

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

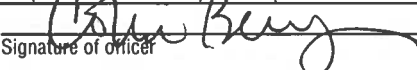
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HUMANE SOCIETY OF WASHINGTON COUNTY INCORPORATED	D Employer identification number ** - *** 2025
	Doing business as	E Telephone number 301-733-2060
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 13011 MAUGANSVILLE ROAD	G Gross receipts \$ 3,089,276.
	City or town, state or province, country, and ZIP or foreign postal code HAGERSTOWN, MD 21740	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: COLIN BERRY 11423 MEADOWLINK DR, IJAMSVILLE, MD 21754		H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HSWCMD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1921 M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE HUMANE SOCIETY OF WASHINGTON COUNTY EXISTS TO IMPROVE THE QUALITY OF LIFE FOR ALL ANIMALS THROUGH
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 69
	6 Total number of volunteers (estimate if necessary) 6 124
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 967,248. Current Year 779,224.
	9 Program service revenue (Part VIII, line 2g) 1,757,110. 1,787,890.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 413,850. 146,863.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 77,053. 72,710.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,215,261. 2,786,687.
Expenses	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.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,862,145. 1,930,653.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 177,142.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 943,306. 938,498.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,805,451. 2,869,151.	
19 Revenue less expenses. Subtract line 18 from line 12 409,810. -82,464.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 7,801,099. End of Year 7,016,024.
	21 Total liabilities (Part X, line 26) 1,301,301. 1,271,252.
	22 Net assets or fund balances. Subtract line 21 from line 20 6,499,798. 5,744,772.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 2/24/23			
	COLIN BERRY, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL C. BUHRMAN, CPA	Preparer's signature MICHAEL C. BUHRMAN,	Date 02/21/23	Check if self-employed <input type="checkbox"/>	PTIN P00656639
	Firm's name ▶ RKL LLP	Firm's EIN ▶ ** - *** 8173	Phone no. 717-264-5961		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED

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Part 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 HUMANE SOCIETY OF WASHINGTON COUNTY EXISTS TO IMPROVE THE QUALITY OF LIFE FOR ALL ANIMALS THROUGH EDUCATION, LEGISLATION, ACTION AND LEADERSHIP. WE STRIVE TO ELIMINATE OVERPOPULATION AND TO FOSTER AN ENVIRONMENT OF RESPECT, RESPONSIBILITY AND COMPASSION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,618,530. including grants of \$) (Revenue \$ 1,436,640.)
ANIMAL CONTROL - ENFORCEMENT OF WASHINGTON COUNTY ANIMAL CONTROL ORDINANCE AND ALL SUPPORT SERVICES NECESSARY.

4b (Code:) (Expenses \$ 744,233. including grants of \$) (Revenue \$ 351,250.)
HUMANE SERVICES - ENFORCEMENT OF MD ANIMAL LAWS, ADOPTION, TEMPORARY HOUSING OF ANIMALS SURRENDERED BY OWNERS, EUTHANASIA PUBLIC ASSIST PROGRAM, VOLUNTEER PROGRAMS, MEMBERSHIP AND SPECIAL EVENTS, LOST & FOUND AND EDUCATION.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,362,763.**

**HUMANE SOCIETY OF WASHINGTON COUNTY
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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		26
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		69
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 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 in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
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.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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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

Section 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 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.		
	1a	11	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	11	
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?		X
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?		X
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 or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► MD, PA, VA, WV
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial 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 ►
KELLI LICHTNEBERG - 301-733-2060
13011 MAUGANSVILLE RD, HAGERSTOWN, MD 21740

**HUMANE SOCIETY OF WASHINGTON COUNTY
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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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COLIN BERRY EXECUTIVE DIRECTOR	40.00			X				80,380.	0.	2,469.
(2) JILL REDDECLIFF PRESIDENT	10.00	X		X				0.	0.	0.
(3) JESSICA HORN VICE PRESIDENT	5.00	X		X				0.	0.	0.
(4) ERIN CLARK TREASURER	10.00	X		X				0.	0.	0.
(5) SHANNON CIANELLI SECRETARY	5.00	X		X				0.	0.	0.
(6) KELLY TRACEY DIRECTOR	1.00	X						0.	0.	0.
(7) STEVE QUANTOCK DIRECTOR	1.00	X						0.	0.	0.
(8) PAULIE WARD DIRECTOR	1.00	X						0.	0.	0.
(9) ASHLEY MILLS DIRECTOR	1.00	X						0.	0.	0.
(10) MARIEL BEACHLEY DIRECTOR	1.00	X						0.	0.	0.
(11) KERRI CORDERMAN DIRECTOR	1.00	X						0.	0.	0.
(12) BRIAN YUREK DIRECTOR	1.00	X						0.	0.	0.

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 28,971.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 70,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 680,253.				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		779,224.			
Program Service Revenue	2 a <u>ANIMAL CONTROL SERVICE</u>	Business Code 812900	1,436,640.	1,436,640.		
	b <u>PROGRAMS AND SERVICES</u>	812900	351,250.	351,250.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,787,890.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		76,600.		76,600.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real (ii) Personal			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other			
		b Less: cost or other basis and sales expenses	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)			70,263.		70,263.
	8 a Gross income from fundraising events (not including \$ 28,971. of contributions reported on line 1c). See Part IV, line 18	8a		94,298.		
		b Less: direct expenses	8b	28,745.		
	c Net income or (loss) from fundraising events			65,553.		65,553.
9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a <u>MISCELLANEOUS</u>	Business Code 812900	7,157.		7,157.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			7,157.		
12 Total revenue. See instructions			2,786,687.	1,787,890.	0.	219,573.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80,541.	24,162.	32,217.	24,162.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,574,804.	1,405,535.	54,978.	114,291.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,568.	19,491.	1,189.	1,888.
9 Other employee benefits	138,770.	119,853.	7,310.	11,607.
10 Payroll taxes	113,970.	98,434.	6,003.	9,533.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	24,404.		24,404.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	32,917.	366.	32,551.	
12 Advertising and promotion				
13 Office expenses	195,868.	179,130.	16,184.	554.
14 Information technology				
15 Royalties				
16 Occupancy	211,821.	191,764.	18,117.	1,940.
17 Travel	1,036.	1,036.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	25,344.	24,171.	711.	462.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	163,387.	155,825.	4,581.	2,981.
23 Insurance	30,367.	29,500.	867.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAMS&SERVICES	168,654.	47,619.	111,311.	9,724.
b VEHICLE	35,431.	35,363.	68.	
c DUES&SUBSCRIPTIONS	25,969.	9,274.	16,695.	
d COMMUNICATIONS	16,560.	16,454.	106.	
e All other expenses	6,740.	4,786.	1,954.	
25 Total functional expenses. Add lines 1 through 24e	2,869,151.	2,362,763.	329,246.	177,142.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	99,096.	1	92,716.
	2	369,215.	2	253,471.
	3	625.	3	
	4		4	500.
	5		5	
	6		6	
	7		7	
	8	1,030.	8	847.
	9	55,424.	9	52,875.
	10a	5,728,679.		
	10b	2,323,808.		
		3,335,520.	10c	3,404,871.
	11		11	
	12	3,940,189.	12	3,210,744.
	13		13	
	14		14	0.
15		15		
16	7,801,099.	16	7,016,024.	
Liabilities	17	212,293.	17	320,500.
	18		18	
	19		19	
	20		20	
	21		21	
	22		22	
	23	1,089,008.	23	950,752.
	24		24	
	25		25	
	26	1,301,301.	26	1,271,252.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	5,769,603.	27	5,030,618.
	28	730,195.	28	714,154.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29		29	
	30		30	
	31		31	
32	6,499,798.	32	5,744,772.	
33	7,801,099.	33	7,016,024.	

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Part 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	2,786,687.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,869,151.
3	Revenue less expenses. Subtract line 2 from line 1	3	-82,464.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,499,798.
5	Net unrealized gains (losses) on investments	5	-672,562.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	5,744,772.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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Schedule A (Form 990) 2021

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	446,215.	221,348.	619,528.	967,428.	779,223.	5,025,875.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	446,215.	221,348.	619,528.	967,428.	779,223.	5,025,875.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						153,139.
6 Public support. Subtract line 5 from line 4.						3,494,480.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	446,215.	221,348.	619,528.	967,428.	779,223.	5,025,875.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,242.	148,359.	112,392.	102,681.	76,600.	517,274.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		687.				687.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	35,894.	1,687.				37,581.
11 Total support. Add lines 7 through 10						5,581,417.
12 Gross receipts from related activities, etc. (see instructions)					12	3,677,504.
13 First 5 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, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	62.61	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	59.14	%
16a 33 1/3% support test - 2021. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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 other than disqualified persons that 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. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 ▶

**HUMANE SOCIETY OF WASHINGTON COUNTY
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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 that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

Schedule A (Form 990) 2021

** - *** 2025 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

**HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

Schedule A (Form 990) 2021

** - *** 2025 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:	\$		
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2017 AMOUNT: \$ 35,894.

2018 AMOUNT: \$ 1,687.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization
**HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

Employer identification number
****-***2025**

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization HUMANE SOCIETY OF WASHINGTON COUNTY INCORPORATED	Employer identification number ** - ***2025
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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	<u>MICHAEL AND ROCHELLE MORRELL</u> <u>9701 REDAMAR DR</u> <u>HAGERSTOWN, MD 21740</u>	\$ <u>17,492.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>MARGARET E. STICKELL CHARITABLE FUND</u> <u>1100 NORTH MARKET STREET</u> <u>WILMINGTON, DE 19890-0001</u>	\$ <u>24,330.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>SUZANNE MYERS</u> <u>16638 SHINHAM RD</u> <u>HAGERSTOWN, MD 21740</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>SHEEHY SUBARU HAGERSTOWN</u> <u>10310 AUTO PL</u> <u>HAGERSTOWN, MD 21740-1430</u>	\$ <u>22,691.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>GARY HOLTZ</u> <u>10037 PLEASANT VIEW DR</u> <u>HAGERSTOWN, MD 21740-9508</u>	\$ <u>13,423.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>GAIL AND SHIRLEY WOLFE</u> <u>9825 ANDERSON ROAD</u> <u>MERCERSBURG, PA 17236</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUMANE SOCIETY OF WASHINGTON COUNTY INCORPORATED	Employer identification number ** - ***2025
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARY LOIS KROLL 10849 DONELSON DRIVE WILLIAMSPORT, MD 21795	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WAYNE WOLFENBERGER 20206 MILL POINT RD BOONSBORO, MD 21713-2126	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ESTATE OF JAMES R. PRYOR 12813 SPICKLER RD CLEAR SPRING, MD 21722-1426	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ANTIETAM BROADBAND 1000 WILLOW CIRCLE HAGERSTOWN, MD 21740-6829	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DORIS DILLON 516 REYNOLDS AVE HAGERSTOWN, MD 21740-6228	\$ 8,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	DOROTHY ETZLER 291 KENWOOD PL WALKERSVILLE, MD 21793-8193	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**HUMANE SOCIETY OF WASHINGTON COUNTY
 INCORPORATED**

Employer identification number
**** - ***2025**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE HERSHEY GROUP AT RBC WEALTH MANAGEMENT <hr/> 40 S POTOMAC ST, STE 300 <hr/> HAGERSTOWN, MD 21740-5757	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	TOM AND ALECIA CAMPION <hr/> 8926 FORT LOUDON RD <hr/> MERCERSBURG, PA 17236-9206	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MOUNTAIN VIEW ANIMAL EMERGENCY VET <hr/> 18501 MAUGANS AVE <hr/> HAGERSTOWN, MD 21742-2990	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUMANE SOCIETY OF WASHINGTON COUNTY INCORPORATED	Employer identification number **-***2025
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization HUMANE SOCIETY OF WASHINGTON COUNTY INCORPORATED	Employer identification number ** - *** 2025
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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 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 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 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

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

2021
Open to Public Inspection

Name of the organization **HUMANE SOCIETY OF WASHINGTON COUNTY INCORPORATED**

Employer identification number
**** - *** 2025**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not 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 in Part XIII the text of the footnote to its financial statements that describes these items.
- 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2021

**HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,410,885.	2,958,571.	3,238,460.	2,086,367.	2,364,664.
b Contributions				1,683,124.	
c Net investment earnings, gains, and losses	-414,197.	667,971.	37,045.	183,163.	121,852.
d Grants or scholarships					
e Other expenditures for facilities and programs	179,342.	196,554.	292,860.	693,669.	385,669.
f Administrative expenses	24,404.	19,103.	24,074.	20,525.	14,480.
g End of year balance	2,792,942.	3,410,885.	2,958,571.	3,238,460.	2,086,367.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		337,489.		337,489.
b Buildings		4,251,684.	1,411,747.	2,839,937.
c Leasehold improvements				
d Equipment		627,723.	533,678.	94,045.
e Other		511,783.	378,383.	133,400.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,404,871.

**HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

Schedule D (Form 990) 2021

** - ***2025 Page 3

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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MONEY MARKET FUNDS	86,992.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	2,253,347.	END-OF-YEAR MARKET VALUE
(C) BENEFICIAL INTEREST IN		
(D) TRUST	417,802.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME	28,102.	END-OF-YEAR MARKET VALUE
(F) EXCHANGE TRADED FUNDS	424,501.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,210,744.	

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 end-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.

(a) 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 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ...

Schedule D (Form 990) 2021

HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED

Schedule D (Form 990) 2021

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,118,466.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-672,562.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-672,562.	
3	Subtract line 2e from line 1	3	2,791,028.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,404.	
b	Other (Describe in Part XIII.)	4b	-28,745.	
c	Add lines 4a and 4b	4c	-4,341.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,786,687.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,873,492.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	2,873,492.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,404.	
b	Other (Describe in Part XIII.)	4b	-28,745.	
c	Add lines 4a and 4b	4c	-4,341.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,869,151.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT ACCOUNTS EXIST WITH MORGAN STANLEY AND FIRST UNITED BANK TO PROTECT THE LONGEVITY OF THE ORGANIZATION.

PART X, LINE 2:

THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE, HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE SOCIETY QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). THE SOCIETY COMPLIES WITH ASC 740-10, WHICH ESTABLISHES A THRESHOLD FOR DETERMINING WHEN AN INCOME TAX BENEFIT

HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED

Schedule D (Form 990) 2021

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Part XIII Supplemental Information (continued)

OF A TAX POSITION CAN BE RECOGNIZED. UNDER ASC 740-10, A TAX POSITION INCLUDES, AMONG OTHER THINGS, (A) A DECISION NOT TO FILE A TAX RETURN (B) AN ALLOCATION OR A SHIFT OF INCOME BETWEEN JURISDICTIONS (C) THE CHARACTERIZATION OF INCOME OR A DECISION TO EXCLUDE REPORTING TAXABLE INCOME IN A TAX RETURN (D) A DECISION TO CLASSIFY A TRANSACTION, ENTITY, OR OTHER POSITION IN A TAX RETURN AS TAX EXEMPT AND (E) AN ENTITY'S STATUS, INCLUDING ITS STATUS AS A TAX-EXEMPT NOT-FOR-PROFIT ENTITY. BASED ON ITS INTERPRETATION OF THE REQUIREMENTS OF ASC 740-10, MANAGEMENT BELIEVES THAT THE SOCIETY HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE. THE SOCIETY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -28,745.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -28,745.

**HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	LUHOWL (event type)	POLAR BEAR CLUB (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	26,748.	24,154.	72,367.	123,269.
2 Less: Contributions			28,971.	28,971.
3 Gross income (line 1 minus line 2)	26,748.	24,154.	43,396.	94,298.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	4,916.	8,166.	15,663.	28,745.
10 Direct expense summary. Add lines 4 through 9 in column (d)				28,745.
11 Net income summary. Subtract line 10 from line 3, column (d)				65,553.

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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	Revenue			
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

HUMANE SOCIETY OF WASHINGTON COUNTY
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Schedule G (Form 990) 2021

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11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility

13a		%
13b		%

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶ _____
Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:
Name ▶ _____
Address ▶ _____

16 Gaming manager information:
Name ▶ _____
Gaming manager compensation ▶ \$ _____
Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED

Employer identification number

** - ***2025

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

EDUCATION, LEGISLATION, ACTION AND LEADERSHIP, WE STRIVE TO ELIMINATE
OVERPOPULATION AND TO FOSTER AN ENVIRONMENT OF RESPECT, RESPONSIBILITY
AND COMPASSION THROUGH STRONG COMMUNITY PARTNERSHIPS, WE ENHANCE AND
PROTECT THE LIVES OF ALL ANIMALS BY ADVOCATING RESPONSIBLE,
COMPASSIONATE RELATIONSHIPS BETWEEN PEOPLE AND ANIMALS WHILE PROVIDING
SHELTER, HUMANE EDUCATION, SPAY/NEUTER PROGRAMS AND ADOPTIONS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S BOARD MEMBERS CAN NOMINATE AND VOTE IN NEW BOARD
MEMBERS.

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

A COPY OF THE TAX RETURN IS PROVIDED TO THE EXECUTIVE DIRECTOR & BOARD FOR
REVIEW BEFORE FILING.

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

THE OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY
INTEREST THAT GIVE RISE TO CONFLICT, AND THE ORGANIZATION CONSISTENTLY
MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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

THE EXECUTIVE BOARD OF DIRECTORS PROVIDES AN ANNUAL REVIEW OF THE EXECUTIVE
DIRECTOR'S AND THE MEMBERS OF THE FINANCE COMMITTEE'S PERFORMANCE AND
DETERMINES AND APPROVES COMPENSATION FOR THE NEXT YEAR AT THAT TIME.

Name of the organization **HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

Employer identification number
**** - ***2025**

FORM 990, PART VI, SECTION C, LINE 18:

**THE ORGANIZATION PROVIDES FORM 1023, FORM 990 AND FORM 990-T AVAILABLE FOR
PUBLIC INSPECTION UPON REQUEST.**

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

**THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON
REQUEST.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Name of the organization

**HUMANIE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

Employer identification number

**** - *** 2025**

OMB No. 1545-0047

2021

Open to Public
Inspection

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HUMANIE SOC. OF WASH CTY HOLD, LLC - 52-0542025, 13011 MAUGANSVILLE ROAD, HAGERSTOWN, MD 21740	HOLD LOANS	MARYLAND			

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

**HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	24" ENDS 36" W TEARDROP	05/20/05	SL	7.00		16	125.				125.	125.	0.	0.	125.
2	4DRAWER FILING CABINET	04/15/08	SL	7.00		16	370.				370.	370.	0.	0.	370.
3	2 PARK BENCHES	12/07/11	SL	7.00		16	1,602.				1,602.	1,602.	0.	0.	1,602.
4	BOND REFINANCE COSTS	01/01/16		240M		HY43	31,629.				31,629.	8,698.	1,581.	1,581.	10,279.
5	DUAL TANK MANIFOLD	05/01/15	SL	39.00		MM16	940.				940.	149.	24.	24.	173.
6	SCAVENGER ASSEMBLY	05/01/15	SL	39.00		MM16	2,219.				2,219.	351.	57.	57.	408.
7	DISS HOSE	05/01/15	SL	39.00		MM16	901.				901.	142.	23.	23.	165.
8	STANDARD RUN DOOR	05/01/15	SL	39.00		MM16	4,714.				4,714.	746.	121.	121.	867.
9	CAPITALIZE DESIGN FOR AD	05/01/15	SL	39.00		MM16	13,875.				13,875.	2,194.	356.	356.	2,550.
10	CAPITALIZE SCHEMATIC DESIGN	05/01/15	SL	39.00		MM16	12,132.				12,132.	1,918.	311.	311.	2,229.
11	CAPITALIZE ARCHITECT FEES	05/01/15	SL	39.00		MM16	20,273.				20,273.	3,206.	520.	520.	3,726.
12	TO CAPITALIZE SOIL STUDY	05/01/15	SL	39.00		MM16	1,464.				1,464.	232.	38.	38.	270.
13	SITE ENGINEERING	05/01/15	SL	39.00		MM16	17,079.				17,079.	2,701.	438.	438.	3,139.
14	SCD/PRP FEES, NPDES	05/01/15	SL	39.00		MM16	515.				515.	81.	13.	13.	94.
15	BFM INVOICE	05/01/15	SL	39.00		MM16	27,449.				27,449.	4,340.	704.	704.	5,044.
16	RHL ENGINEERING	05/01/15	SL	39.00		MM16	9,140.				9,140.	1,445.	234.	234.	1,679.
17	REGAN- MATONAK & ASSOCIATES	05/01/15	SL	39.00		MM16	7,110.				7,110.	1,124.	182.	182.	1,306.
18	FEES PLANS AND REVIEW	05/01/15	SL	39.00		MM16	2,883.				2,883.	456.	74.	74.	530.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	CONSERVATION PAYMENT	05/01/15	SL	39.00	MM	16	7,417.				7,417.	1,173.		190.	1,363.
20	FIRE MARSHAL REVIEW	05/01/15	SL	39.00	MM	16	513.				513.	81.		13.	94.
21	BFM LABOR INVOICE	05/01/15	SL	39.00	MM	16	21,554.				21,554.	3,408.		553.	3,961.
22	CBS SITE ENGINEERING	05/01/15	SL	39.00	MM	16	1,446.				1,446.	229.		37.	266.
23	PROGRESS BILLING #1	05/01/15	SL	39.00	MM	16	16,422.				16,422.	2,597.		421.	3,018.
24	APP #1 RETAINAGE	05/01/15	SL	39.00	MM	16	1,825.				1,825.	289.		47.	336.
25	COMMITMENT AND FILING FEE	05/01/15	SL	39.00	MM	16	1,083.				1,083.	171.		28.	199.
26	BFM LABOR INVOICE	05/01/15	SL	39.00	MM	16	5,290.				5,290.	837.		136.	973.
27	RHL ENGINEERING	05/01/15	SL	39.00	MM	16	5,480.				5,480.	867.		141.	1,008.
28	PROGRESS BILLING	05/01/15	SL	39.00	MM	16	16,456.				16,456.	2,602.		422.	3,024.
29	APP #2 RETAINAGE	05/01/15	SL	39.00	MM	16	1,828.				1,828.	289.		47.	336.
30	PROGRESS BILLING 3	05/01/15	SL	39.00	MM	16	26,650.				26,650.	4,214.		683.	4,897.
31	APP 3 RETAINAGE	05/01/15	SL	39.00	MM	16	2,961.				2,961.	468.		76.	544.
32	GRAVEL PARKING LOT	05/01/15	SL	39.00	MM	16	4,140.				4,140.	654.		106.	760.
33	ADMIN SHOP CONSTRUCTION	05/01/15	SL	39.00	MM	16	875.				875.	138.		22.	160.
34	APP 4	05/01/15	SL	39.00	MM	16	74,585.				74,585.	11,793.		1,912.	13,705.
35	APP 4 RETAINAGE	05/01/15	SL	39.00	MM	16	8,287.				8,287.	1,310.		212.	1,522.
36	SINAGE	05/01/15	SL	7.00		16	79.				79.	69.		10.	79.

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Asset No.	Description	Date Acquired	Method	Life	Con. No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	BFM INVOICE HOURLY TIME	05/01/15	SL	39.00	MM16	15,655.				15,655.	2,475.		401.	2,876.
38	APPLICATION 5	05/01/15	SL	39.00	MM16	83,916.				83,916.	13,269.		2,152.	15,421.
39	PROFESSIONAL MAP SERVICE	05/01/15	SL	39.00	MM16	320.				320.	50.		8.	58.
40	APP 5 RETAINAGE	05/01/15	SL	39.00	MM16	9,324.				9,324.	1,474.		239.	1,713.
41	BFM HOURLY TIME	05/01/15	SL	39.00	MM16	6,534.				6,534.	1,034.		168.	1,202.
42	APP 6	05/01/15	SL	39.00	MM16	65,679.				65,679.	10,385.		1,684.	12,069.
43	APP 6 RETAINAGE	05/01/15	SL	39.00	MM16	7,298.				7,298.	1,154.		187.	1,341.
44	APP 7 ON CLINIC	05/01/15	SL	39.00	MM16	275,560.				275,560.	43,572.		7,066.	50,638.
45	APP 7 RETAINAGE	05/01/15	SL	39.00	MM16	30,618.				30,618.	4,841.		785.	5,626.
46	BFM INVOICE HOURLY TIME	05/01/15	SL	39.00	MM16	7,746.				7,746.	1,225.		199.	1,424.
47	APPLICATION 8	05/01/15	SL	39.00	MM16	146,049.				146,049.	23,093.		3,745.	26,838.
48	INSTALLMENT PAYMENTS	05/01/15	SL	39.00	MM16	880.				880.	140.		23.	163.
49	RETAINAGE FOR APP 8	05/01/15	SL	39.00	MM16	16,228.				16,228.	2,566.		416.	2,982.
50	APP 9	05/01/15	SL	39.00	MM16	254,863.				254,863.	40,299.		6,535.	46,834.
51	RETAINAGE FOR APP 9	05/01/15	SL	39.00	MM16	28,318.				28,318.	4,478.		726.	5,204.
52	APP 10	05/01/15	SL	39.00	MM16	151,864.				151,864.	24,013.		3,894.	27,907.
53	UPGRADE OF CLINIC SERVICE	05/01/15	SL	39.00	MM16	4,162.				4,162.	658.		107.	765.
54	RETAINAGE FOR APP 10	05/01/15	SL	39.00	MM16	16,874.				16,874.	2,668.		433.	3,101.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	ADDITIONS AND ALTERATION	05/01/15	SL	39.00	MM	16	7,959.				7,959.	1,258.		204.	1,462.
56	INTEREST ON CONSTRUCTION	05/01/15	SL	39.00	MM	16	995.				995.	158.		26.	184.
57	APP 11	05/01/15	SL	39.00	MM	16	112,958.				112,958.	17,861.		2,896.	20,757.
58	RETAINAGE FOR APP 11	05/01/15	SL	39.00	MM	16	13,662.				13,662.	2,160.		350.	2,510.
59	INSTALLMENT PAYMENT FOR SETTLEMENT COSTS AND	05/01/15	SL	39.00	MM	16	880.				880.	140.		23.	163.
60	INTEREST	05/01/15	SL	39.00	MM	16	9,718.				9,718.	1,536.		249.	1,785.
61	INTEREST ON CONSTRUCTION	05/01/15	SL	39.00	MM	16	691.				691.	110.		18.	128.
62	SERVICES 9/22-11/16/14	05/01/15	SL	39.00	MM	16	3,898.				3,898.	616.		100.	716.
63	BRICK CAMPAIGN	05/01/15	SL	39.00	MM	16	119.				119.	19.		3.	22.
64	APP 12	05/01/15	SL	39.00	MM	16	301,646.				301,646.	47,697.		7,735.	55,432.
65	RETAINAGE APP 12	05/01/15	SL	39.00	MM	16	33,516.				33,516.	5,299.		859.	6,158.
66	INTEREST	05/01/15	SL	39.00	MM	16	1,596.				1,596.	252.		41.	293.
67	CLINIC/MARY POFFENBERGER	05/01/15	SL	39.00	MM	16	2,688.				2,688.	425.		69.	494.
68	APP 13	05/01/15	SL	39.00	MM	16	98,888.				98,888.	15,637.		2,536.	18,173.
69	INTEREST ON LINE OF CREDIT	05/01/15	SL	39.00	MM	16	2,953.				2,953.	467.		76.	543.
70	1410 FAVORS FOR FRONT	05/01/15	SL	39.00	MM	16	8,992.				8,992.	1,422.		231.	1,653.
71	PAVER WITH GRAPHIC	05/01/15	SL	39.00	MM	16	546.				546.	86.		14.	100.
72	SERVICES 11/14-1/15	05/01/15	SL	39.00	MM	16	2,489.				2,489.	394.		64.	458.

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73	APP 14	05/01/15	SL	39.00	MM16	MM16	54,307.				54,307.	8,587.		1,392.	9,979.
74	RETAINAGE APP 14	05/01/15	SL	39.00	MM16	MM16	2,858.				2,858.	452.		73.	525.
75	INTEREST, PERSONALIZED	05/01/15	SL	39.00	MM16	MM16	7,026.				7,026.	1,111.		180.	1,291.
76	APP 15	05/01/15	SL	39.00	MM16	MM16	69,779.				69,779.	11,033.		1,789.	12,822.
77	APP 15 RETAINAGE	05/01/15	SL	39.00	MM16	MM16	3,673.				3,673.	581.		94.	675.
78	SERVICES 1/19-2/22/15	05/01/15	SL	39.00	MM16	MM16	2,180.				2,180.	345.		56.	401.
79	CONSTRUCTION LINE OF CREDIT	05/01/15	SL	39.00	MM16	MM16	3,723.				3,723.	588.		95.	683.
80	PICTURE OF THE BOWMAN'S	05/01/15	SL	39.00	MM16	MM16	360.				360.	57.		9.	66.
81	PERSONALIZED BRICK	05/01/15	SL	39.00	MM16	MM16	2,534.				2,534.	401.		65.	466.
82	APP 16	05/01/15	SL	39.00	MM16	MM16	17,423.				17,423.	2,755.		447.	3,202.
83	MARBLE PLAQUES	05/01/15	SL	39.00	MM16	MM16	350.				350.	55.		9.	64.
84	REPLACE BRICK PAVERS	05/01/15	SL	39.00	MM16	MM16	800.				800.	127.		21.	148.
85	LINE OF CREDIT INTEREST	05/01/15	SL	39.00	MM16	MM16	4,323.				4,323.	684.		111.	795.
86	INSTALLING DATA CABLES	05/01/15	SL	39.00	MM16	MM16	980.				980.	155.		25.	180.
87	REPLACE PLAQUE/ADD PLAQUE	05/01/15	SL	39.00	MM16	MM16	1,588.				1,588.	251.		41.	292.
88	APP 17	05/01/15	SL	39.00	MM16	MM16	31,532.				31,532.	4,986.		809.	5,795.
89	ADDITIONAL BUILDING COSTS	05/01/15	SL	39.00	MM16	MM16	14,609.				14,609.	2,310.		375.	2,685.
90	PLAQUES, BRICKS, EAGLE,	07/01/15	SL	39.00	MM16	MM16	6,618.				6,618.	1,018.		170.	1,188.

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91	REAR ENTRANCE DOORS	09/11/17	SL	39.00	16	16	2,289.				2,289.	225.		59.	284.
92	WASH TUB	10/17/01	SL	7.00	16	16	4,930.				4,930.	4,930.		0.	4,930.
93	VET TECH SCALE	10/22/01	SL	7.00	16	16	995.				995.	995.		0.	995.
94	SNYDER MFG. (KENNELS)	11/13/01	SL	7.00	16	16	27,011.				27,011.	27,011.		0.	27,011.
95	ANIMAL CARE EQUIPMENT	11/28/01	SL	7.00	16	16	3,456.				3,456.	3,456.		0.	3,456.
97	SHOR-LINE (SAFE, SCALE)	12/06/01	SL	7.00	16	16	1,452.				1,452.	1,452.		0.	1,452.
98	WOODS LIGHT	01/01/02	SL	7.00	16	16	299.				299.	299.		0.	299.
99	FLOOR MACHINE	02/08/02	SL	7.00	16	16	811.				811.	811.		0.	811.
100	GLESSNER PROTECTIVE	03/07/02	SL	7.00	16	16	1,302.				1,302.	1,302.		0.	1,302.
101	GLESSNER - PHONE SYSTEM	12/16/01	SL	7.00	16	16	868.				868.	868.		0.	868.
102	GLESSNER - PHONE SYSTEM	12/16/01	SL	7.00	16	16	2,681.				2,681.	2,681.		0.	2,681.
103	SMALL ANIMAL SCALE	08/27/02	SL	7.00	16	16	248.				248.	248.		0.	248.
105	PCH IMAGING ECLIPSE	06/30/04	SL	5.00	16	16	899.				899.	899.		0.	899.
106	WALKON CANINE SCALE	03/09/05	SL	7.00	16	16	885.				885.	885.		0.	885.
107	HP SCANNER	08/22/05	SL	5.00	16	16	136.				136.	136.		0.	136.
108	TRUCK/DOLLY LADDER	10/18/05	SL	5.00	16	16	1,013.				1,013.	1,013.		0.	1,013.
109	OUTDOOR SPILL CADDY	10/06/05	SL	5.00	16	16	594.				594.	594.		0.	594.
110	SECURITY SYSTEM	12/15/06	SL	5.00	16	16	2,866.				2,866.	2,866.		0.	2,866.

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111	WIRING FOR COMPUTER SYSTEM	10/30/06	SL	5.00		16	1,043.				1,043.	1,043.		0.	1,043.
112	SUPPORT & INSTALLATION	08/23/06	SL	5.00		16	18,250.				18,250.	18,250.		0.	18,250.
114	WATCHGUARD FIREBOX	08/23/06	SL	5.00		16	1,995.				1,995.	1,995.		0.	1,995.
118	LINKSYS WIRELESS ACCESS	08/23/06	SL	5.00		16	1,410.				1,410.	1,410.		0.	1,410.
119	APC NETSHELTER EQUIP	08/23/06	SL	5.00		16	1,695.				1,695.	1,695.		0.	1,695.
120	HP COLOR LASERJET 3600	08/23/06	SL	5.00		16	745.				745.	745.		0.	745.
123	INFOCUS IN15 PROJECTOR	03/19/08	SL	5.00		16	1,298.				1,298.	1,298.		0.	1,298.
124	HP COLOR LASERJET-SUPER	04/07/08	SL	5.00		16	799.				799.	799.		0.	799.
125	4-9 MM VARIFOCAL COLOR	04/25/08	SL	5.00		16	876.				876.	876.		0.	876.
126	HP 17" NOTEBOOK	08/22/08	SL	5.00		16	1,625.				1,625.	1,625.		0.	1,625.
128	SOFTWARE CONVERSION	09/01/09	SL	5.00		16	12,225.				12,225.	12,225.		0.	12,225.
129	LESSNER ALARM-DIGITAL	01/29/09	SL	5.00		16	3,470.				3,470.	3,470.		0.	3,470.
130	4 PROPANE TANKS	09/17/09	SL	20.00		16	5,890.				5,890.	3,461.	295.	0.	3,756.
132	3 EYE WASHERS	08/31/10	SL	5.00		16	3,997.				3,997.	3,997.		0.	3,997.
134	DELL LATITUDE E6420 AT	10/12/11	SL	5.00		16	2,416.				2,416.	2,416.		0.	2,416.
135	COMPUTER/SOFTWARE/HARDWARE	04/30/12	SL	5.00		16	54,063.				54,063.	54,063.		0.	54,063.
136	PANELS FOR RUN ON SHED	04/16/12	SL	15.00		16	2,468.				2,468.	1,508.	165.	0.	1,673.
137	22" LED MONITOR	06/04/12	SL	5.00		16	275.				275.	275.		0.	275.

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139	DELL LATITUDE E6430 AT	09/11/12	SL	5.00		16	2,644.				2,644.	2,644.		0.	2,644.
140	DELL LATITUDE E5520	09/11/12	SL	5.00		16	1,406.				1,406.	1,406.		0.	1,406.
141	DOOR ACCESS, ESI 100	02/28/13	SL	5.00		16	32,290.				32,290.	32,290.		0.	32,290.
142	COPIER	03/12/13	SL	5.00		16	10,372.				10,372.	10,372.		0.	10,372.
143	OPTIPEX ALL IN ONE TOUCH	03/31/13	SL	5.00		16	1,376.				1,376.	1,376.		0.	1,376.
144	1 POWEREDGE T320, 3	05/23/13	SL	5.00		16	4,856.				4,856.	4,856.		0.	4,856.
145	CHAMELEON SOFTWARE	05/30/13	SL	5.00		16	19,400.				19,400.	19,400.		0.	19,400.
146	2 DELL LATITUDE E5530	06/03/13	SL	5.00		16	1,738.				1,738.	1,738.		0.	1,738.
148	CAT CAGES	09/19/13	SL	7.00		16	9,920.				9,920.	9,920.		0.	9,920.
149	BACKUP SERVER	12/31/13	200SL	5.00	HY	16	2,400.				2,400.	2,400.		0.	2,400.
151	INCUBATOR	02/11/14	SL	7.00		16	1,748.				1,748.	1,748.		0.	1,748.
153	ACCUWAVE PORTABLE PULSE	05/19/14	SL	7.00		16	599.				599.	599.		0.	599.
154	CENTRIFUGE TRIAC	05/21/14	SL	7.00		16	4,397.				4,397.	4,397.		0.	4,397.
155	KITTY WALK OUTDOOR GR	10/07/14	SL	7.00		16	965.				965.	931.		34.	965.
156	CAT CAGES	09/26/14	SL	7.00		16	4,899.				4,899.	4,724.		175.	4,899.
157	4 BACKDROPS AND STAND	11/10/14	SL	7.00		16	614.				614.	585.		29.	614.
158	CLINIC TELEPHONE SYSTEM	05/01/15	SL	7.00		16	16,831.				16,831.	14,827.		2,004.	16,831.
159	CLINIC SECURITY SYSTEM	05/01/15	SL	7.00		16	2,907.				2,907.	2,561.		346.	2,907.

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160	CCTV SYSTEM CLINIC	05/01/15	SL	7.00		16	7,302.				7,302.	6,433.		869.	7,302.
162	CUSTOM KENNEL	05/01/15	SL	7.00		16	6,115.				6,115.	5,388.		727.	6,115.
163	2 AUTOCLAVE ULTRACLAVE	05/01/15	SL	7.00		16	9,528.				9,528.	8,394.		1,134.	9,528.
164	4 EA ANESTHESIA MACHINE	05/01/15	SL	7.00		16	6,760.				6,760.	5,956.		804.	6,760.
165	3 MINOR SURGICAL LIGHT	05/01/15	SL	7.00		16	9,654.				9,654.	8,505.		1,149.	9,654.
166	3 EXAM LIGHT SOLED 15	05/01/15	SL	7.00		16	3,700.				3,700.	3,260.		440.	3,700.
167	DUAL E-CYLINDER VERSA	05/01/15	SL	7.00		16	350.				350.	308.		42.	350.
168	2 EXAM TABLE WALL MOUNTS	05/01/15	SL	7.00		16	946.				946.	833.		113.	946.
169	TREATMENT TABLE WITH CAS	05/01/15	SL	7.00		16	607.				607.	535.		72.	607.
170	2 EXAM TABLE PEDESTAL	05/01/15	SL	7.00		16	1,770.				1,770.	1,559.		211.	1,770.
171	CAGES	05/01/15	SL	7.00		16	46,270.				46,270.	40,762.		5,508.	46,270.
172	WET/PREP CABINET	05/01/15	SL	7.00		16	2,605.				2,605.	2,295.		310.	2,605.
173	3 SURGICAL TABLE 60 IN	05/01/15	SL	7.00		16	4,179.				4,179.	3,682.		497.	4,179.
174	LCD CAT SCALE	05/01/15	SL	7.00		16	309.				309.	272.		37.	309.
175	3 BUCKET - SMALL DRIP	05/01/15	SL	7.00		16	104.				104.	92.		12.	104.
176	POWER SELECT DENTAL UNIT	05/01/15	SL	7.00		16	3,767.				3,767.	3,319.		448.	3,767.
177	CAGE STATIONARY PLATFORM	05/01/15	SL	7.00		16	1,824.				1,824.	1,607.		217.	1,824.
178	INFINITY LABSCOPE	05/01/15	SL	7.00		16	1,294.				1,294.	1,140.		154.	1,294.

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179	WALK ON SCALE	05/01/15	SL	7.00		16	772.				772.	679.		93.	772.
180	PIEZO SCALER	05/01/15	SL	7.00		16	1,662.				1,662.	1,464.		198.	1,662.
181	FAUCET GSNK SWV 72"	05/01/15	SL	7.00		16	282.				282.	248.		34.	282.
182	STANDARD VET X-RAY SYSTEM	05/01/15	SL	7.00		16	20,858.				20,858.	18,375.		2,483.	20,858.
183	3 ACCUWAVE PLUS MONITORS	05/01/15	SL	7.00		16	8,985.				8,985.	7,916.		1,069.	8,985.
184	4 VAPORIZER UVS TECH 3	05/01/15	SL	7.00		16	4,396.				4,396.	3,873.		523.	4,396.
185	ACUVITY CR SYSTEM	05/01/15	SL	7.00		16	28,400.				28,400.	25,019.		3,381.	28,400.
186	VETSCAN ANALYZER	05/01/15	SL	7.00		16	11,495.				11,495.	10,126.		1,369.	11,495.
187	PREP PROFILE II	05/01/15	SL	7.00		16	234.				234.	206.		28.	234.
188	3 MAYO STAND SINGLE	05/01/15	SL	7.00		16	531.				531.	468.		63.	531.
189	IV INFUSION PUMP	05/01/15	SL	7.00		16	1,165.				1,165.	1,026.		139.	1,165.
190	HANDHELD ULTRASOUND	06/30/15	SL	7.00		16	7,450.				7,450.	6,385.		1,065.	7,450.
191	DOG PLAY YARD FENCING	08/25/15	SL	15.00		16	4,500.				4,500.	1,750.		300.	2,050.
192	ASUS LAPTOP - FOSTER	01/13/16	SL	5.00		16	769.				769.	769.		0.	769.
193	ASUS FLIP LAPTOP	04/01/16	SL	5.00		16	600.				600.	600.		0.	600.
194	MICROSOFT SURFACE PRO 4	05/05/16	SL	5.00		16	959.				959.	959.		0.	959.
195	LOTUS MICROSCOPE	06/24/16	SL	7.00		16	1,050.				1,050.	750.		150.	900.
196	WASHER - PAC INDUSTRIES	11/30/17	SL	7.00		16	11,740.				11,740.	6,010.		1,677.	7,667.

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197	DRYER - PAC INDUSTRIES	11/30/17	SL	7.00		16	6,240.				6,240.	3,194.		891.	4,085.
198	DENTOLAIRE ULTIMATE	11/02/18	SL	7.00		16	4,103.				4,103.	1,563.		586.	2,149.
199	WALK-IN FREEZER	02/13/19	SL	7.00		16	8,300.				8,300.	2,866.	1,186.	1,186.	4,052.
200	JORVET COMBO V24	10/16/18	SL	7.00		16	1,525.				1,525.	581.		218.	799.
201	MICROSOFT SURFACE PRO 6	02/28/19	SL	5.00		16	1,732.				1,732.	808.		346.	1,154.
202	MICROSOFT SURFACE PRO	02/27/19	SL	5.00		16	2,123.				2,123.	991.		425.	1,416.
203	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	1,171.				1,171.	586.		30.	616.
204	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	500.				500.	250.		13.	263.
205	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	4,100.				4,100.	2,050.		105.	2,155.
206	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	393.				393.	196.		10.	206.
207	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	2,965.				2,965.	1,482.		76.	1,558.
208	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	4,471.				4,471.	2,236.		115.	2,351.
209	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	10,528.				10,528.	5,264.		270.	5,534.
210	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	18,285.				18,285.	9,143.		469.	9,612.
211	CAT HOUSING - DOWN PMT	12/16/01	SL	39.00	MM	16	651.				651.	326.		17.	343.
212	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	10,937.				10,937.	5,468.		280.	5,748.
213	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	12,000.				12,000.	6,000.		308.	6,308.
214	SURVEY FEES	12/16/01	SL	39.00	MM	16	6,974.				6,974.	3,487.		179.	3,665.

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215	ARCHITECT FEES	12/16/01	SL	39.00	MM	16	9,250.				9,250.	4,625.		237.	4,862.
216	SURVEY FEES	12/16/01	SL	39.00	MM	16	2,135.				2,135.	1,068.		55.	1,123.
217	SURVEY FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	255.				255.	128.		7.	135.
218	ARCHITECT FEES - NEW BUILDING	12/16/01	SL	39.00	MM	16	3,696.				3,696.	1,848.		95.	1,943.
219	WATER CONNECTION CHARGE	12/16/01	SL	39.00	MM	16	865.				865.	432.		22.	454.
220	LOAN FEES	12/16/01	SL	39.00	MM	16	5,000.				5,000.	2,500.		128.	2,628.
221	PUMPING WATER FROM	12/16/01	SL	39.00	MM	16	1,240.				1,240.	620.		32.	652.
222	PROF. SRVS. - FIRE MARSHAL	12/16/01	SL	39.00	MM	16	202.				202.	101.		5.	106.
223	TOWER REMOVAL	12/16/01	SL	39.00	MM	16	1,200.				1,200.	600.		31.	631.
224	SURVEY FEES	12/16/01	SL	39.00	MM	16	88.				88.	43.		2.	45.
225	DEMOLITION & SITE WORK	12/16/01	SL	39.00	MM	16	37,796.				37,796.	18,898.		969.	19,867.
226	ARCHITECT FEES	12/16/01	SL	39.00	MM	16	5,005.				5,005.	2,502.		128.	2,630.
227	WATER/SEWER	12/16/01	SL	39.00	MM	16	11,871.				11,871.	5,935.		304.	6,239.
228	WATER/SEWER	12/16/01	SL	39.00	MM	16	30,665.				30,665.	15,332.		786.	16,118.
229	SECURITY SYS - DOWN PMT	12/16/01	SL	39.00	MM	16	479.				479.	239.		12.	251.
230	PROFESSIONAL FEES	12/16/01	SL	39.00	MM	16	16,800.				16,800.	8,400.		431.	8,831.
231	DEMOLITION & SITE WORK	12/16/01	SL	39.00	MM	16	20,030.				20,030.	10,015.		514.	10,529.
232	PROFESSIONAL FEES	12/16/01	SL	39.00	MM	16	7,326.				7,326.	3,663.		188.	3,851.

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233	SITE WORK	12/16/01	SL	39.00	MM16	160.				160.	80.		4.	84.
234	ARCHITECT FEES	12/16/01	SL	39.00	MM16	1,592.				1,592.	796.		41.	837.
235	ROTO ROOTER	12/16/01	SL	39.00	MM16	239.				239.	119.		6.	125.
236	ARCHITECT FEES	12/16/01	SL	39.00	MM16	1,305.				1,305.	652.		33.	685.
237	CONSTRUCTION	12/16/01	SL	39.00	MM16	14,184.				14,184.	7,092.		364.	7,456.
238	ARCHITECT FEES	12/16/01	SL	39.00	MM16	1,848.				1,848.	924.		47.	971.
239	CONSTRUCTION	12/16/01	SL	39.00	MM16	16,974.				16,974.	8,487.		435.	8,922.
240	CONSTRUCTION FEES	12/16/01	SL	39.00	MM16	45,828.				45,828.	22,914.		1,175.	24,089.
241	CONSTRUCTION FEES	12/16/01	SL	39.00	MM16	29,062.				29,062.	14,531.		745.	15,276.
242	ARCHITECT FEES	12/16/01	SL	39.00	MM16	4,598.				4,598.	2,299.		118.	2,417.
243	CONSTRUCTION	12/16/01	SL	39.00	MM16	177,343.				177,343.	88,671.		4,547.	93,218.
244	WATER/SEWER TAP FEE	12/16/01	SL	39.00	MM16	1,650.				1,650.	825.		42.	867.
245	ARCHITECT FEES	12/16/01	SL	39.00	MM16	1,338.				1,338.	669.		34.	703.
246	ARCHITECT FEES	12/16/01	SL	39.00	MM16	1,459.				1,459.	729.		37.	766.
247	ELECTRIC HOOKUP	12/16/01	SL	39.00	MM16	512.				512.	256.		13.	269.
248	CONSTRUCTION	12/16/01	SL	39.00	MM16	128,304.				128,304.	64,152.		3,290.	67,442.
249	SURVEY FEES	12/16/01	SL	39.00	MM16	835.				835.	417.		21.	438.
250	ELECTRIC HOOKUP	12/16/01	SL	39.00	MM16	512.				512.	256.		13.	269.

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251	CONSTRUCTION	12/16/01	SL	39.00	MM16	MM16	112,854.				112,854.	56,427.		2,894.	59,321.
252	CONSTRUCTION	12/16/01	SL	39.00	MM16	MM16	22,275.				22,275.	11,137.		571.	11,708.
253	ELECTRIC HOOKUP	12/16/01	SL	39.00	MM16	MM16	512.				512.	256.		13.	269.
254	ELECTRIC HOOKUP	12/16/01	SL	39.00	MM16	MM16	4,776.				4,776.	2,388.		122.	2,510.
255	SURVEY FEES	12/16/01	SL	39.00	MM16	MM16	305.				305.	153.		8.	161.
256	ENGINEERING FEES	12/16/01	SL	39.00	MM16	MM16	1,865.				1,865.	933.		48.	981.
257	ELECTRIC HOOKUP	12/16/01	SL	39.00	MM16	MM16	512.				512.	256.		13.	269.
258	ALARM SYSTEM	12/16/01	SL	39.00	MM16	MM16	1,436.				1,436.	718.		37.	755.
259	CONSTRUCTION FEES	12/16/01	SL	39.00	MM16	MM16	214,917.				214,917.	107,459.		5,511.	112,970.
260	ARCHITECT FEES	12/16/01	SL	39.00	MM16	MM16	18,828.				18,828.	9,414.		483.	9,897.
261	CONSTRUCTION FEES	12/16/01	SL	39.00	MM16	MM16	31,516.				31,516.	15,758.		808.	16,566.
262	CONSTRUCTION FEES	12/16/01	SL	39.00	MM16	MM16	172,242.				172,242.	86,121.		4,416.	90,537.
263	GAS TANK	12/16/01	SL	39.00	MM16	MM16	2,086.				2,086.	1,042.		53.	1,095.
264	CONSTRUCTION FEES	12/16/01	SL	39.00	MM16	MM16	130,162.				130,162.	65,081.		3,337.	68,418.
265	CONSTRUCTION FEES	12/16/01	SL	39.00	MM16	MM16	5,563.				5,563.	2,782.		143.	2,925.
266	HYDRAIR-TEST & BALANCE	12/16/01	SL	39.00	MM16	MM16	1,650.				1,650.	825.		42.	867.
267	PAINTING	12/16/01	SL	39.00	MM16	MM16	3,270.				3,270.	1,635.		84.	1,719.
268	FLOOR STRIPPING	12/16/01	SL	39.00	MM16	MM16	750.				750.	375.		19.	394.

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269	CUMBERLAND VALLEY PAINTING	12/16/01	SL	39.00	MM	16	552.				552.	276.		14.	290.
270	GAS INSTALLATION	12/16/01	SL	39.00	MM	16	1,063.				1,063.	531.		27.	558.
271	WAGNER'S SUPPLY	12/16/01	SL	39.00	MM	16	672.				672.	336.		17.	353.
272	CAT SHELVES	12/16/01	SL	39.00	MM	16	1,265.				1,265.	632.		32.	664.
273	GLESSNER PROTECTIVE SVCS	12/14/01	SL	39.00	MM	16	2,872.				2,872.	1,443.		74.	1,517.
274	LOWES	01/03/02	SL	39.00	MM	16	137.				137.	69.		4.	73.
275	INTERSTATE COMMUNICATION	01/16/02	SL	39.00	MM	16	3,500.				3,500.	1,743.		90.	1,833.
276	GLESSNER PROTECTIVE	01/16/02	SL	39.00	MM	16	1,559.				1,559.	776.		40.	816.
277	EXCEL CONSTRUCTION	12/16/01	SL	39.00	MM	16	169,852.				169,852.	84,926.		4,355.	89,281.
278	RW DORSEY - FLOORING	12/16/01	SL	39.00	MM	16	23,088.				23,088.	11,544.		592.	12,136.
279	EXCEL CONSTRUCTION	12/16/01	SL	39.00	MM	16	27,225.				27,225.	13,612.		698.	14,310.
280	HR EBERSOLE & SONS	12/16/01	SL	39.00	MM	16	7,852.				7,852.	3,926.		201.	4,127.
281	GLESSNER (SECURITY SYSTEM)	02/08/02	SL	39.00	MM	16	470.				470.	234.		12.	246.
282	EXCEL	03/22/02	SL	39.00	MM	16	34,550.				34,550.	17,054.		886.	17,940.
283	HYDRAIR - TEST & BALANCE	11/19/01	SL	39.00	MM	16	1,350.				1,350.	678.		35.	713.
284	PLAQUES	05/28/02	SL	39.00	MM	16	885.				885.	433.		23.	456.
285	PLAQUES	05/28/02	SL	39.00	MM	16	1,175.				1,175.	575.		30.	605.
286	PLAQUES	05/28/02	SL	39.00	MM	16	205.				205.	100.		5.	105.

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287	ARCHITECT FEES	05/10/02	SL	39.00		MM16	639.				639.	314.		16.	330.
288	ENGINEERING FEES	06/01/02	SL	39.00		MM16	2,475.				2,475.	1,211.		63.	1,274.
289	SIGN ON BUILDING	06/14/02	SL	39.00		MM16	2,843.				2,843.	1,391.		73.	1,464.
290	GLESSNER - SECURITY SYSTEM	12/16/01	SL	39.00		MM16	1,339.				1,339.	669.		34.	703.
291	KENNEL ID'S - ACCENT IMAGING	12/16/01	SL	39.00		MM16	303.				303.	152.		8.	160.
292	ARCHITECT FEES	12/16/01	SL	39.00		MM16	804.				804.	402.		21.	423.
293	WALK-IN FREEZER WORK	12/16/01	SL	39.00		MM16	1,926.				1,926.	963.		49.	1,012.
294	EXCEL CHANGE ORDERS	04/19/02	SL	39.00		MM16	8,656.				8,656.	4,254.		222.	4,476.
295	EXCEL - ROCK EXCAVATION	07/31/02	SL	39.00		MM16	806.				806.	391.		21.	412.
296	FREDERICK SEIBERT - SITE WORK	08/30/02	SL	39.00		MM16	1,523.				1,523.	735.		39.	774.
297	EXCEL CONSTRUCTION	07/03/02	SL	39.00		MM16	37,531.				37,531.	18,284.		962.	19,246.
298	EXCEL CONSTRUCTION	09/25/02	SL	39.00		MM16	25,458.				25,458.	12,239.		653.	12,892.
299	ELLSWORTH ELECTRIC	11/01/02	SL	39.00		MM16	4,074.				4,074.	1,949.		104.	2,053.
300	EXCEL - RETAINAGE	12/17/02	SL	39.00		MM16	5,000.				5,000.	2,372.		128.	2,500.
301	FENCING FOR OUTSIDE KENNEL	01/02/08	SL	15.00		16	10,400.				10,400.	9,013.		693.	9,706.
302	WIRE PANELS OUTSIDE KENNEL	04/28/08	SL	15.00		16	1,026.				1,026.	888.		68.	956.
303	OUTDOOR KENNELS	07/21/08	SL	15.00		16	18,063.				18,063.	15,554.		1,204.	16,758.
304	NEW DOG KENNELS	08/01/08	SL	15.00		16	650.				650.	559.		43.	602.

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305	OUTSIDE KENNEL SUPPLIES	09/01/08	SL	15.00		16	840.				840.	719.		56.	775.
306	ROOFING - KENNELS	03/25/10	SL	15.00		16	9,640.				9,640.	7,231.		643.	7,874.
307	STOCKADE - KENNELS	07/01/10	SL	15.00		16	16,301.				16,301.	11,954.		1,087.	13,041.
308	GRAVEL - KENNELS	07/01/11	SL	15.00		16	21,975.				21,975.	14,650.		1,465.	16,115.
309	PVC GATE	07/31/12	SL	7.00		16	4,129.				4,129.	4,129.		0.	4,129.
310	ACCESS ROAD TO HORSE	07/10/13	SL	20.00		16	5,430.				5,430.	2,173.		272.	2,445.
311	BARN PROJECT	04/02/19	VAR	.000	HY	16	20,914.				20,914.			0.	
312	CABLING & NETWORK TO TRAILER IN REAR LOCATION	12/20/19	SL	39.00	MM	16	2,846.				2,846.	109.		73.	182.
313	RELOCATION & RECONFIGURATION OF DATA RACK	01/28/20	SL	39.00	MM	16	4,136.				4,136.	150.		106.	256.
314	NEW CASSETTE FOR VENMAR UNIT LABOR & MATERIAL TO REPLACE	09/03/19	SL	7.00		16	9,876.				9,876.	2,587.		1,411.	3,998.
315	2 EXPANSION TANKS	02/06/20	SL	7.00		16	6,182.				6,182.	1,251.		883.	2,134.
316	10 MOTOROLA XTS 5000 PORTABLE RADIO	01/14/20	SL	7.00		16	41,928.				41,928.	8,985.		5,990.	14,975.
317	CUB LAWN MOWER	11/19/20	SL	7.00		16	3,000.				3,000.	250.		429.	679.
319	2000 GMC TRUCK	04/28/04	SL	5.00		16	18,950.				18,950.	18,950.		0.	18,950.
320	2006 CHEVY UPLANDER	04/14/06	SL	5.00		16	15,220.				15,220.	15,220.		0.	15,220.
321	SPORT CHEVROLET VAN	07/19/09	SL	5.00		16	43,074.				43,074.	43,074.		0.	43,074.
322	OUTFIT OF VAN	08/13/09	SL	5.00		16	32,912.				32,912.	32,912.		0.	32,912.
323	LETTERING NEW VAN SIDES	09/11/09	SL	5.00		16	720.				720.	720.		0.	720.

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324	VEHICLE LAPTOP MOUNTS	01/28/10	SL	5.00		16	2,173.				2,173.	2,173.		0.	2,173.
325	2007 UNITED TRAILERS	08/31/10	SL	5.00		16	3,380.				3,380.	3,380.		0.	3,380.
326	LIVESTOCK TRAILER	11/03/10	SL	5.00		16	16,013.				16,013.	16,013.		0.	16,013.
327	#19 2011 FORD F-250	05/11/11	SL	5.00		16	41,058.				41,058.	41,058.		0.	41,058.
328	#17 2011 CHEVY EXPRESS	01/31/12	SL	5.00		16	36,077.				36,077.	36,077.		0.	36,077.
329	#18 2011 CHEVY EXPRESS	01/31/12	SL	5.00		16	34,375.				34,375.	34,375.		0.	34,375.
330	LIVESTOCK TRAILER LETTERING	11/28/11	SL	5.00		16	675.				675.	675.		0.	675.
331	#19 LETTER & STRIPE	12/21/11	SL	5.00		16	860.				860.	860.		0.	860.
332	#19 SETUP (TAXES, LIGHTING)	02/29/12	SL	5.00		16	5,246.				5,246.	5,246.		0.	5,246.
333	#18 SETUP (LIGHTING, ETC)	05/30/12	SL	5.00		16	2,024.				2,024.	2,024.		0.	2,024.
334	SADDLE ALUM DEEP	07/31/12	SL	5.00		16	1,209.				1,209.	1,209.		0.	1,209.
335	NEW LETTER FOR VAN 14	06/28/13	SL	5.00		16	6,450.				6,450.	6,450.		0.	6,450.
336	2016 FORD F-150 TRUCK	06/03/16	SL	5.00		16	39,769.				39,769.	39,769.		0.	39,769.
337	INSERT FOR FS TRUCK #19	08/09/16	SL	5.00		16	10,949.				10,949.	10,767.		182.	10,949.
338	LAND	12/01/73	L				1,250.				1,250.			0.	
339	LAND 4.1 ACRES	10/11/06	L				336,239.				336,239.			0.	
340	MOBILE BUILDING	01/14/20	SL	39.00	MM	16	29,625.				29,625.	1,140.		760.	1,900.
341	PRESENTATION PANEL FOR OFFICE	08/31/97	SL	5.00		16	2,327.				2,327.	2,327.		0.	2,327.

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342	EASEL WITH DRY ERASE	09/12/97	SL	10.00		16	177.				177.	177.		0.	177.
343	CAT RUNS	12/16/01	SL	7.00		16	5,948.				5,948.	5,948.		0.	5,948.
344	CAT CAGES	12/16/01	SL	7.00		16	3,500.				3,500.	3,500.		0.	3,500.
345	CAT CAGES	12/16/01	SL	7.00		16	4,771.				4,771.	4,771.		0.	4,771.
346	CAT CAGES	12/16/01	SL	7.00		16	5,996.				5,996.	5,996.		0.	5,996.
347	CART	01/24/02	SL	7.00		16	125.				125.	125.		0.	125.
348	COMMERCIAL SHELVING	01/08/02	SL	7.00		16	307.				307.	307.		0.	307.
349	MS JOHNSTON COMPANY	01/10/02	SL	7.00		16	550.				550.	550.		0.	550.
350	K-LOG (LOCKERS, 30 DRAWERS)	04/05/02	SL	7.00		16	2,282.				2,282.	2,282.		0.	2,282.
351	MD EQUIPMENT CO	04/05/02	SL	7.00		16	708.				708.	708.		0.	708.
352	FURNITURE (ALLSTEEL)	05/16/02	SL	7.00		16	19,122.				19,122.	19,122.		0.	19,122.
353	WALL BRACKETS/SHELVING	05/02/02	SL	7.00		16	7,144.				7,144.	7,144.		0.	7,144.
354	AV CART	01/16/04	SL	7.00		16	300.				300.	300.		0.	300.
355	5-DRAWER LATERAL CABINETS	04/29/05	SL	7.00		16	625.				625.	625.		0.	625.
356	HGT ADJ LEG WITH CASTER	05/20/05	SL	7.00		16	538.				538.	538.		0.	538.
357	30D X 60W BEAN	05/20/05	SL	7.00		16	310.				310.	310.		0.	310.
358	BLINDS	12/15/06	SL	5.00		16	1,966.				1,966.	1,966.		0.	1,966.
359	CAGES + SHIPPING	07/26/19	SL	7.00		16	8,458.				8,458.	2,316.		1,208.	3,524.

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Asset No.	Description	Date Acquired	Method	Life	C o v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
360	XEROX VL C405/Z - 5649	11/22/19	SL	7.00		16	2,295.				2,295.	519.		328.	847.
361	FENCE FOR CASE DOG YARD	01/23/20	SL	7.00		16	8,550.				8,550.	1,730.		1,221.	2,951.
362	2020 NISSAN NV	11/19/20	SL	5.00		16	17,165.				17,165.	2,003.		3,433.	5,436.
363	XEROX VL C405XSA	09/04/20	SL	5.00		16	1,395.				1,395.	233.		279.	512.
364	EXAM LIFT TABLE W/ SCALE	07/26/21	SL	5.00		16	4,227.				4,227.			775.	775.
365	HVAC SYSTEM	08/02/21	SL	10.00		16	5,500.				5,500.			504.	504.
366	KENNELS/CASTORS FOR CAT ISO ROOM	10/27/21	SL	7.00		16	15,011.				15,011.			1,430.	1,430.
367	RECEIVING CLINIC CABINETS	01/14/22	SL	39.00		16	14,076.				14,076.			180.	180.
368	METAL SHED ROOF	02/09/22	SL	39.00		16	4,150.				4,150.			44.	44.
369	ANIMAL CARE AREA RESINOUS FLOORING	03/07/22	SL	39.00		16	40,800.				40,800.			349.	349.
370	IMPROVEMENTS TO CAT ISO AND RECEIVING AREA	03/30/22	SL	39.00		16	12,880.				12,880.			83.	83.
371	2022 GMC SIERRA	04/21/22	SL	5.00		16	56,747.				56,747.			1,892.	1,892.
372	ANIMAL TRANSPORT BOX FOR GMC	05/23/22	SL	5.00		16	21,520.				21,520.			359.	359.
373	2022 F-250	05/23/22	SL	5.00		16	46,426.				46,426.			774.	774.
374	FELINE ISO/RECOVERY & HOLDING CABINETS	06/30/22	SL	39.00		16	11,400.				11,400.			0.	0.
	* TOTAL 990 PAGE 10 DEPR & AMORT						\$,760,317.				5,760,317.	2,169,129.		164,967.	2,334,096.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						\$,527,580.			0.	5,527,580.	2,169,129.			2,327,706.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						232,737.			0.	232,737.	0.			6,390.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						\$,760,317.			0.	\$,760,317.	1,169,129.			2,334,096.
	ENDING ACCUM DEPR											2,334,096.			
	ENDING BOOK VALUE											\$,426,221.			

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **4562**

Depreciation and Amortization (Including Information on Listed Property) 990

OMB No. 1545-0172

2021

Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	163,386.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	163,386.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**HUMANE SOCIETY OF WASHINGTON COUNTY
INCORPORATED**

Form 4562 (2021)

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2021 tax year:						
43 Amortization of costs that began before your 2021 tax year					43	1,581.
44 Total. Add amounts in column (f). See the instructions for where to report					44	1,581.