# \*\* PUBLIC DISCLOSURE COPY \*\* 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑF	or the	e 2023 calendar year, or tax year beginning and	ending									
<b>B</b> c	heck if	C Name of organization		D Employer identif	ication number							
	Addre	KITSAP HUMANE SOCIETY										
	Name chang	Doing business as		91-07283	53							
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 9167 DICKEY RD. NW	Room/suite	E Telephone number 360-692-								
	⊒return/ termin ated			G Gross receipts \$	7,295,015.							
	Ameno return	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group return								
	Applic				s? Yes X No							
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i								
	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) ( ) (insert no.) $\overline{}$ 4947(a)(1)	or 527	1 ` ′	a list. See instructions							
	Vebsit		0 02.	H(c) Group exemption								
		organization; X Corporation Trust Association Other	L Year		M State of legal domicile: WA							
	art I	Summary	1									
	1	Briefly describe the organization's mission or most significant activities: PROV	IDING	POSITIVE LI	FE CHANGING							
Governance		SOLUTIONS TO PEOPLE AND ANIMALS IN NEED.										
rna	2	heck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	15							
	4	Number of independent voting members of the governing body (Part VI, line 1b)			15							
ø Ø		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			106							
iţie		Total number of volunteers (estimate if necessary)			300							
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.							
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.							
				Prior Year	Current Year							
•	8	Contributions and grants (Part VIII, line 1h)		5,839,045.	4,552,195.							
ž	9	Program service revenue (Part VIII, line 2g)		1,850,890.	1,884,437.							
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		66,551.								
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,608.	-42,735.							
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,759,094.	6,519,927							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,064,477.	3,510,685.							
JSe	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 400, 41	52.									
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,440,694.	1,606,288.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,505,171.	5,116,973.							
	l	Revenue less expenses. Subtract line 18 from line 12		3,253,923.	1,402,954.							
or Sec			Ве	ginning of Current Year	End of Year							
t Assets or	20	Total assets (Part X, line 16)		16,323,234.	18,996,692.							
ASS	21	Total liabilities (Part X, line 26)		300,854.	1,528,411.							
Ret	1	Net assets or fund balances. Subtract line 21 from line 20		16,022,380.	17,468,281.							
Pa	art II	Signature Block										
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is							
true,	correc	t, and complete. <code>[veclaration of preparer</code> (other than officer) is based on all information of wh	nich preparer	has any knowledge.								
		Jamie Nocula										
Sig	n	Signature of officer_32EA21DD011C4A7		Date								
Her	е	JAMIE NOCULA, EXECUTIVE DIRECTOR OF OPERA	TIONS									
		Type or print name and title										
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN							
Paid			CPA 1	11/15/24 self-employed P01380103								
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN 4	1-0746749							
Use	Only	Firm's address 10700 NORTHUP WAY, SUITE 200										
		BELLEVUE, WA 98004		Phone no. 42	15-250-6100							
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No							

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	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 \$1,771,689. including grants of \$0.) (Revenue \$840,186.)  ANIMAL SHELTER:
	THE KITSAP HUMANE SOCIETY ANIMAL SHELTER'S MISSION IS "RESCUE,
	REHABILITATE, REHOME. " RESCUE REFERS TO TAKING IN STRAY, ABANDONED AND
	SURRENDERED PETS AND PROVIDING FOOD, BOARD AND CARE FOR THOSE ANIMALS
	WHILE AT THE SHELTER. REHABILITATION REFERS TO MEDICAL AND BEHAVIORAL
	REHABILITATION, REHOME REFERS TO REUNITED STRAY ANIMALS WITH THEIR
	OWNERS, ADOPTING OUT ANIMALS LEFT AT THE SHELTER OR SENDING ANIMALS OUT
	TO OTHER RESCUE ORGANIZATIONS. IN 2023, KHS RESCUED 4,657 ANIMALS AND
	FOUND HOMES FOR 4,146 OF THOSE PETS. CARING FOR STRAY ANIMALS IN THE
	SHELTER IS PART OF KHS'S RESPONSIBILITY UNDER ITS ANIMAL CONTROL CONTRACTS.
4b	(Code:) (Expenses \$1,756,146. including grants of \$0. (Revenue \$636,321.)
	VETERINARY SERVICES:
	THE KHS SHELTER MEDICINE/VETERINARY SERVICES PROVIDED MEDICAL
	EVALUATING, VACCINATIONS, CARE AND NECESSARY TREATMENT TO ANIMALS
	BROUGHT TO THE KITSAP HUMANE SOCIETY ANIMAL SHELTER. THE VETERINARY
	SERVICES ALSO PERFORMED SPAY/NEUTER SURGERY ON 4,472 ANIMALS. OF THIS
	TOTAL 1,657 OF SPAY/NEUTER SURGERIES, WERE NON-SHELTER ANIMALS FROM
	FAMILIES WHO MET LOW-INCOME GUIDELINES SET BY THE STATE OF WASHINGTON.
	VETERINARY CARE FOR STRAY ANIMALS IS PART OF KHS'S RESPONSIBILITY UNDER ITS ANIMAL CONTROL CONTRACTS.
	TIP THITME CONTROL CONTRACTS.
4c	(Code:) (Expenses \$
	ANIMAL RESCUE & ENFORCEMENT:
	ACTED AS THE ANIMAL CONTROL & IMPOUNDING AUTHORITY FOR KITSAP COUNTY &
	ALL INCORPORATED MUNICIPALITIES IN KITSAP COUNTY. THIS AGENCY ENFORCED LAWS AND REGULATIONS REGARDING THE CARE, TREATMENT, CONTROL, IMPOUNDING
	OF PETS AND LIVESTOCK. ANIMAL RESCUE AND ENFORCEMENT OFFICERS
	INVESTIGATED 3,694 CITIZEN COMPLAINTS IN 2023.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 62,705 • including grants of \$ 0 • ) (Revenue \$ 99,592 • )
4e	Total program service expenses 4,304,903.
	Form <b>990</b> (2023)

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# Form 990 (2023) KITSAP HUMANE SOCIETY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<b>├°</b>		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩.
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		_ <del>_</del> _
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		<del></del>
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 22	$\vdash$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2023) KITSAP HUMANE SOCIETY
Part IV Checklist of Required Schedules (continued)

	(GOTTATAGO)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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):			
•	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		Х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2023) KITSAP HUMANE SOCIETY

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	106						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х			
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 Advanced in the Financi	ccour	ts (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			7.7			
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution								
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).			7a	Х				
a									
b				7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	•		7.	х				
4	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7c	21				
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
_		-	_	8					
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b									
10	Section 501(c)(7) organizations. Enter:	_	_						
а	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:		1						
а	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							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	?	12a					
	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
<b>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
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							
С	Enter the amount of reserves on hand	13c							
14a			•	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			- 12					
	excess parachute payment(s) during the year?			15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16									
	If "Yes," complete Form 4720, Schedule O.			16		X			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	5						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?								
	If "Yes," complete Form 6069.								
				_	$\Omega\Omega\Omega$				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion A. Governing Body and Management									
						Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other	$\neg$						
_	officer, director, trustee, or key employee?				2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the			···	_					
Ū	of officers, directors, trustees, or key employees to a management company or other person?				3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			···· ⊦	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			····· ├	5		<u> </u>			
6	5.11			····· ├	6		<u> </u>			
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or ap			···· ⊦						
1 a					7a		Х			
<b>h</b>	more members of the governing body?									
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
0	persons other than the governing body?									
8										
a	The governing body?			- 1	8a 8b	X				
D	b Each committee with authority to act on behalf of the governing body?									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				9		Х			
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		·····		9	I				
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)			Vaa	Na.			
40-	Did the expenientian have level chanters branches as effiliates?			Г	10a	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such ch			···· ├	iva					
D					10b					
112			e filing the form	Н	11a					
	<ul> <li>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> </ul>									
12a										
12a	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			····· ├	12b	Х				
·	on Schedule O how this was done	,			12c	x				
13				···	13	X				
				Г	14	X				
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approva			····	174					
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		acpendent							
9	The organization's CEO, Executive Director, or top management official				15a		Х			
	Other officers or key employees of the organization			- 1	15b		X			
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			····	100					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a							
·Ju	taxable entity during the year?				16a		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			··· ⊦	100					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?			- 1	16b					
Sec	tion C. Disclosure				100					
17	List the states with which a copy of this Form 990 is required to be filedNONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 5016	c)(3)s	only) a	availab	ole			
	for public inspection. Indicate how you made these available. Check all that apply.		,	, . · /= ·	,, ,					
		on Sc	hedule (0)							
X Own website X Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and										
-	statements available to the public during the tax year.		2559	,						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records							
	JOHN JENSEN - (360)692-6977									
	9167 DICKEY ROAD NW, SILVERDALE, WA 98383									

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

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

#### 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, box 6 of 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.

Name and title  1) JENNIFER STONEQUIST 0-EXECUTIVE DIRECTOR	Average hours per week (list any hours for related organizations below line)	stee or director	not c , unle cer ar	ss per	more rson i	than is both	n an	Reportable	Reportable	Estimated
O-EXECUTIVE DIRECTOR	week (list any hours for related organizations below	director	cer ar					aamnanaatian		
O-EXECUTIVE DIRECTOR	(list any hours for related organizations below	director					tee)	compensation	compensation	amount of
O-EXECUTIVE DIRECTOR	hours for related organizations below	ıl trustee or direct	stee				100)	from the	from related organizations	other
O-EXECUTIVE DIRECTOR	related organizations below	I trustee or	stee			_		organization	(W-2/1099-MISC/	compensation from the
O-EXECUTIVE DIRECTOR	below	l trust				nsate		(W-2/1099-MISC/	1099-NEC)	organization
O-EXECUTIVE DIRECTOR			al tru		oyee	om pe		1099-NEC)	,	and related
O-EXECUTIVE DIRECTOR	l line)	vidua	Institutional trustee	ser	Key employee	Highest compensated employee	ner			organizations
O-EXECUTIVE DIRECTOR		lndi	Inst	Officer	Key	High	Former			
	40.00	1								
	<del>                                     </del>	_		Х		_		139,354.	0.	1,670
2) JAMIE NOCULA	40.00									
O-EXECUTIVE DIRECTOR		_		Х		_		106,778.	0.	2,668
3) LEE HARPER	2.00	1								
XECUTIVE DIRECTOR	<del>                                     </del>	_		Х		_		70,365.	0.	3,008
4) MELISSA FENSWICK	40.00	1								
INANCE DIRECTOR (THRU 10/31/23)	40.00			Х				32,059.	0.	3,464
5) JOSEPH SINGH	40.00	1						10.400	•	•
INANCE DIRECTOR (FROM 11/1/23)				Х		<u> </u>		12,480.	0.	0
6) SANDRA BUTLER	2.00	ļ							•	•
RESIDENT	1 2 20	Х		X		_		0.	0.	0
7) KATHERINE DE BRUYN	2.00	٠,		7.7					0	0
ICE PRESIDENT	1 2 00	Х		Х		<u> </u>		0.	0.	0
8) RUSS YOUNG	2.00	٠,		37					0	0
REASURER	2 00	Х		Х		├		0.	0.	0
9) DENISE STEELE	2.00	x		v				0.	0.	0
ECRETARY  10) DAVID B SANDERS	2.00	Δ		Х				0.	0.	0
IRECTOR	2.00	x						0.	0.	0
11) GLYNNIS KLINEFELTER SIO	2.00	Α				$\vdash$		0.	0.	0
IRECTOR	2.00	X						0.	0.	0
12) KELLY MORROW	2.00					$\vdash$		0.	0.	
IRECTOR	2.00	X						0.	0.	0
13) LORI OBERLANDER	2.00	22						0.	0.	
IRECTOR	2.00	Х						0.	0.	0
14) RANA TAN	2.00					$\vdash$		•	•	
IRECTOR		Х						0.	0.	0
15) RON MORSE	2.00	† <del></del>							3.	
IRECTOR		x						0.	0.	0
16) SCOTT MENARD	2.00	1								
IRECTOR		х						0.	0.	0
17) SHANNON ORR	2.00								, -	
IRECTOR		х						0.	0.	0

332007 12-21-23

Part VII   Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	compensated Employee	s (continued)			
(A)	(B)	(C) Position						(D)	(E)		(F)	
Name and title	Average		(do not check more than one box, unless person is both an					Reportable	Reportable		Estimate	
	hours per week			ss per: nd a di				compensation from	compensation from related		amount other	OŤ
	(list any	tor						the	organizations		ompensa	tion
	hours for	director				- B		organization	(W-2/1099-MISC/	- 1	from the	
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	-   -	organizat	ion
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		- 1	and relat	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizati	ons
(18) SHERRY APPLETON	2.00		_		×	1 0			^			
DIRECTOR	2 00	Х		$\vdash$		┝		0.	0	+		0.
(19) STACY TAYLOR DIRECTOR	2.00	х						0.	0			0.
(20) VANNA LOMBARDI-GILLIES	2.00	<u> </u>								+		
DIRECTOR		Х						0.	0	+		0.
										+		
										_		
		1										
1b Subtotal								361,036.	0		10,8	10.
c Total from continuation sheets to Part VI	I, Section A							0.	0			0.
d Total (add lines 1b and 1c)								361,036.	0	<u>•</u>	10,8	10.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			3
compensation from the organization											Yes	No
3 Did the organization list any <b>former</b> officer,	director, trust	ee, k	cey e	emplo	ove	e, or	hic	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s											3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Ji	for such individual		. 🚅	4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ıch ç	ers	on .					5	X
Complete this table for your five highest co	=								· · · · · · · · · · · · · · · · · · ·	sation	n from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng wi	ith c	or wi	thir	,	ear.		(0)	
(A) Name and business	address							( <b>B)</b> Description of s	ervices	Com	(C) npensation	n
MRJ CONTSTRUCTORS								,				
1400 AIRPORT WAY, SEATTLE	, WA 98	13	4					VET BLDG CON	STR.	4,3	365,0	98.

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

91-0728353

Form 990 (2023) KITSAP
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						idilotion revenue	business revenue	sections 512 - 514
S S	1 :	a	Federated campaigns 1a	68,146.				
au nu			Membership dues 1b	-				
2 8			Fundraising events 1c	492,224.				
ifts Ir A			Related organizations 1d	•				
nig,			Government grants (contributions) 1e	675,517.				
Sir			All other contributions, gifts, grants, and	•				
her		-		316,308.				
o E		a	Noncash contributions included in lines 1a-1f	108,154.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		4,552,195.			
<u> </u>		<u></u>	Totall / loa in loa / a / i	Business Code				
o l	2	а	ANIMAL CONTROL CONTRAC	624110	929,133.	929,133.		
ķ			ANIMAL ADOPTIONS	624110	585,097.	585,097.		
Ser			VETERINARY SERVICES	624110	223,669.	223,669.		
m Ver			LICENSE RENEWALS	624110	99,592.	99,592.		
Program Service Revenue	,		IMPOUNDING AND BOARDIN	624110	41,197.	41,197.		
Pro			All other program service revenue	624110	5,749.	5,749.		
			Total. Add lines 2a-2f		1,884,437.	J / 1 _ 2 1		
	3	<u> </u>	Investment income (including dividends, intere		,			
			other similar amounts)		126,184.			126,184.
	4		Income from investment of tax-exempt bond p					-
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 636,457.					
		b	Less: cost or other basis					
e			and sales expenses					
/en		С	Gain or (loss) 7c -154.					
Re			Net gain or (loss)		-154.			-154.
ther Revenue	8	а	Gross income from fundraising events (not					
₹			including \$ 492,224. of					
			contributions reported on line 1c). See					
			Part IV, line 18	43,765.				
		b	Less: direct expenses 8b	113,908.				
		С	Net income or (loss) from fundraising events		-70,143.			-70,143.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	51,977.				
		b	Less: cost of goods sold10l	24,569.				
		С	Net income or (loss) from sales of inventory	T	27,408.	27,408.		
ဖွ				Business Code				
Miscellaneous Revenue	11	а						
lan	I	b						
Sel Sev	•	С						
Mis F			All other revenue					
	(	<u>e</u>	Total. Add lines 11a-11d		6,519,927.	1 011 045	_	EE 007
	12		Total revenue. See instructions		p, 313, 34/•	<b>4,911,049</b>	0.	55,887.

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KITSAP HUMANE SOCIETY 91-0728353 Page **10** Form 990 (2023) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 336,322. 132,033. 139,521. 64,768. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,659,150. 2,327,768. 111,199. 220,183. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,784. 217,559. 204,659. 6,116. Other employee benefits 9 297,654. 253,357. 20,280. 24,017. 10 Payroll taxes 11 Fees for services (nonemployees): 57,125. 57,125. Management 1,757. 1,757. Legal 18,692. 18,692. Accounting Lobbying Professional fundraising services. See Part IV, line 17 1,863. 1,863. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25,

36,204.

<u>13,356.</u>

76,686.

145,795.

216,778.

340,119.

458,269.

106,659.

41,853.

17,238.

5,116,973.

1,102.

71,594.

1,198.

36,204.

82,052.

73,441.

209,028.

334,193.

458,269.

106,659.

17,238.

4,304,903.

897.

68,730.

375.

1,575.

1,426.

3,674

2,856.

1,432.

200.

411,618.

25.

43,877.

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form 990 (2023)

e All other expenses

column (A), amount, list line 11g expenses on Sch O.)

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Travel Payments of travel or entertainment expenses

for any federal, state, or local public officials ... Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

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

DIRECT PROGRAM EXPENSE CAPITAL CAMPAIGN COSTS

Total functional expenses. Add lines 1 through 24e

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

FUNDRAISING EXPENSES

d NONOPERATING EXPENSES

12

13

14 15

16

17

18

19 20

21

22

23

24

25

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11,781.

19,866.

1,819.

4,076.

<u>3,</u>070.

1,432.

41,853.

400,452.

798.

Form 990 (2023)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			787,234.	1	771,093.
	2	Savings and temporary cash investments			3,966,365.	2	375,289.
	3	Pledges and grants receivable, net			387,039.	3	106,584.
	4	Accounts receivable, net			17,172.	4	562,050.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			20,591.	8	27,578. 38,311.
₹	9	Prepaid expenses and deferred charges		34,270.	9	38,311.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	19,918,581.			
	b	Less: accumulated depreciation	10b	2,903,962.	10,489,697.		17,014,619. 12,272.
	11	Investments - publicly traded securities		614,011.	11	12,272.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14	22.22	
	15	Other assets. See Part IV, line 11			6,855.	15	88,896.
	16	Total assets. Add lines 1 through 15 (must eq			16,323,234.	16	18,996,692.
	17	Accounts payable and accrued expenses		287,787.	17	298,264.	
	18	Grants payable		18	1 124 000		
	19	Deferred revenue			19	1,134,900.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
≣		trustee, key employee, creator or founder, sub-					
Liabilities	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23 24	
	24 25	Unsecured notes and loans payable to unrelate					
	23	Other liabilities (including federal income tax, p parties, and other liabilities not included on line					
		- f O - la la la D			13,067.	25	95,247.
	26	Total liabilities. Add lines 17 through 25			300,854.	26	1,528,411.
		Organizations that follow FASB ASC 958, ch	eck her	X	300,002.		
es		and complete lines 27, 28, 32, and 33.					
auc	27	• , , ,			12,788,926.	27	16,684,258.
Bala	28				3,233,454.	28	784,023.
힏		Organizations that do not follow FASB ASC					·
ᆵ		and complete lines 29 through 33.	ŕ	_			
p	29	Capital stock or trust principal, or current fund	s			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i		Г		31	
<u>e</u>	32			16,022,380.	32	17,468,281.	
				16,323,234.	33	18,996,692.	

Pa	rt XI Reconciliation of Net Assets					•		
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	51	9,9	<u> 27.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	.11	6,9	73.		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	40	2,9	54.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,	02	2,3	80.		
5	5 Net unrealized gains (losses) on investments							
6								
7	Investment expenses	7						
8	Prior period adjustments	8		2	4,5	<del>30.</del>		
9	Other changes in net assets or fund balances (explain on Schedule O)		1	6,2	87.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	17,	46	8,2	81.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2023)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		T	_	_		
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2023 (			column (f))		14	<u>%</u>
	Public support percentage from 2022					15	. %
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2022. If the	-					
47.	and <b>stop here.</b> The organization qual	•			- 40 40 40-		
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organi	zation
1.	meets the facts-and-circumstances to	-				170 and line 15 :-	L
r	10% -facts-and-circumstances test	ū				•	10% Or
	more, and if the organization meets the				-		
18	organization meets the facts-and-circle <b>Private foundation.</b> If the organization		-				
10	1 Tivate loundation. If the organization	AT GIG HOL CHECK A	DON OF HIE TO, TO	a, 100, 17a, 01 171	o, oricon triis bux a		(Form 990) 2023

#### 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.)

Sed	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	3794456.	3903870.	4380240.	5839045.	4552195.	22469806.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2056364.	1712790.	1923799.	1909515.	1936414.	9538882.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	5850820.	5616660.	6304039.	7748560.	6488609.	32008688.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	94,752.	630,564.	994,475.	100,481.	57,630.	1877902.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add lines 7a and 7b	94,752.	630,564.	994,475.	100,481.		1877902.
	Public support. (Subtract line 7c from line 6.)						30130786.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	5850820.	5616660.	6304039.	7748560.	6488609.	32008688.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	189,458.	1,183.	7,493.	56,978.	126,184.	381,296.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	189,458.	1,183.	7,493.	56,978.	126,184.	381,296.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	686.	360. 5618203.	196. 6311728.	19. 7805557.	6614793.	1,261.
	Total support. (Add lines 9, 10c, 11, and 12.)   First 5 years. If the Form 990 is for th	6040964.					
14		e organization's fir		,		( )( )	лі, 
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (f))		15	93.02 %
	Public support percentage from 2022	, (,,	,			16	91.33 %
	ction D. Computation of Inves					·	
17	Investment income percentage for 20	23 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	1.18 %
	Investment income percentage from 2					18	.96 %
19a	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation If the organization	n did not obook a k	ooy on line 14 10c	or 10h abaak th	ic hav and acc inct	ruotiono	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
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		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
_	11c below, the governing body of a supported organization?		
h	A family member of a person described on line 11a above?	1	
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
C			
Sac	<u>detail in</u> Part VI. 11c tion B. Type I Supporting Organizations		
	tion B. Type I Supporting Organizations	T.,	Τ
		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? If "No," describe in <b>Part VI</b> 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.	$\bot$	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1.00	110
•	or trustees of each of the organization's supported organization(s)? If "No." describe in <b>Part VI</b> how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
800	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
	Tion B. All Type in Supporting Organizations	T.,	Τ
		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?	$\bot$	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction)	nel	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1.03	10
а			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	_	
b	, ,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.		

	dule A (Form 990) 2023 KITSAP HUMANE SOCIETY			91-0728353 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4_	Add lines 1 through 3.	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Schedule A (Form 990) 2023

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

instructions).

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

emergency temporary reduction (see instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
<u>d</u>	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

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 III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER REVENUE 686. 2019 AMOUNT: \$ 360. 2020 AMOUNT: \$ 196. 2021 AMOUNT: \$ 19. 2022 AMOUNT: \$

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

**2023** 

**Employer identification number** 

KITSAP HUMANE SOCIETY 91-0728353 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# KITSAP HUMANE SOCIETY

91-0728353

Page 2

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		\$ 6,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$ 6,419.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 6,253.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,113.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$12,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ <u>12,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>15,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$6,438.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions  \$ 10,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$12,650.	Person X Payroll

Name of organization Employer identification number

# KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Hume, dudices, and En 1 7	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$92,868.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# KITSAP HUMANE SOCIETY

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

Name of organization

Employer identification number

# KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 7,752.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	Name, address, and ZIF + 4	\$ 15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ 75,000.	Person X Payroll

Name of organization Employer identification number

# KITSAP HUMANE SOCIETY

91-0728353

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	Name, address, and Zir + +	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$ <u>11,950.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,680.	Person X Payroll

Name of organization Employer identification number

# KITSAP HUMANE SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$30,851.	Person X Payroll  Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	Nume, address, and En 1 1	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$ 29,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# KITSAP HUMANE SOCIETY

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
	VEHICLE		
<u>50</u>		-	
		\$5,311.	07/24/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	VEHICLE		
<u>50</u>			
		\$6,143.	02/28/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		.   \$	
323/153 12-26			Schedule B (Form 990) (2023)

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

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#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

KITSAP HUMANE SOCIETY

**Employer identification number** 91-0728353

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or Ac	counts. Complete if the		
		(a) Donor advised f	unds	(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 w	riting that the assets held	in donor advised fund	ds		
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any o	other purpose conferr	ing		
	impermissible private benefit?			Yes No		
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes"	on Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreati	ion or education) 🔲 F	Preservation of a histo	orically important land area		
	Protection of natural habitat	F	Preservation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution	on in the form of a co	nservation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic structure.			2c		
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and	d not			
	on a historic structure listed in the National Register	•		2d		
3	Number of conservation easements modified, transferred, rele			zation during the tax		
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	n, handling of			
	violations, and enforcement of the conservation easements it l	holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	n easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	cing conservation ea	sements during the year		
8	Does each conservation easement reported on line 2d above s	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	n easements in its revenue	and expense statem	ent and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's fin	nancial statements tha	at describes the		
_	organization's accounting for conservation easements.					
Pai	rt III Organizations Maintaining Collections of		ures, or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenu	ue statement and bala	ance sheet works		
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or	research in furtherar	nce 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	3, to report in its revenue st	tatement and balance	sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search 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			<b>^</b>		
2	If the organization received or held works of art, historical trea-	sures, or other similar asse	ets for financial gain, ¡	provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to these ite	ms:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023		

Par	rt III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Asset	s (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the f	ollowing that	make sig	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	b Scholarly research e Other										
С											
4											
5	During the year, did the organization solicit or			•	-						
	to be sold to raise funds rather than to be mai				•			[	Yes		No
Par	rt IV Escrow and Custodial Arrang								ine 9, or		
	reported an amount on Form 990, Part						·	•	·		
1a	Is the organization an agent, trustee, custodia	n, or other intermed	diary for	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	, ,	•	Ü						Amount		
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII. (										j
	rt V Endowment Funds Complete if t										
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance	, , ,	. ,		. , ,				1		
b.	Contributions										
c	Net investment earnings, gains, and losses										
q	Grants or scholarships										
u e	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
'											
g 2	Provide the estimated percentage of the curre	nt vear end halance	l (line 1c	r column (a)	) pelq as.						
a		•	%	j, column (a)	y ricid as.						
h	Permanent endowment	%	_′°								
6	Term endowment 9										
·	The percentages on lines 2a, 2b, and 2c shou	-									
22	Are there endowment funds not in the posses	•	tion tha	t are hold ar	nd administar	od for the					
Ja		Sion of the organiza	illon ina	t are rielu ar	iu auriii iistei	ed for the	•		Γ	Yes	No
	organization by:								3a(i)		
	<ul><li>(i) Unrelated organizations?</li><li>(ii) Related organizations?</li></ul>								2 (11)		
h	If "Yes" on line 3a(ii), are the related organizations	iona listad on requir									
									. [30]		
4 Par	Describe in Part XIII the intended uses of the crt VI Land, Buildings, and Equipme		willent	urius.							
	Complete if the organization answered		) Part IV	line 11a S	ee Form 990	Part X li	ne 10				
		(a) Cost or o	•					<u>а</u> Т	/d\ Dool		
	Description of property	basis (investr		` '	or other (other)	` '	cumulate reciation	a	(d) Book	value	3
	Land	<u> </u>	ilorit)		` ,	чер	rcciation		2:	Σ <b>υ</b> .	21
	Land	1			3,031. 3,449.	2 2	38,35	5/ 1	6,325		31.
b	9				7,800.		$\frac{36,35}{15,58}$				
C		1					94,45			2,2: 7,20	
d	1 1				1,657. 2,644.		55,57				67.
	Other								7,014		
ı otal	al. Add lines 1a through 1e. (Column (d) must ea	ual Form 990. Part	X line 1	Dc column	(B))			1 4	. <i>i ,</i> О 1 4	:, O.	<b>エフ・</b>

Schedule D (Form 990) 2023

Schedu	e D (Form 990) 2023	KITSAP	HUMANE	SOCIETY		91-0728353	Page 3
Part \	/II Investments -	Other Securit	ties				
`	Complete if the org	ganization answer	ed "Yes" on F	orm 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

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. (h) must equal Form 990, Part X, line 13, col. (R))		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

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)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

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)	OTHER CURRENT LIABILITIES	5,171.
(3)	LEASE OBLIGATIONS	90,076.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	95,247.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

Par	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	6,520,194.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	2,130.			
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	2,130.	
3	Subtract line 2e from line 1			3	6,518,064.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,863.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	1,863.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,519,927.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	า	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	5,097,872.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	0.	
3	Subtract line 2e from line 1			3	5,097,872.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,863.			
b	Other (Describe in Part XIII.)	4b	17,238.			
С	Add lines 4a and 4b			4c	19,101.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,116,973.	
Pa	t XIII Supplemental Information					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	and 2b; Part V, line 4	; Part X	K, line 2; Part XI,	
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						
PAI	T X, LINE 2:					
	LODGINIGATION WAS ANALYZED BUT FIN DOSTERO					
THE	ORGANIZATION HAS ANALYZED THE TAX POSITIO	NS TAR	EN IN ITS	F.T.P.	INGS WITH	

THE INTERNAL REVENUE SERVICE AND STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVE OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAXES.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NONCASH CONTRIBUTIONS CONSUMED

17,238.

Schedule D (Form 990) 2023	KITSAP HUMANE	SOCIETY	91-0728353	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation (continued)			
•	•			

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 91-0728353 KITSAP HUMANE SOCIETY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

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>(b)</b> Event #2	(c) Other events	(d) Total events	
			ANIMAL KRACKERS	PETSWALK	19	(add col. (a) through	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
nue			, ,,,	( )1 /	,		
Revenue	1	Gross receipts	368,719.	59,865.	89,251.	517,835.	
ш	2	Less: Contributions	346,449.	59,515.	86,260.	492,224.	
	3	Gross income (line 1 minus line 2)	22,270.	350.	2,991.	25,611.	
	4	Cash prizes					
S	5	Noncash prizes	10,000.	2,313.	0.	12,313.	
kpense	6	Rent/facility costs	24,712.	1,480.	21,817.	48,009.	
Direct Expenses	7	Food and beverages		39.	0.	39.	
Ω		Entertainment	10,000. 33,857.	700. 3,576.	0. 5,414.	10,700.	
	9 10	Other direct expenses		•	•	42,847. 113,908.	
	11	Net income summary. Subtract line 10 from li				-88,297.	
Pa	rt I					,	
		\$15,000 on Form 990-EZ, line 6a.	T			_	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue					
Se	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct F	4	Rent/facility costs					
	5	Other direct expenses					
	Ŭ		Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No	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)				
_							
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	_	etatos?		Yes No	
		No," explain:				res No	
		· · —					
		ere any of the organization's gaming licenses re		rminated during the tax y	ear?	Yes No	
b	If "	Yes," explain:					

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 KITSAP HUMANE SOCIETY 91-	-0/28333 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	7.5
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
Does the organization have a contract with a tillio party from whom the organization receives gaining revenue?	
<b>b</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:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
	163 . 140
<b>b</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 \$	
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 I	Part III linos 0, 0h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, IIIIes 9, 90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

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

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	KITSAP HUMANE SOCIETY				91-0728353			
Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determin atribution ar		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	24	55,412.	AUCTION -	FMV		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (VET EQUIPMENT )	X	2		FMV			
26	Other ( IN-KIND GOODS )	X	7	17,238.	ESTIMATE			
27	Other ( )			,				
28	Other ( )							
29	Number of Forms 8283 received by the organization	zation durino	the tax year for c	ontributions	•			
	for which the organization completed Form 82	83, Part V, D	) Oonee Acknowledg	ement 29			0	
	5	, ,	J				Yes	No
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 throug	ah 28. that it			
	must hold for at least 3 years from the date of	•		•	•			
	exempt purposes for the entire holding period?	_				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	tions?	31		Х
	Does the organization hire or use third parties	-	*	•				
						32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
-	describe in Part II	(-)	)		,			

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

Schedule M (Form 990) 2023

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE DISCLOSURE FOR COLUMN B IS THE NUMBER OF DONORS.
SCHEDULE M, LINE 32B:
THE NONCASH CONTRIBUTIONS COME FROM THE DONATION OF AUTOMOBILES, VET
EQUIPMENT, AND IN-KIND GOODS. ALL AUTOMOBILES ARE SOLD AT STOKES
AUCTION, WITH KHS RECEIVING THE PROCEEDS.

## 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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KITSAP HUMANE SOCIETY

Employer identification number 91-0728353

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

KHS IS COMMITTED TO PROVIDING POSITIVE LIFE-CHANGING SOLUTIONS TO

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

REHABILITATING COMPANION ANIMALS IN NEED. PROVIDING HUMANE RESCUE,

PROTECTION, PREVENTION, ADOPTION AND EDUCATION SERVICES. IMPLEMENTING

PROGRESSIVE LIFE-SAVING AND LIFE-AFFIRMING PROGRAMS AND CREATIVELY

COLLABORATING AND PARTNERING WITH OUR REGION AND SUPPORTERS TO BUILD A

MODEL HUMANE COMMUNITY.

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

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

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

PRINCIPAL ANIMAL SHELTER AND SAFETY NET ORGANIZATION FOR LOST AND

HOMELESS ANIMALS IN KITSAP COUNTY AND NEIGHBORING COUNTIES. OUR PRIMARY

PURPOSE IS TO ADVANCE ANIMAL WELFARE THROUGH COMPASSIONATE,

INDIVIDUALIZED, LIFESAVING VETERINARY CARE AND SHELTERING TO RESCUE,

REHABILITATE AND REHOME THOUSANDS OF HOMELESS ANIMALS EVERY YEAR.

KHS IS IN THE TOP-TIER OF LARGE, OPEN-ADMISSION ANIMAL SHELTERS IN THE

U.S., EXCEEDING THE 90% SAVE RATE THAT IS THE "GOLD-STANDARD"

NATIONALLY IN THE FIELD (UNAUDITED) OUR COMPREHENSIVE VETERINARY

MEDICINE, BEHAVIOR REHABILITATION, AND FOSTER CARE PROGRAMS FOLLOW BEST

PRACTICES IN THE FIELD AND ARE EXAMPLES OF THE SPECIALIZED PROGRAMS

THAT ENABLE KHS TO RESCUE AND SAVE THE LIVES OF THOUSANDS OF ANIMALS

EACH YEAR. IT IS WITH THE SUPPORT OF OUR COMPASSIONATE AND GENEROUS

COMMUNITY ADOPTERS, DONORS, VOLUNTEERS, AND OTHERS THAT WE CAN ACHIEVE

LHA 332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

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

THIS LEVEL OF SUCCESS.

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

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

FAMILIES SEEKING REDUCED-COST VETERINARY SERVICES AND PET FOOD

SUPPLIES. WE ACTIVELY ENGAGE OVER 500 COMMUNITY MEMBERS IN MEANINGFUL

VOLUNTEER WORK. WE IMPROVE THE LIVES OF THOUSANDS OF LOCAL RESIDENTS BY

CONNECTING THEM WITH ANIMALS, PROVIDING THE DOCUMENTED BENEFITS OF PET

OWNERSHIP, SUCH AS DECREASED STRESS, IMPROVED HEART HEALTH, DEVELOPMENT

OF EMOTIONAL AND SOCIAL SKILLS FOR CHILDREN, AND LESS LONELINESS AND

ANXIETY. OUR REDUCED FEE SERVICES AND PET FOOD PANTRY PROVIDE

CONSIDERABLE SUPPORT TO HOUSEHOLDS THAT ARE CONSIDERED LOW-INCOME,

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

FUNDS, ALLOWING KHS TO SERVE AS A SAFETY NET TO KEEP FAMILIES TOGETHER.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

**VETERINARY SERVICES:** 

THE KHS SHELTER MEDICINE/VETERINARY SERVICES PROVIDED MEDICAL

EVALUATING, VACCINATIONS, CARE AND NECESSARY TREATMENT TO ANIMALS

BROUGHT TO THE KITSAP HUMANE SOCIETY ANIMAL SHELTER. THE VETERINARY

SERVICES ALSO PERFORMED SPAY/NEUTER SURGERY ON 4,472 ANIMALS. OF THIS

TOTAL 1,657 OF SPAY/NEUTER SURGERIES, WERE NON-SHELTER ANIMALS FROM

FAMILIES WHO MET LOW-INCOME GUIDELINES SET BY THE STATE OF WASHINGTON.

VETERINARY CARE FOR STRAY ANIMALS IS PART OF KHS'S RESPONSIBILITY UNDER

ITS ANIMAL CONTROL CONTRACTS.

ANIMAL RESCUE & ENFORCEMENT:

<u>Schedule O (Form 990) 2023</u> Page **2** 

ACTED AS THE ANIMAL CONTROL & IMPOUNDING AUTHORITY FOR KITSAP COUNTY &

ALL INCORPORATED MUNICIPALITIES IN KITSAP COUNTY. THIS AGENCY ENFORCED

LAWS AND REGULATIONS REGARDING THE CARE, TREATMENT, CONTROL, IMPOUNDING

OF PETS AND LIVESTOCK. ANIMAL RESCUE AND ENFORCEMENT OFFICERS

INVESTIGATED 3,694 CITIZEN COMPLAINTS IN 2023.

OUR PRIMARY PURPOSE IS TO ADVANCE ANIMAL WELFARE THROUGH COMPASSIONATE,

INDIVIDUALIZED, LIFESAVING VETERINARY CARE AND SHELTERING TO RESCUE,

REHABILITATE AND REHOME THOUSANDS OF HOMELESS ANIMALS EVERY YEAR. WE DO

SO BY PROVIDING LOW-COST CARE, A PET FOOD PANTRY, PET PROTECTION

CAPITAL CAMPAIGN FOR A NEW FACILITY

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

PROGRAM, FOSTERING, AND COMMUNITY-FOCUSED PROGRAMS.

OVER THE LAST DECADE, KITSAP HUMANE SOCIETY HAS TRANSFORMED OUR CAMPUS

AND ANIMAL WELFARE IN KITSAP COUNTY. BUT OUR VETERINARY FACILITIES ARE

OUTDATED, OVERCROWDED, AND INADEQUATE. EVERY PET THAT COMES TO KHS

REQUIRES INDIVIDUALIZED CARE AND ATTENTION, BUT OVER THE LAST SEVERAL

YEARS, THE PERCENTAGE OF PETS ADMITTED TO THE SHELTER REQUIRING

CRITICAL MEDICAL TREATMENT HAS GROWN SIGNIFICANTLY.

IN ADDITION, KHS RECOGNIZES THAT TOO OFTEN, PET OWNERS WHO ARE

LOW-INCOME IN OUR COMMUNITY CANNOT AFFORD THE URGENT VETERINARY CARE

THEY NEED AND WANT FOR THEIR PETS. LACKING RESOURCES OR ASSISTANCE,

FAMILIES OFTEN FACE THE PAINFUL CHOICE OF HAVING THEIR PET GO UNTREATED

OR HAVING TO SURRENDER THEIR PET TO KHS.

332212 11-14-23

Name of the organization

**Employer identification number** 

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** 91-0728353

KITSAP HUMANE SOCIETY

BUT WE KNOW THERE'S A BETTER WAY. MORE THAN EVER, IT'S TIME TO PROVIDE OUR COMMUNITY'S PETS IN NEED WITH A VETERINARY FACILITY THAT MATCHES THE EXCELLENCE OF OUR WORK AND SUSTAINS OUR HIGH LIFESAVING RATE. AND IT IS TIME FOR KITSAP HUMANE SOCIETY TO TAKE THE NEXT STEP IN DEVELOPING A STRONGER SAFETY NET IN OUR COMMUNITY TO KEEP PEOPLE AND PETS TOGETHER WHENEVER POSSIBLE. THE CONSTRUCTION OF THE RUSS & LINDA YOUNG VETERINARY LIFESAVING CENTER, INCLUDING THE DEVELOPMENT OF A COMMUNITY CLINIC IS THE NEXT CRUCIAL STEP KHS CAN TAKE TO PROVIDE A FULL SPECTRUM OF INNOVATIVE ANIMAL WELFARE PROGRAMS AND FACILITIES.

WITH THE EXPANDED, BETTER-EQUIPPED 6,000 SQUARE FOOT RUSS AND LINDA YOUNG VETERINARY LIFE CENTER, COMPLETED IN SEPTEMBER 2023, WE HAVE TRIPLED THE SPACE TO SAVE MORE LIVES, ACCEPT MORE MEDICALLY AT-RISK PATIENTS FROM OTHER SHELTERS AND IMPROVE ANIMAL HEALTH THROUGHOUT OUR SHELTER AND COMMUNITY. WE ANTICIPATE OPENING IN EARLIER 2024, AFTER HIRING THE NECESSARY STAFF.

EXPENSES \$ 62,705. INCLUDING GRANTS OF \$ 0. REVENUE \$ 99,592.

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

THE EXECUTIVE COMMITTEE SERVES AT THE PLEASURE OF THE KHS BOARD PRESIDENT AND FULL BOARD. IT IS RESPONSIBLE FOR WORKING IN SUPPORT OF, OR OCCASIONALLY IN PLACE OF, THE FULL BOARD. THE EXECUTIVE COMMITTEE SHALL NOT HAVE POWER TO AMEND THE KHS MISSION, BYLAWS, FILL BOARD VACANCIES, OR APPROVE THE BUDGET AS THESE ARE FULL BOARD RESPONSIBILITIES. THIS IS A STANDING COMMITTEE.

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

Schedule O (Form 990) 2023 Page 2

Name of the organization KITSAP HUMANE SOCIETY

Employer identification number 91-0728353

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

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

THE CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS, THE EXECUTIVE

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

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

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

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

THE DISCLOSURE STATEMENTS SHALL COVER THE SUBJECTS IDENTIFIED IN THIS

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

DISCLOSURE STATEMENTS SHALL BE REVIEWED BY THE BOARD PRESIDENT. THE

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

EXECUTIVE DIRECTOR. ANY INFORMATION PROVIDED IN THE DISCLOSURE STATEMENT

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

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

REVIEWING A CHECKLIST OF ALL REQUIRED INDIVIDUALS WHO MUST SUBMIT A

DISCLOSURE STATEMENT.

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

CONSTITUTE AN ISSUE OF SUFFICIENT MAGNITUDE TO WARRANT FURTHER ACTION WILL

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

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

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

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

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

DISCLOSURE POSES A CONFLICT OF INTEREST OR COULD CREATE A SUBSTANTIAL

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

Schedule O (Form 990) 2023 Page **2** 

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

WITHDRAW VOLUNTARILY FROM THE SERVICE THAT HE OR SHE CURRENTLY PERFORMS

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

VOLUNTARY WITHDRAWAL SHALL COMPLETE THE CONSIDERATION OF THE POTENTIAL

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

CONTINUE IN SERVICE TO KHS.

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

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

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

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

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

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

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

SHALL BE PERMITTED TO CONTINUE IN SERVICE TO KHS.

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

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

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

FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE.

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

NONCASH CONTRIBUTIONS CONSUMED

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS

NOT CHANGED SINCE THE PRIOR YEAR.

16,287.