

Form **8879-TE**

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity

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JUL	1	, 2021, and ending	JUN	30	. 20 2 2

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning J

► Go to www.irs.gov/Form8879TE for the latest information.

▶ Do not send to the IRS. Keep for your records.

Name of filer	EIN or SSN
WOODS HUMANE SOCIETY, INC.	95-2058587
lame and title of officer or person subject to tax KANDY NOEL	·
PRESIDENT	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if all Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the boar 10a below, and the amount on that line for the return being filed with this form was blank, then leave line whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable and the content of the cont	ox on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check here ► ▼ b Total revenue, if any (Form 990, Part VIII, column (A), line	12) 1b 3,676,478.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V,	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here ▶ b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Page 10)	art III, line 22) 10b
Part II Declaration and Signature Authorization of Officer or Person Subject to	о Тах
2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic netermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS a acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electric to the financial institution account indicated in the tax preparation software for payment of the federal transmitation to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury after than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involvement of taxes to receive confidential information necessary to answer inquiries and resolve issues related between the consent to the payment of the electronic return and, if applicable, the consent to the payment (settlement) and the electronic return and the consent to the payment of the electronic return and the consent to the payment of the electronic return and the consent to the payment of the electronic return and the consent to the payment of the electronic return and the consent to the payment of the electronic return and the consent to the payment of the electronic return and the consent to the payment of the electronic return and the consent to the payment of the electronic return and the consent to the payment of the electronic return and the payment of the electronic re	return. I consent to allow my and to receive from the IRS (a) an ssing the return or refund, and (c) the date extronic funds withdrawal (direct debit) axes owed on this return, and the Financial Agent at 1-888-353-4537 no olved in the processing of the electronic to the payment. I have selected a
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2021 electronically filed return. If I have indicated within this return with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize to on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature return. If I have indicated within this return that a copy of the return is being filed with a state agency IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **THIS IS NOT A FILEABLE COPY *** Part III Certification and Authentication	he aforementioned ERO to enter my PIN on the tax year 2021 electronically filed cy(ies) regulating charities as part of the
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 95120499 Do not enter all	zeros
certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return i submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Informatio Business Returns.	
ERO's signature Date	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To	o Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

** 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)

OMB No. 1545-0047

Open to Public

Department of the Treasury

Use Only

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

► Go to www.irs.gov/Form990 for instructions and the latest information. 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change WOODS HUMANE SOCIETY, INC. Name change 95-2058587 Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated (805)543 - 9316875 OKLAHOMA AVENUE 3,736,040. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN LUIS OBISPO, CA 93405 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KANDY NOEL for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) [4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.WOODSHUMANESOCIETY.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1980 M State of legal domicile: CA ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: PREVENTION OF CRUELTY TO ANIMALS **Activities & Governance** BY PROVIDING CARE AND MEDICAL TREATMENT FOR ABANDONED ANIMALS UNTIL if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 82 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 3,289,968. 2,691,372. Contributions and grants (Part VIII, line 1h) 8 763,498. 862,966. Program service revenue (Part VIII, line 2g) 59,892. 171,042. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 147,959. -48,902. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,261,317. 3,676,478. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,645,557. 1,976,330. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,823,268. 2,130,597. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,106,927. 3,468,825. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 792,492. -430,449. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 17,514,041. 15,020,340. 20 Total assets (Part X, line 16) 650,553. 210,437. 21 Total liabilities (Part X, line 26) 三年 863,488. 14,809,903 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KANDY NOEL, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature KIMBERLYN SPILLER, CPA P01491937 Paid self-employed Firm's name ▶ CALIBER AUDIT & ATTEST, LLP Firm's EIN ▶ 26-2350873 Preparer

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address > 805 AEROVISTA PLACE, SUITE 103

SAN LUIS OBISPO, CA 93401

Form 990 (2021)

X Yes

Phone no. (805) 805-0242

Form 990 (2021)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	\neg
1	Briefly describe the organization's mission: PREVENTION OF CRUELTY TO ANIMALS BY PROVIDING CARE AND MEDICAL TREATMENT FOR ABANDONED ANIMALS UNTIL THEY CAN BE PLACED IN A GOOD	
	HOME.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X	No
3	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	Nο
•	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 \$3,513,028. including grants of \$) (Revenue \$862,966 PROVIDE FOR THE TREATMENT, HOUSING, AND PLACEMENT OF ABANDONED ANIMALS.	<u>•</u>)
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
 4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,513,028.	2021)

Form 990 (2021) WOODS HUMANE SOCIETY, INC. 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		1
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- ′-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<u></u> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13		15		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		1
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_~
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021)

Part IV | Checklist of

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 5a		25a		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		<u> </u>
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
UZ.	, ,	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
33		33		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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?			77
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	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?			
D -	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	<u> </u>		ـــــــــــــــــــــــــــــــــــــــ
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	¥ 12-09-21	Form	990	(2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Form **990** (2021)

If "Yes," complete Form 6069

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	9		
	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	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1.0		
~	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0	T	
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	This Section B requests miorination about policies not required by the internal nevertile Code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		 -
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Tia	- 25	
		12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	- 22	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4=	₩.	
	The organization's CEO, Executive Director, or top management official	15a	X	v
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
_	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA	\ · \		L. I
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARK TEMPLIN - (805)543-9316			
	875 OKLAHOMA AVENUE, SAN LUIS OBISPO, CA 93405		000	

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

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

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

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

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

Check this box if neither the organization r	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.		
(A)	(B)			_ ((C)			(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person officer and a director			on is both an		compensation	compensation	amount of	
	week		Cer an	lu a u	recid	i / ii uS	lee)	from	from related	other	
	(list any	irecto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	ruste	l trus		99/	npen		1099-NEC)	1099-NEO)	and related	
	below	Individual trustee or director	Institutional trustee	_	Key employee	st cor	-	10001420)		organizations	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			3	
(1) NEIL TRENT	40.00										
CEO				Х				174,728.	0.	9,763.	
(2) LESLIE SKLENA	40.00										
DIRECTOR OF VETERINARY SER					Х			134,617.	0.	7,271.	
(3) KANDY NOEL	2.00										
PRESIDENT		Х		Х				0.	0.	0.	
(4) JO CAMPBELL	2.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(5) TERRY MIRON	2.00										
TREASURER		Х		Х				0.	0.	0.	
(6) MARCIA TORGERSON	2.00								_	_	
SECRETARY		Х		Х				0.	0.	0.	
(7) ROBERT JONES	1.00	1									
DIRECTOR		Х						0.	0.	0.	
(8) MIKE TERRY	1.00	4									
PAST PRESIDENT		Х						0.	0.	0.	
(9) CHARLENE ROSALES	1.00										
DIRECTOR	1 00	Х						0.	0.	0.	
(10) AUTUMN CLARK	1.00	.,								•	
DIRECTOR	1 00	Х						0.	0.	0.	
(11) BRUNO GIBERTI	1.00	3,7							0	0	
DIRECTOR		Х						0.	0.	0.	
		-									
		1									
		1									
	+										
		1									
		1									
	1										
		1	l	1	l			1			

Form 990 (2021)

95-2058587

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)						
(A)	(B)			(0	C)			(D)	(E)			(F)			
Name and title	Average		not c	Position not check more than one				Reportable	Reportable			stimate			
	hours per week	box, unless person is both a officer and a director/truste						compensation from	compensation from related		an	nount other	ot		
	(list any	ctor						the	organization		com	ipensa	tion		
	hours for	Individual trustee or director	۵			ted		organization	(W-2/1099-MI		е				
	related organizations	istee (truste		9	bensa		(W-2/1099-MISC/	1099-NEC))	organizatio				
	below	lual tru	Institutional trustee	١.	ploye	st com		1099-NEC)			l	d relati anizati			
	line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former				l	ai iizaci	0110		
											<u> </u>				
		-													
				-		┢					 				
		1													
		1													
											<u> </u>				
						├					<u> </u>				
		-													
						\vdash									
		1													
											<u> </u>				
1b Subtotal								309,345.		0.	1	7,0			
c Total from continuation sheets to Part VI								0.		0.	1	7 0	0.		
d Total (add lines 1b and 1c)							<u> </u>	309,345.	000 of	0.		7,0	34.		
Total number of individuals (including but n compensation from the organization	ot ilmited to th	ose	liste	ed at	ove	e) wr	io re	eceived more than \$100,	000 of reportable	Э			2		
compensation from the organization												Yes	No		
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on						
line 1a? If "Yes," complete Schedule J for s											3		X		
4 For any individual listed on line 1a, is the su															
and related organizations greater than \$150											4	Х			
5 Did any person listed on line 1a receive or a	•				•			•			_		Х		
rendered to the organization? If "Yes," com Section B. Independent Contractors	iplete Schedule	e J f	or sı	ıch <u>i</u>	oers	on					5				
Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	 pensa	tion fro	om			
the organization. Report compensation for	•	-													
(A)								(B)				C)			
Name and business	address	N	INC	<u> </u>				Description of s	ervices	<u> </u>	Compe	nsatio	n		
										<u> </u>					
							\dashv			—					
2 Total number of independent contractors (ii	ncludina but n	ot lir	nite	d to	thos	se lis	ted	above) who received mo	ore than						
\$100,000 of compensation from the organization					(, , , , , , , , , , , , , , , , , , , ,							
												~~~			

Form **990** (2021)

Form 990 (2021) WOODS H
Part VIII Statement of Revenue

		Check if Schedule O	conta	ins a respor	nse c	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
<b>49</b> 12	4 -	Followski di sense si succ								000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns								
S'a Ion		Membership dues				064 006				
S, ( Am		Fundraising events				<u> 264,086.</u>				
를 a	d	Related organizations		1d						
is, (	е	Government grants (contri	ibutic	ons) <b>1e</b>		437,673.				
ig S	f	All other contributions, gifts,	grants							
the the		similar amounts not included	abov	e   <b>1f</b>	1,	989,613.				
ΈÓ	g	Noncash contributions included in I	lines 1a	a-1f 1g \$						
an S	h	Total. Add lines 1a-1f				<b></b>	2,691,372.			
						Business Code				
	9 a	S/N CLINIC				900099	472,344.	472,344.		
Š		PLACEMENTS			_	900099	319,227.	319,227.		
ne ne		TRAINING K9			-	900099	43,485.	43,485.		
m S		INTAKE FEES			-	900099	18,058.	18,058.		
gra Be			DI	TTTTTTT	_	900099		9,852.		
Program Service Revenue		OTHER PROGRAM			_	900099	9,852.	9,034.		
<u>-</u>		All other program service			-		060 066			
	g	Total. Add lines 2a-2f					862,966.			
	3	Investment income (include								
		other similar amounts) $\dots$					171,042.			171,042.
	4	Income from investment of	f tax-	exempt bor	nd pr	oceeds				
	5	Royalties	. <u></u>			<b></b>				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6с							
		Net rental income or (loss)				<b></b>				
		Gross amount from sales of	Ï	(i) Securiti	es	(ii) Other				
	<i>.</i> u	assets other than inventory	7a	()		( )				
	h	Less: cost or other basis	1 a							
	b									
her Revenue		and sales expenses								
eve		Gain or (loss)								
Ě		Net gain or (loss)				·····				
	8 a	Gross income from fundraisin								
ō				86. of						
		contributions reported on		,		10 550				
		Part IV, line 18				10,660.				
	b	Less: direct expenses			8b	59,562.				
	С	Net income or (loss) from	fundr	aising event	ts		-48,902.			-48,902.
	9 a	Gross income from gamin	g act	ivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
1		Gross sales of inventory, le	-	_						
		and allowances			10a					
	h	Less: cost of goods sold			10b					
		Net income or (loss) from				<b>.</b>				
		Tree moonie or (1666) monie	<u> </u>	OT INVOINED	,	Business Code				
Sn 1	1 a									
Miscellaneous Revenue	b				-					
ella Ver	C				-					
ညီ မ	-						<b>!</b>			
<u>.0.</u>	Ч	All other revenue								
Mis		All other revenue				<b>&gt;</b>				

	t IX Statement of Functional Expense				rage 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	307,859.	280,259.	18,400.	9,200.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 272 222	4 4 5 0 0 0 0	4.55	50.004
7	Other salaries and wages	1,379,882.	1,172,900.	137,988.	68,994.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	160.006	120 450	1.5 0.01	0 1 1 5
9	Other employee benefits	162,906.	138,470.	16,291.	8,145. 6,284.
10	Payroll taxes	125,683.	106,831.	12,568.	6,284.
11	Fees for services (nonemployees):	01 600	65 350	0 160	0 160
	Management	81,688.	65,350.	8,169.	8,169. 374.
	Legal	3,740.	2,992.	374.	374.
	Accounting	21,000.	17,850.	3,150.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	26,488.			26 100
12	Advertising and promotion	23,980.	11,990.	9,592.	26,488. 2,398.
13	Office expenses	41,193.	35,014.	6,179.	2,390.
14	Information technology	41,173.	33,014.	0,175.	
15	Royalties	151,134.	143,577.	7,557.	
16	Occupancy	2,853.	2,425.	428.	
17 18	Travel Payments of travel or entertainment expenses	2,033.	2,425	120.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,184.	13,184.		
20	Interest	3.	3.		
21	Payments to affiliates	3.1	3.1		
22	Depreciation, depletion, and amortization	259,166.	220,291.	38,875.	
23	Insurance	89,305.	75,909.	13,396.	
24	Other expenses. Itemize expenses not covered	03,0001	1073031	2373301	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SPAY/NEUTER/RABIES EXPE	949,041.	949,041.		
b	POSTAGE AND PRINTING	140,045.	<i></i>	28,009.	112,036.
c	SUPPLIES	128,624.	124,708.	3,916.	,
d	111 000000 00000000	69,196.	59,301.	7,507.	2,388.
	All other expenses	129,957.	92,933.	27,676.	9,348.
25	Total functional expenses. Add lines 1 through 24e	4,106,927.	3,513,028.	340,075.	253,824.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Charle have				

Form **990** (2021)

Check here

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

11 12 13 14	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ormer ontial control person person person n secti	officer, director, ontributor, or 35% ns ons (as defined on 4958(c)(3)(B)	(A) Beginning of year 1,123,215. 38,501.	1 2 3 4	(B) End of year 719,321.
9 10:3 14 2 13 14	Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or for trustee, key employee, creator or founder, substate controlled entity or family member of any of these Loans and other receivables from other disqualified under section 4958(f)(1)), and persons described in Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ormer on tial control person ed person secti	officer, director, entributor, or 35% ens ons (as defined on 4958(c)(3)(B)	Beginning of year 1,123,215.	2 3 4	End of year 719,321.
9 10:3 14 2 13 14	Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or for trustee, key employee, creator or founder, substate controlled entity or family member of any of these Loans and other receivables from other disqualified under section 4958(f)(1)), and persons described in Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ormer on tial control person ed person secti	officer, director, entributor, or 35% ens ons (as defined on 4958(c)(3)(B)		2 3 4	
8 8 9 10:11 12 13 14	Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or for trustee, key employee, creator or founder, substate controlled entity or family member of any of these Loans and other receivables from other disqualified under section 4958(f)(1)), and persons described in Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ormer on tial control person ed person secti	officer, director, entributor, or 35% ens ons (as defined on 4958(c)(3)(B)	38,501.	3 4 5	36,088.
A See to	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or for trustee, key employee, creator or founder, substant controlled entity or family member of any of these Loans and other receivables from other disqualified under section 4958(f)(1)), and persons described in Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ormer ontial contial contial contial continued person nections.	officer, director, ontributor, or 35% ns ons (as defined on 4958(c)(3)(B)	38,501.	5	36,088.
Passets 7 8 8 9 10: 11 12 13 14	Accounts receivable, net  Loans and other receivables from any current or for trustee, key employee, creator or founder, substate controlled entity or family member of any of these Loans and other receivables from other disqualified under section 4958(f)(1)), and persons described in Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ormer on tial contial contial contial continued person and person sections.	onfficer, director, ontributor, or 35% ons (as defined on 4958(c)(3)(B)	38,501.	5	36,088.
9 10: 11 12 13 14	Loans and other receivables from any current or for trustee, key employee, creator or founder, substant controlled entity or family member of any of these Loans and other receivables from other disqualified under section 4958(f)(1)), and persons described in Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ormer on tial contial contial continuity of person on sections.	officer, director, ontributor, or 35%  ns ons (as defined on 4958(c)(3)(B)			
Page 48 8 8 9 10: 11 12 13 14	controlled entity or family member of any of these Loans and other receivables from other disqualifie under section 4958(f)(1)), and persons described i Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	persor ed pers n secti	ons (as defined on 4958(c)(3)(B)			
Page 48 8 8 9 10: 11 12 13 14	Loans and other receivables from other disqualified under section 4958(f)(1)), and persons described it Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ed pers	ons (as defined on 4958(c)(3)(B)			
Page 48 8 8 9 10: 11 12 13 14	under section 4958(f)(1)), and persons described i Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	n secti	on 4958(c)(3)(B)		6	
8 9 10: 11 11 12 13 14	Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				6	
8 9 10: 11 11 12 13 14	Inventories for sale or use Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
10: 11 12 13 14	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				7	
10: 11 12 13 14	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	I		31,924.	8	31,782.
11 12 13 14	basis. Complete Part VI of Schedule D			4,063.	9	16,757.
11 12 13 14						
11 12 13 14			7,651,183.			
12 13 14		10b	2,513,886.	5,299,741.	10c	5,137,297.
13 14	Investments - publicly traded securities	10 000 770	11			
14	,		10,980,752.	12	9,049,010.	
	Investments - program-related. See Part IV, line 11		13			
4.5	Intangible assets	25 045	14	20.005		
15	Other assets. See Part IV, line 11		35,845.	15	30,085.	
16	Total assets. Add lines 1 through 15 (must equal	17,514,041.	16	15,020,340.		
17	Accounts payable and accrued expenses		25,886.	17	18,046.	
18	Grants payable				18	1
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Pa				21	
<u>s</u> 22	. ,					
Liabilities N	trustee, key employee, creator or founder, substan					
E	controlled entity or family member of any of these		22			
23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated to		· · · · · · · · · · · · · · · · · · ·	437,673.	24	
25	Other liabilities (including federal income tax, paya			437,073.		
23	parties, and other liabilities not included on lines 1					1
	of Schedule D	,	•	186,994.	25	192,391.
26				650,553.	26	210,437.
	Organizations that follow FASB ASC 958, check			727/227		
es	and complete lines 27, 28, 32, and 33.					
g 27	Net assets without donor restrictions		15,413,812.	27	13,319,206.	
<u> </u>		1,449,676.	28	1,490,697.		
힏	Organizations that do not follow FASB ASC 958					
	and complete lines 29 through 33.					
ි <u>2</u> 9	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	Paid-in or capital surplus, or land, building, or equ				30	
ğ 31	Retained earnings, endowment, accumulated inco			_	31	
를 32	Total net assets or fund balances			16,863,488.	32	14,809,903.
33	Total liabilities and net assets/fund balances			17,514,041.	33	15,020,340.

Form **990** (2021)

Pa	t XI Reconciliation of Net Assets				•			
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				78.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	106	5,9	27.		
3	Revenue less expenses. Subtract line 2 from line 1	3	_	430	),4	49.		
4	<b>5 5 7 7 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1</b>							
5	Net unrealized gains (losses) on investments	5	-1,	623	3,1	36.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	14,	809	9,9	03.		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
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?		L	2b	X	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
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?		L	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 Sin	gle Audit				1		
	Act and OMB Circular A-133?		L	За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>		
			F	orm	990	(2021)		

132012 12-09-21

#### **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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization WOODS HUMANE SOCIETY, 95-2058587 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Calendar year (or fiscal year beginning in)  (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total filts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3	02.						
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business	02.						
a 3637188. 2384858. 2092039. 2821018. 2253699. 131888  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 3637188. 2384858. 2092039. 2821018. 2253699. 131888  3 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business	02.						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4.  Section B. Total Support Calendar year (or fiscal year beginning in)  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	02.						
ization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   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							
or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2017  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							
3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ►  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							
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3							
the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ►  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  3637188 . 2384858 . 2092039 . 2821018 . 2253699 . 131888							
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ►  7 Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business  3637188 . 2384858 . 2092039 . 2821018 . 2253699 . 131888  2092039 . 2821018 . 2253699 . 131888  2092039 . 2821018 . 2253699 . 131888							
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  7 Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business							
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  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	02.						
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  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	02.						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   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  131888  131888  (c) 2019 (d) 2020 (e) 2021 (f) Total 2018  2253699 131888  2384858 2092039 2821018 2253699 131888	<u>02.</u>						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 3637188. 2384858. 2092039. 2821018. 2253699. 131888  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 334,942. 290,704. 229,244. 59,892. 171,042. 10858	02.						
amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4 3637188. 2384858. 2092039. 2821018. 2253699. 131888  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 334,942. 290,704. 229,244. 59,892. 171,042. 10858	02.						
column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  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  131888  131888  (c) 2019  (d) 2020  (e) 2021  (f) Total Support Subtract line 5 from line 4.  2384858. 2092039. 2821018. 2253699. 131888	02.						
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 3637188. 2384858. 2092039. 2821018. 2253699. 131888  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business	02.						
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 3637188. 2384858. 2092039. 2821018. 2253699. 131888  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business	02.						
Section B. Total Support         Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total 3637188         7 Amounts from line 4       3637188       2384858       2092039       2821018       2253699       131888         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       334,942       290,704       229,244       59,892       171,042       10858         9 Net income from unrelated business							
7 Amounts from line 4 3637188. 2384858. 2092039. 2821018. 2253699. 131888 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 334,942. 290,704. 229,244. 59,892. 171,042. 10858 9 Net income from unrelated business							
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 334,942. 290,704. 229,244. 59,892. 171,042. 10858 9 Net income from unrelated business							
dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business 334,942. 290,704. 229,244. 59,892. 171,042. 10858	02.						
securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business  334,942. 290,704. 229,244. 59,892. 171,042. 10858							
securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business  334,942. 290,704. 229,244. 59,892. 171,042. 10858							
and income from similar sources 334,942. 290,704. 229,244. 59,892. 171,042. 10858  9 Net income from unrelated business							
9 Net income from unrelated business	24.						
activities, whether or not the							
activities, whether or not the							
business is regularly carried on							
10 Other income. Do not include gain							
or loss from the sale of capital							
assets (Explain in Part VI.)							
11 Total support. Add lines 7 through 10 142746	26.						
12 Gross receipts from related activities, etc. (see instructions)							
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here							
Section C. Computation of Public Support Percentage							
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	%						
15 Public support percentage from 2020 Schedule A, Part II, line 14	%						
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
stop here. The organization qualifies as a publicly supported organization	X						
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
and stop here. The organization qualifies as a publicly supported organization							
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the							
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? 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.	1		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
3601	tion 6. Type it Supporting Organizations			
	Many and the file and the file of the file		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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.	3		
Sect	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 instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction		ı
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3h below.	<u> </u>		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

All other Type III non-functionally integrated supporting organizations must 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			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	Type III supporting orga	nization (see	
	instructions).			·	

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
_6	Other distributions (describe in Part VI). See instructions.			6			
_ 7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
С	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
<u>i</u>	Carryover from 2016 not applied (see instructions)						
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7:						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
<u>e</u>	Excess from 2021						

Schedule A (Form 990) 2021

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

**Employer identification number** 

WOODS HUMANE SOCIETY 95-2058587 INC. 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** ☐ 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 X 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

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that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

WOODS	ODS HUMANE SOCIETY, INC. 95-				
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

### WOODS HUMANE SOCIETY, INC.

95-2058587

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123/153 11-11	01		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** WOODS HUMANE SOCIETY, INC. 95-2058587 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 (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

WOODS HUMANE SOCIETY, INC.

**Employer identification number** 95-2058587

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or Ac	counts. Complete if the
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dor	nor 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	lvisors in writing that grant fund	s can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	ourpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Fo	rm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	ion or education) 🔲 Presei	vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation 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 in t	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 stru-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a histori	ic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminate	ed by the organi	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, han	dling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforce	cing conservation	n easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing o	conservation ea	sements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 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 financia	l statements tha	at describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tussaures	ou Othou C	imiles Accets
Pai	Organizations Maintaining Collections of		s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ	, , ,		nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	ch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				•
2	If the organization received or held works of art, historical trea		financial gain, p	provide
	the following amounts required to be reported under FASB AS			
	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) 2021

132051 10-28-21

a list fine organization is acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply):  a Public exhibition  b Scholarly research  c Preservation for future generations  4 Provide a description of the organization collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the very did the organization solicit or receive donations of art, historical treasures, or other similar assets  to be sold to raise funds rather than to be maintained as part of the organization's collection?	Par	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or C	Other S	Similar A	Assets	(contin	ued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	ake sign	ificant us	e of its			
b Scholarly research e Other  Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold for passe funds rather than to be maintained as part of the organization's collection?  Vee No  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount to Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  In the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21.  b If "Yes", explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  I dd  Distributions during the year  Ending balance  Distributions during the year  Ending balance  Distributions during the year  Finding balance  C Bolditions during the year  Ending balance  Distributions during the year  Ending balance  C Bolditions during the year  Ending balance  C Bolditions during the year  Ending balance  Distributions during the year  Ending balance  C Bolditions during the year  Bolditions during the year  Ending balance  C Bolditions during the year  Ending balance  C Bolditions during the year  Ending balance  C Bolditions during the year  Bolditions during the year  Bolditions during the year  Ending balance  C Bolditions during the year  Bolditions		collection items (check all that apply):									
c	а	Public exhibition	d	Loan or excl	nange program						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  1 be sold to raise funds rather than to be maintained as part of the organization sollection?  1 be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 11.  2 beginning belance  2 beginning belance  3 bishrivitors during the year  4 did	b	Scholarly research	е	Other							
5 During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations									
The sold for raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	s exempt	t purpose	in Part	XIII.		
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other s	similar as	sets				
Teleported an amount on Form 990, Part X, line 21.   Teleported an amount on Form 990, Part X   Image   Imag											No
1	Pai			te if the organization	n answered "Ye	es" on Fo	orm 990, I	Part IV, I	ine 9, or		
on Form 990, Part X?    Yes		reported an amount on Form 990, Par	t X, line 21.								
b   f   f   f   f   f   f   f   f   f	1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other asset	s not inc	luded		_		
C   Beginning balance     C     C     C     C     C     C   C     C     C     C     C     C     C     C     C     C     C   C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C     C   C     C     C     C     C     C     C     C     C     C     C   C     C     C     C     C     C     C     C     C     C     C   C     C     C     C     C     C     C     C     C     C     C   C     C     C     C     C     C     C     C     C     C     C   C     C     C     C     C     C     C     C     C     C     C   C     C     C     C     C     C     C     C     C     C     C   C		on Form 990, Part X?						$\square$	Yes		No
C   Beginning balance   1c	b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
d Additions during the year    Elitributions during the year   1   1   1   1   1   1   1   1   1									Amount		
Example   Distributions during the year   Example   E	С	Beginning balance					1c				
f Ending balance   If	d	Additions during the year					1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability	е	Distributions during the year					1e				
b   f *Ves." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII											
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Part V   (a) Current year   (b) Prior year   (c) Two years back   (d) Three y	2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	stodial accoun	t liability?	?	L	Yes	Щ	No
1											
1a Beginning of year balance       1,351,010.       30,655.       30,637.       29,629.       28,879.         b Contributions       1,265,066.	Pai	rt <b>v</b>   <b>Endowment Funds.</b> Complete if									<del></del>
b Contributions			` ' '	., ,	` ,				(e) Four		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses			1,351,010.	· · · · · · · · · · · · · · · · · · ·	30,0	637.	2.	9,629.		28,8	79.
d Grants or scholarships				· · · · · ·							
e Other expenditures for facilities and programs  f Administrative expenses	С	Net investment earnings, gains, and losses	-184,235.	72,367.		936.	-	1,785.		3,6	07.
and programs											
f Administrative expenses       -6,634.       -17,078.       -918.       -775.       -804.         g End of year balance       1,160,141.       1,351,010.       30,655.       30,639.       31,682.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
g End of year balance											
Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f		,	· · · · · · · · · · · · · · · · · · ·							
a Board designated or quasi-endowment ▶	g	-				655.	31	0,639.		31,6	82.
b Permanent endowment		,	ent year end balance	(line 1g, column (a)	) held as:						
Term endowment				_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:    (i) Unrelated organizations   Sa(ii)   X		·									
Are there endowment funds not in the possession of the organization that are held and administered for the organization  by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  52,425.  52,425.  b Buildings  6,898,537. 2,032,636. 4,865,901.  c Leasehold improvements  d Equipment  594,312. 481,250. 113,062.  e Other	С										
Second   S			•								
(ii) Unrelated organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land 52,425.  b Buildings 6,898,537. 2,032,636. 4,865,901.  c Leasehold improvements d Equipment e Other 105,909.	3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered	for the c	organizati	on	Г	v	<u> </u>
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  52,425.  b Buildings  6,898,537.  2,032,636.  4,865,901.  c Leasehold improvements  d Equipment  594,312.  481,250.  113,062.  e Other		•								-	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  52,425.  52,425.  b Buildings  6,898,537.  2,032,636.  4,865,901.  c Leasehold improvements  d Equipment  90, Part IV, line 11a. See Form 990, Part X, line 10.  (a) Book value  52,425.  52,425.  52,425.  52,425.  6,898,537.  13,062.  e Other											
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  formulated depreciation  52,425.  52,425.  b Buildings  c Leasehold improvements  d Equipment  e Other  Other		(ii) Related organizations									<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation									36		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1a Land         52,425.         52,425.           b Buildings         6,898,537.         2,032,636.         4,865,901.           c Leasehold improvements         594,312.         481,250.         113,062.           e Other         105,909.         105,909.				ment funds.							
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	ı aı			Dart IV line 11a S	00 Form 000 B	ort V line	0.10				
basis (investment)         basis (other)         depreciation           1a Land         52,425.         52,425.           b Buildings         6,898,537.         2,032,636.         4,865,901.           c Leasehold improvements         594,312.         481,250.         113,062.           e Other         105,909.         105,909.									(-I) D1		—
1a Land       52,425.       52,425.         b Buildings       6,898,537.       2,032,636.       4,865,901.         c Leasehold improvements       594,312.       481,250.       113,062.         e Other       105,909.       105,909.		Description of property	1 ' '						(a) Book	value	
b Buildings       6,898,537.       2,032,636.       4,865,901.         c Leasehold improvements       594,312.       481,250.       113,062.         e Other       105,909.       105,909.	4-	Lond	<del>-   ` `                                </del>	· · · · · · · · · · · · · · · · · · ·		depre	Joiation		5.3	12	
c Leasehold improvements       594,312.       481,250.       113,062.         e Other       105,909.       105,909.						2 03	22 63	6			
d Equipment       594,312.       481,250.       113,062.         e Other       105,909.       105,909.				0,09	· ,	4,03	, , , , ,	<del>-  </del>	<del>-</del> ,000	, 50	<b>-</b> •
e Other 105,909. 105,909.				50	<u>4 312  </u>	ΛΩ	1 25	0.	113	0.6	2
Total Add lines 1a through 1e. (Column (d) must equal Form 900. Part V. column (P), line 10a.)						0	, _ ,	<del>`</del>			
									5.137	20	7.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WOODS HUMAN	E SOCIETY, INC	2 <b>.</b> 95	-2058587 Page <b>3</b>					
Part VII Investments - Other Securities.	,		, ago					
Complete if the organization answered "Yes"	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value					
(1) Financial derivatives								
(2) Closely held equity interests								
(3) Other								
(A) SCHWAB - MUTUAL FUNDS	9,049,010.	END-OF-YEAR MARKET	VALUE					
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	9,049,010.							
Part VIII Investments - Program Related.	-							
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.						
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value					
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
<u>(7)</u>								
(8)								
(9)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.								
Complete if the organization answered "Yes"	on Form 900 Part IV line 1	11d Soc Form 000 Part V line 15						
	Description	Tru. See Form 990, Fart A, line 15.	(b) Book value					
	Description		(b) Book value					
<u>(1)</u>								
(2)								
(3)								
(4)								
(5)								
(6)								
(8)								
(9)								
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	9 15.)	<b>&gt;</b>						
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	l 1e or 11f. See Form 990, Part X, line 25						
1. (a) Description of liability			(b) Book value					
(1) Federal income taxes								
(2) ACCRUED EXPENSES			192,391.					
(3)			-					

(1) Federal income taxes
(2) ACCRUED EXPENSES
(3)
(4)
(5)
(6)
(7)
(8)
(9)

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

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

Schedule D (Form 990) 2021

		(101111536) 2021 1101IIII 2001211   11101				a cocoo, lago.
Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts Wit	th Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	2,088,107.
2	Amoui	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	-1,623,136.		
b	Donate	ed services and use of facilities	2b	34,765.		
С		eries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			
е		nes <b>2a</b> through <b>2d</b>			2e	-1,588,371.
3	Subtra	act line 2e from line 1			3	3,676,478.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,676,478.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	nts W	ith Expenses per F	Returi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	4,160,442.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	53,515.		
b	Prior y	rear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	53,515.
3	Subtra	act line 2e from line 1			3	4,106,927.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	4,106,927.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE ORGANIZATION'S ACTIVITIES ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA FRANCHISE TAX CODE. SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAX EXPENSE. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION. MANAGEMENT IS NOT AWARE OF ANY TRANSACTIONS THAT WOULD IMPACT THE ORGANIZATION'S TAX-EXEMPT STATUS. FOR THE YEAR ENDED JUNE 30, 2022, MANAGEMENT OF THE ORGANIZATION IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE ACCOUNTED FOR IN THE FINANCIAL STATEMENTS UNDER THE PRINCIPLES OF THE INCOME TAXES TOPIC OF THE FASB (ASC). THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES, IF ANY

Schedule D (Form 990) 2021

#### 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

2021

Open to Public Inspection

Name of the organization

WOODS HUMANE SOCIETY, INC.

Employer identification number

95-2058587

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. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TAILS	WINE4PAWS	5	(add col. (a) through
ø.			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	135,806.	70,774.	68,166.	274,746.
ш	2	Less: Contributions	125,146.	70,774.	68,166.	264,086.
	3	Gross income (line 1 minus line 2)	10,660.			10,660.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
Ī	8	Entertainment	10.105	10.005	- 110	50.560
	9	Other direct expenses	43,186.		5,449.	59,562. 59,562.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-48,902.
Pa	rt I	II Gaming. Complete if the organization		990, Part IV, line 19, or r		10/3021
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вè	1	Gross revenue				
	Ė	aross revenue				
rses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	<b>&gt;</b>	
		ter the state(s) in which the organization condu	ucts gaming activities: _			Yes No
		No," explain:				IES NO
		ere any of the organization's gaming licenses re	•			Yes No

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 WOODS HUMANE SOCIETY, INC. 95-	-2058587	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>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:	100	
Enter the hame and address of the person who propares the organization's gaining opeous events books and resortes.		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ 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 complete provided		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
<b>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 > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III. lines 9. !	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,,
,,,,,		

Schedule G	(Form 990) Supplemental Infor	WOODS	HUMANE	SOCIETY,	INC.	95-2058587	Page 4
Part IV	Supplemental Infor	mation (co	ontinued)				
		100					
-							
_							
	<u> </u>						

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

WOODS HUMANE SOCIETY, INC.

Employer identification number 95-2058587

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations  Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
_	organization or a related organization:	4-		Х			
a	Receive a severance payment or change-of-control payment?	4a		X			
D	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b 4c		X			
·	c Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Tes to any or lines 44.0, list the persons and provide the applicable amounts for each item in art in.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
•	contingent on the revenues of:						
а	The organization?	5a		Х			
	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х			
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NEIL TRENT	(i)	174,728.	0.	0.	0.	9,763.		0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LESLIE SKLENA	(i)	134,617.	0.	0.	0.	7,271.	141,888.	0.
DIRECTOR OF VETERINARY SER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

#### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WOODS HIMANE SOCIETY

Employer identification number 2058587

WOODS HUMANE SOCIETY, INC. 93-2038387
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEY CAN BE PLACED IN A GOOD HOME.
FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT COMMITTEE REVIEWS THE AUDIT REPORT. THE BOARD REVIEWS THE 990.
THE AUDIT COMMITTEE IS MADE UP OF A COMBINATION OF BOARD AND NON-BOARD
MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS OF THE ORGANIZATION REVIEW THE CONFLICT OF INTEREST STATEMENTS.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S SALARY AND VOTE ON
ANY INCREASE IN SALARY. THE BOARD THEN DOCUMENTS IN THE MINUTES THE
INCREASES.
FORM 990, PART VI, SECTION C, LINE 18:
INFORMATION IS AVAILABLE UPON REQUEST. THE FORM 990 IS AVAILABLE ON THE
ORGANIZATION'S WEBSITE.
FORM 990, PART VI, SECTION C, LINE 19:
COPIES AVAILABLE UPON REQUEST. THE FORM 990 IS AVAILABLE ON THE
ORGANIZATION'S WEBSITE.

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

Schedule O (Form 990) 2021