter SSN numbers on this form as it ma	y be ma	ade public if your organizat	ion is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Land Check box if name of	changed	d and see instructions.)	D Er (E in	mployer identification number mployees' trust, see structions.)
B Exempt under section	Print	WASHINGTON HUMANE SOCI	ETY	•		53-0219724
X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo		nrelated business activity code ee instructions.)		
408(e) 220(e)	1,900	71 OGLETHORPE STREET,				
408A530(a) 529(a)		City or town, state or province, country, and ZIP (WASHINGTON, DC 20011	62	21990		
C Book value of all assets		F Group exemption number (See instructions.)			'	
57,834,1	00.	F Group exemption number (See instructions.) G Check organization type ► X 501(c) cor	poratio	n 501(c) trust	401(a) trus	st Other trust
H Enter the number of the	organiza	ation's unrelated trades or businesses.	1	Describe th	e only (or first) unrelat	
		EE STATEMENT 1			omplete Parts I-V. If m	
		ace at the end of the previous sentence, complete P	arts I ar	nd II, complete a Schedule N	/I for each additional tr	ade or
business, then complete			nt oubs	sidiany controlled group?	•	Yes X No
		poration a subsidiary in an affiliated group or a pare tifying number of the parent corporation. ►	mi-subs	sidiary controlled group?	P L	Yes A INO
		LISA LAFONTAINE		Telephon	e number ▶ 202	2-723-5730
		de or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale	es					
b Less returns and allo	wances	c Balance▶	1c			
2 Cost of goods sold (S	Schedule	e A, line 7)	2			
3 Gross profit. Subtract			3			
		ch Schedule D)	4a			
		Part II, line 17) (attach Form 4797)	4b			
		sts	4c			
5 Income (loss) from a6 Rent income (Schedu		ship or an S corporation (attach statement)	6			
,	, ,	me (Schedule E)	7	189,945.	209,224	-19,279.
		and rents from a controlled organization (Schedule F)	<u> </u>			
·	•	on 501(c)(7), (9), or (17) organization (Schedule G				
		ome (Schedule I)	10			
		e J)	11			
12 Other income (See in	structior	ns; attach schedule)	12	100 015		10.050
		gh 12			209,224	-19,279.
(Deductions	must b	ot Taken Elsewhere (See instructions for the directly connected with the unrelated business.)	iness ir	ncome.)		
14 Compensation of of	icers, di	rectors, and trustees (Schedule K)			1-	4
						5
17 Bad debts					1	
18 Interest (attach sche	edule) (s	ee instructions)				
19 Taxes and licenses20 Depreciation (attach		562)		l 20		9
		n Schedule A and elsewhere on return			21	ıh l
23 Contributions to def	erred co	mpensation plans			2:	
						4
25 Excess exempt expe	nses (S	chedule I)			2	5
26 Excess readership c	osts (Sc	hedule J)			2	
27 Other deductions (a	ttach sch	nedule)			2	
		14 through 27				
		ncome before net operating loss deduction. Subtra			29	9 -19,279.
	-	loss arising in tax years beginning on or after Janua	-		3	0.
		ncome. Subtract line 30 from line 29				

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Part	- 111	Total Unrelated Business Tax	able Income				
32		unrelated business taxable income compute		(aga instructions)		32	-19,279.
							10,210
33	Amoun	ts paid for disallowed fringes				33	0.
34		ole contributions (see instructions for limitat					
35		related business taxable income before pre-		_			-19,279.
36		on for net operating loss arising in tax years		,			0.
37		unrelated business taxable income before s					-19,279.
38	Specific	deduction (Generally \$1,000, but see line 3		38	1,000.		
39		ed business taxable income. Subtract line					
	enter th	e smaller of zero or line 37				39	-19,279.
Part	: IV	Fax Computation					
40	Organia	zations Taxable as Corporations. Multiply li	ne 39 by 21% (0.21))	▶ 40	0.
41	Trusts	Taxable at Trust Rates. See instructions for	tax computation. Income tax on the amount	nt on line 39 from:			
	Ta	ax rate schedule or 🔲 Schedule D (For	m 1041)			▶ 41	
42		ax. See instructions				▶ 42	
43		ive minimum tax (trusts only)					
44	Tax on	Noncompliant Facility Income. See instruct	tions			44	
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, whi	chever applies			. 45	0.
Part	t V	Tax and Payments					
46a	Foreign	tax credit (corporations attach Form 1118; 1	trusts attach Form 1116)	46a			
		redits (see instructions)					
		business credit. Attach Form 3800					
		or prior year minimum tax (attach Form 880					
		redits. Add lines 46a through 46d				46e	
47							0.
48	Other to	t line 46e from line 45 xes. Check if from: Form 4255	Form 8611 Form 8697 Form	m 8866 Other	(attach sahadul	48	
49		x. Add lines 47 and 48 (see instructions)					0.
50							0.
		et 965 tax liability paid from Form 965-A or F				30	· ·
		nts: A 2018 overpayment credited to 2019				_	
		stimated tax payments					
		osited with Form 8868					
		organizations: Tax paid or withheld at source					
		withholding (see instructions)					
		or small employer health insurance premium		51f			
g			Form 2439				
			Other Total				
52		ayments. Add lines 51a through 51g				52	
53		ed tax penalty (see instructions). Check if Fo				53	
54		e. If line 52 is less than the total of lines 49, 5				► 54	
55	•	yment . If line 52 is larger than the total of lin)	► 55	
56		e amount of line 55 you want: Credited to 2	•		funded	► 56	
Part		Statements Regarding Certain					
57	-	ime during the 2019 calendar year, did the o	_	-			Yes No
		inancial account (bank, securities, or other)		-			
	FinCEN	Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," enter the name of t	he foreign country			
	here	>					X
58	During	the tax year, did the organization receive a di	istribution from, or was it the grantor of, or	transferor to, a forei	gn trust?		X
	If "Yes,"	see instructions for other forms the organiz	ation may have to file.				
59	Enter th	e amount of tax-exempt interest received or	accrued during the tax year 🕨 \$				
		nder penalties of perjury, I declare that I have examin rrect, and complete. Declaration of preparer (other th	ned this return, including accompanying schedules	and statements, and to	the best of my l	knowledge and	d belief, it is true,
Sign		meet, and complete. Declaration of preparer (other tr	ian taxpayer, is based on an imormation of which p	oreparer rias arry knowle	age.	May the IPS	discuss this return with
Here	· 	•	ANDRE	W PLATOU			shown below (see
		Signature of officer	Date			instructions)	Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paic	1	KATHLEEN M.	KATHLEEN M.		self- employe	ed	
	parer	FLAHERTY	FLAHERTY	08/20/21	, ,		0969957
-	Only	Firm's name ► MATTHEWS, C.	ARTER & BOYCE		Firm's EIN	<u>▶ 54</u>	-1487262
USE	City		R LAKES CIRCLE, SUI	TE 260			
		Firm's address ► FAIRFAX,			Phone no.	703-2	18-3600
		•			•		

923711 01-27-20

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation 🕨 N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	. 2		7 Cost of goods sold. St					
3 Cost of labor			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes	No
b Other costs (attach schedule)			property produced or a	,	•			
5 Total. Add lines 1 through 4b								х
Schedule C - Rent Income (Property and	Personal Property	Leas	ed With Real Pro	perty	<i>(</i>)	
(see instructions)						,	,	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
_(')	2. Rent receive	ed or accrued						
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	than	` 'of rent for per	d personal property (if the percent rsonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connect d 2(b) (at	ted with the income i ttach schedule)	in
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2				•	(b) Total deductions.			
here and on page 1, Part I, line 6, column	(α) απά Ζ(Β). Επ (Δ)	lei		0.	Enter here and on page 1,			0.
Schedule E - Unrelated Deb				<u> </u>	Part I, line 6, column (B)			.
Scriedule E - Officialed Deb	t-Fillanceu	income (see in	istructions)		3. Deductions directly con	nootod u	with or allocable	
			2. Gross income from		to debt-finance			
1. Description of debt-fine	anced property		or allocable to debt- financed property	(a) Straight line depreciation		(b) Other deduction		ıs
·	,		manood proporty		(attach schedule)	αт.	(attach schedule)	
15 0000 0000			100 045			STA	ATEMENT	
(1) 15 OGELTHORPE STI	REET, NV	V	189,945.			┷	209,2	<u> </u>
(2)								
(3)								
(4)						\perp		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4	of or a	adjusted basis llocable to nced property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(Co	8. Allocable deducticolumn 6 x total of co 3(a) and 3(b))	
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3	386,301.	100.00%		189,945	+-	209,2	21
		, 300 , 301 •			107,743	+-		
(2)			%			+		
(3)			%			+-		
(4)			%			+		
					nter here and on page 1, Part I, line 7, column (A).		nter here and on pag Part I, line 7, column (
Totals			•		189,945		209,2	24.
Total dividends-received deductions ind							-	0.

Schedule F - Interest,		<u> </u>			Controlled O				,		,	
1. Name of controlled organiz	zation	2. Emplidentification	ation	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Orga	nizations											
7. Taxable Income	8. Net unr	elated income e instructions)		9. Total	of specified pays	nents	10. Part of column in the controllingross	mn 9 that ing organ s income	t is included ization's		Deductions directly connected ith income in column 10	
(1)												
(2)												
(3)												
(4)												
	1			•			Add colun Enter here and line 8, o		: 1, Part I, A).		Add columns 6 and 11. r here and on page 1, Part I, line 8, column (B).	
Totals				=0.47.37)			0.		C	
Schedule G - Investm	nent Incom structions)	ne of a S	Section	n 501(c)(7), (9), or	(17) Or	ganization	1				
	scription of incom	e			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-		5. Total deduction and set-asides (col. 3 plus col. 4)	
(1)							(anaon como	,			(ooi. o pido ooi. i	
(2)												
(3)												
(4)												
(1)					Enter here and Part I, line 9, co	on page 1, lumn (A).					Enter here and on page Part I, line 9, column (E	
Totals				•		0.						
Schedule I - Exploited						lvertisi	ng Income	•				
Description of exploited activity	2. Grounrelated be income trade or bu	usiness from	directly with pr of un	spenses connected roduction related ss income	4. Net incomfrom unrelated business (cominus columgain, comput through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	that ted	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(2)												
(4)	Enter here page 1, F line 10, co	Part I,	page	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 25.	
Totals	<u>•</u>	0.		0.							C	
Schedule J - Advertis												
Part I Income From) Periodica	ils Repo	orted o	n a Con	solidated	Basis						
1. Name of periodical	ē	2. Gross advertising income	adv	3. Direct rertising costs	or (loss) (cocol. 3). If a ga	ising gain ol. 2 minus ain, comput nrough 7.			6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))	>	C) .	0	•						Form 990-T (20:	

923731 01-27-20

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

DEBT FINANCED RENTAL INCOME QUALIFIED TRANSPORTATION FRINGE BENEFIT

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/12	119,740.	3,719.	116,021.	116,021.
09/30/13	15,228.	0.	15,228.	15,228.
09/30/14	651.	0.	651.	651.
09/30/15	12,984.	0.	12,984.	12,984.
09/30/16	63,056.	0.	63,056.	63,056.
09/30/17	22,735.	0.	22,735.	22,735.
09/30/18	17,545.	0.	17,545.	17,545.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	248,220.	248,220.
FORM 990-T	SCHEDU	LE E - OTHER DEDU	CTIONS	STATEMENT 3
DESCRIPTION	I	ACTI NUM		TOTAL
OTHER RELAT			163,779 45,445	
MORTGAGE IN	1111101			
	VIIII I	- SUBTOTAL -	1	209,224.

FORM 990-T			N DEBT ON OR NANCED PROPE		STATEMENT	4
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION		- SUBTOTAL -	- 1	4,260,137.	4,260,13	37.
TOTAL OF FORM 990-	r, schedule	E E, COLUMN	4		4,260,13	37.

FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI	STATEMENT	5		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED	BASIS - SUBTOTAL -	- 1	3,386,301.	3,386,30)1.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	5		3,386,30	1.