Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning , and ending

WASHINGTON ST. ANIMAL RESPONSE TEAM 26-0295234
DBA WASART

Net Asset / Fund Balance at Beginning of Year			226,606
Revenue			
Contributions	83,253		
Program service revenue	3,205		
Investment income	60		
Capital gain / loss	12,500		
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	891		
Total revenue		99,909	
Expenses			
Program services			
Management and general			
Fundraising			
Total expenses		82,314	
Excess / (deficit)			17,595
Changes			
Net Asset / Fund Balance at End of Year			244,201

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	

Balance Sheet

	Beginning	Ending	Differences
Assets	226,644	244,322	
Liabilities	38	121	
Net assets	226,606	244,201	17,595

Miscellaneous Information

Amended return	
Return / extended due date	11/15/22
Failure to file penalty	

06/08/2022

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

2021

For calendar year 2021, or fiscal year beginning ....., 2021, and ending ....., 20 .....

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to** *www.irs.gov/Form8879TE* **for the latest information.**

Name of filer: **WASHINGTON ST. ANIMAL RESPONSE TEAM**
DBA WASART

EIN or SSN: **26-0295234**

Name and title of officer or person subject to tax: **GRETCHEN MCCALLUM, JD**
TREASURER

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 any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b
2a	**Form 990-EZ** check here ▶	☒	**b Total revenue,** if any (Form 990-EZ, line 9)	2b 99,909
3a	**Form 1120-POL** check here ▶	☐	**b Total tax** (Form 1120-POL, line 22)	3b
4a	**Form 990-PF** check here ▶	☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b
5a	**Form 8868** check here ▶	☐	**b Balance due** (Form 8868, line 3c)	5b
6a	**Form 990-T** check here ▶	☐	**b Total tax** (Form 990-T, Part III, line 4)	6b
7a	**Form 4720** check here ▶	☐	**b Total tax** (Form 4720, Part III, line 1)	7b
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, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **BETTINGER ANDERSON CPA GROUP PS** to enter my PIN **92270** as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN 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 on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ GMcCallum, Treasurer Date ▶ 06/08/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **91524726872**
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ **RYAN A. SIMONSON, CPA** Date ▶ 06/08/22

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WASHINGTON ST. ANIMAL RESPONSE TEAM
DBA WASART

Number and street (or P.O. box if mail is not delivered to street address) — Room/suite
PO BOX 21

City or town, state or province, country, and ZIP or foreign postal code
ENUMCLAW WA 98022

D Employer identification number
26-0295234

E Telephone number
425-822-1525

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990).

I Website: ▶ WASHINGTONSART.ORG

J Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 102,991

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	83,253
	2	Program service revenue including government fees and contracts		2	3,205
	3	Membership dues and assessments		3	
	4	Investment income		4	60
	5a	Gross amount from sale of assets other than inventory	5a 12,500		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	12,500
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a 3,658		
	b	Less: cost of goods sold	7b 3,082		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	576
	8	Other revenue (describe in Schedule O)		8	315
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	99,909
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	7,801
	14	Occupancy, rent, utilities, and maintenance		14	5,540
	15	Printing, publications, postage, and shipping		15	505
	16	Other expenses (describe in Schedule O)		16	68,468
	17	**Total expenses.** Add lines 10 through 16 ▶		17	82,314
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	17,595
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	226,606
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	244,201

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	156,486	22	201,929
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	70,158	24	42,393
25 **Total assets**	226,644	25	244,322
26 **Total liabilities** (describe in Schedule O)	38	26	121
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	226,606	27	244,201

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III X

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 RESCUED AND HELPED NUMEROUS COMPANION ANIMALS AND LIVESTOCK OUT OF PRECARIOUS SITUATIONS. ALSO TRAINED VOLUNTEERS TO HELP.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 45,633

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 45,633

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if **not paid, enter -0-**)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEANETTE WHITMIRE SECRETARY	4.50	0	0	0
JEREMY KANE EMT, VP	3.00	0	0	0
JEFF DAHL, DVM ADVISING SPECIALIST	2.50	0	0	0
KIMBERLY TAYLOR TRAINING DIRECTOR	3.00	0	0	0
GRETCHEN MCCALLUM, JD TREASURER	4.00	0	0	0
MICHAELA EAVES PUBLIC INFO OFFICER	6.50	0	0	0
RORY KELLEHER ADVISING SPECIALIST	3.00	0	0	0
JULIE SHIPMAN ADVISING SPECIALIST	3.00	0	0	0
JOSETTE HOLDEN PRESIDENT	3.00	0	0	0
WILLIAM DAUGAARD PAST PRESIDENT	3.00	0	0	0
GRETA COOK ADVISING SPECIALIST	3.00	0	0	0
DIANE JOHNSON ADVISING SPECIALIST	3.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ RITZ DUCHESNE Telephone no. ▶ 603-478-1881

PO BOX 21

Located at ▶ ENUMCLAW WA ZIP + 4 ▶ 98022

			Yes	No
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		X

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☒ Yes ☐ No

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

Sign Here

Signature of officer — Date: 6/13/22

GRETCHEN MCCALLUM, JD TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RYAN A. SIMONSON, CPA	RYAN A. SIMONSON, CPA	06/08/22		P01880416

Firm's name ▶ BETTINGER ANDERSON CPA GROUP PS — Firm's EIN ▶ 91-1933283

Firm's address ▶ 4040 LAKE WASHINGTON BLVD NE, SUITE 203 KIRKLAND, WA 98033 — Phone no. 425-827-8771

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

SCHEDULE A (Form 990)

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

Name of the organization	Employer identification number
WASHINGTON ST. ANIMAL RESPONSE TEAM DBA WASART	26-0295234

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ 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).**

4 ☐ 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: .....

5 ☐ 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).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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 university: .....

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 331/3% 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.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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.

f Enter the number of supported organizations ..... ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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)) ..... 14 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **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 ..... ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	77,636	81,572	86,800	84,954	83,253	414,215
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,279	5,327	2,612	965	3,658	18,841
3 Gross receipts from activities that are not an unrelated trade or business under section 513	9,121	7,071	8,378	995	3,205	28,770
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	93,036	93,970	97,790	86,914	90,116	461,826
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						461,826

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	93,036	93,970	97,790	86,914	90,116	461,826
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	64	140	237	90	60	591
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	64	140	237	90	60	591
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	93,100	94,110	98,027	87,004	90,176	462,417

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.87 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.89 %

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.*	6		
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).*	7		
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).*	8		
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.*	9a		
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.*	9b		
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.*	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	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		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ 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.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors *(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		

Section 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-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization
WASHINGTON ST. ANIMAL RESPONSE TEAM DBA WASART

Employer identification number
26-0295234

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ .....

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

Name of organization
WASHINGTON ST. ANIMAL RESPONSE TEAM

Employer identification number
26-0295234

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	DAWN JASPER PO BOX 3545 BELLEVUE WA 98009	$ 10,075	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.)

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization WASHINGTON ST. ANIMAL RESPONSE TEAM
DBA WASART

Employer identification number
26-0295234

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
MISCELLANEOUS	$ 315
TOTAL	$ 315

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
INSURANCE	$ 8,629
DEPLOYMENT	$ 1,060
DUES AND SUBSCRIPTIONS	$ 220
FUEL	$ 1,002
LICENSES AND PERMITS	$ 916
BANK FEES	$ 1,051
SMALL EQUIPMENT	$ 612
SOFTWARE	$ 1,982
SUPPLIES	$ 9,443
TRAINING	$ 6,370
UTILITIES	$ 4,730
MISCELLANEOUS	$ 2,633
NON-INVESTMENT DEPRECIATION	$ 29,820
TOTAL	$ 68,468

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR

Name of the organization: WASHINGTON ST. ANIMAL RESPONSE TEAM

Employer identification number: 26-0295234

INVENTORIES FOR SALE OR USE	$	8,186	$	6,462
EQUIPMENT	$	66,645	$	70,424
LESS ACCUMULATED DEPRECIATION	$	23,786	$	30,595
VEHICLES	$	169,581	$	153,381
LESS ACCUMULATED DEPRECIATION	$	150,468	$	157,279
TOTAL	$	70,158	$	42,393

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 38	$ 121

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

HELP COMPANION ANIMALS AND LIVESTOCK OUT OF IMMEDIATE CRISIS AND DANGEROUS SITUATIONS.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
▶ **Go to** *www.irs.gov/Form4562* **for instructions and the latest information.**

OMB No. 1545-0172
2021
Attachment Sequence No. **179**

Name(s) shown on return: **WASHINGTON ST. ANIMAL RESPONSE TEAM DBA WASART**

Identifying number: **26-0295234**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	26,675

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	26,675
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

26-0295234

Federal Asset Report
Form 990, Page 1

06/08/2022

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:											
1	Projector	7/15/08	300			300	5	MO	S/L	300	0
2	Laptops - 2	8/15/08	1,500			1,500	5	MO	S/L	1,500	0
3	Rope	8/15/08	1,656			1,656	7	MO	S/L	1,656	0
4	Avatar full body harness	8/15/09	190			190	7	MO	S/L	190	0
5	Shanks horse head protect	8/15/09	350			350	7	MO	S/L	350	0
6	08 TNT 14' trailer	8/15/09	4,008			4,008	5	MO	S/L	1,270	801
7	Becker Lg rescue sling	9/15/09	1,208			1,208	7	MO	S/L	1,208	0
8	Lg rescue glide	10/15/09	1,757			1,757	7	MO	S/L	1,757	0
9	3 KW Honda Generator	11/15/09	1,960			1,960	7	MO	S/L	1,960	0
10	ICOM 50W Mobile radios 3	3/15/10	1,300			1,300	7	MO	S/L	775	185
11	Stihl chain saw	7/15/10	209			209	7	MO	S/L	135	30
12	94 WellsCargo12'UtilTrlr	7/15/10	2,000			2,000	5	MO	S/L	1,000	400
13	Trail Clrg Eq+4SpaceBlank	8/15/10	422			422	7	MO	S/L	275	61
14	2 Inch Webbing Red	8/15/10	107			107	7	MO	S/L	69	16
15	95TritonTrlrCorral Panels	4/15/11	2,000			2,000	7	MO	S/L	1,501	285
16	Laptop	6/15/11	750			750	5	MO	S/L	750	0
17	Titan Static Horse Maniki	10/15/11	500			500	7	MO	S/L	500	0
18	Shanks Horse Head Protect	3/15/13	175			175	7	MO	S/L	175	0
19	Avid Microchip scannerX3	4/15/13	450			450	7	MO	S/L	450	0
20	06 Ford F250 pickup Truck	5/15/13	19,900			19,900	5	MO	S/L	19,900	0
21	Locking Pin	5/15/13	28			28	7	MO	S/L	28	0
22	Lrg Rescue glide	12/15/13	1,584			1,584	7	MO	S/L	1,582	2
23	Electric hot knife	7/15/13	125			125	5	MO	S/L	125	0
24	Rope	7/15/13	730			730	7	MO	S/L	730	0
25	Tarps etc for Trlr #2	10/15/13	65			65	7	MO	S/L	63	2
26	Rope	9/15/13	3,545			3,545	7	MO	S/L	3,545	0
27	CascRescueLitter/access	3/15/14	1,485			1,485	7	MO	S/L	1,449	36
28	HP All in One Printer	5/15/14	219			219	5	MO	S/L	200	19
29	Laptop	6/15/14	843			843	5	MO	S/L	824	19
30	Pop Up Tent	9/15/14	241			241	7	MO	S/L	199	42
31	Rescue ropes	10/15/14	962			962	7	MO	S/L	840	122
32	2010 Chevy Box Van Sold/Scrapped: 4/30/21	12/31/14	16,200			16,200	5	MO	S/L	16,200	0
33	Box Van Equipment/2015	6/30/15	3,521			3,521	5	MO	S/L	3,521	0
34	Sign	5/08/15	330			330	7	MO	S/L	266	47
35	Monopole for A Frame	5/26/15	1,650			1,650	7	MO	S/L	1,318	235
36	Monopole for A Frame	9/16/15	1,650			1,650	7	MO	S/L	1,239	235
37	Rescue Bipod & Hardware	5/19/15	4,688			4,688	7	MO	S/L	3,741	669
38	Becker Sling Package	2/20/15	1,584			1,584	5	MO	S/L	1,584	0
39	Honda Generator	2/06/15	760			760	7	MO	S/L	645	108
40	Picket Stake for A Frame	4/30/15	480			480	7	MO	S/L	391	68
41	Chain Saw	2/05/15	278			278	7	MO	S/L	236	39
42	Rescue Tripod Head/Chain	9/15/15	1,020			1,020	7	MO	S/L	779	145
43	Rescue Litter	8/13/15	1,464			1,464	7	MO	S/L	1,132	209
44	AKC Trailer #4	1/01/16	25,000			25,000	5	MO	S/L	25,000	0
45	Rescue Ropes	2/19/16	1,628			1,628	7	MO	S/L	1,126	232
46	Rope Rescue Equipment	3/15/16	3,726			3,726	7	MO	S/L	2,572	533
47	Rope Rescue Equipment	8/15/16	474			474	7	MO	S/L	300	67
48	Printer	3/15/16	137			137	5	MO	S/L	131	6
49	AKC Trailer #5	8/26/16	25,000			25,000	5	MO	S/L	21,667	3,333
50	Radios/Chargers-NSI Comm	1/18/17	3,371			3,371	3	MO	S/L	3,371	0
51	Tripod/Bipod/ReleaseBar	7/03/17	9,012			9,012	5	MO	S/L	6,307	1,803
52	15 Dodge 4X4 P/U	10/26/17	33,513			33,513	5	MO	S/L	21,226	6,702
53	Canopy for Dodge	1/05/18	2,000			2,000	5	MO	S/L	1,200	400
54	Remote Area Lighting	9/13/18	5,730			5,730	5	MO	S/L	2,674	1,146
55	Winch	9/24/18	2,481			2,481	5	MO	S/L	1,116	496
56	Isuzu Truck	10/01/19	31,500			31,500	5	MO	S/L	7,875	6,300
57	Build-Out for Isuzu	10/01/19	4,047			4,047	5	MO	S/L	1,011	810
58	Build-Out Additional for	11/01/19	1,019			1,019	5	MO	S/L	238	204
59	Build-Out Additional for	12/01/19	1,444			1,444	5	MO	S/L	313	289
60	Canoe for Water Rescue	9/29/21	3,779			3,779	5	MO	S/L	0	189
61	Build Out	2/29/20	1,951			1,951	5	MO	S/L	358	390
	Total Other Depreciation		240,006			240,006				172,843	26,675
	Total ACRS and Other Depreciation		240,006			240,006				172,843	26,675

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Grand Totals		240,006				240,006				172,843	26,675
	Less: Dispositions and Transfers		16,200				16,200				16,200	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		223,806				223,806				156,643	26,675

26-0295234

AMT Asset Report
Form 990, Page 1

06/08/2022

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Projector	7/15/08	0				0	0	HY		0	0
2	Laptops - 2	8/15/08	0				0	0	HY		0	0
3	Rope	8/15/08	0				0	0	HY		0	0
4	Avatar full body harness	8/15/09	0				0	0	HY		0	0
5	Shanks horse head protect	8/15/09	0				0	0	HY		0	0
6	08 TNT 14' trailer	8/15/09	0				0	0	HY		0	0
7	Becker Lg rescue sling	9/15/09	0				0	0	HY		0	0
8	Lg rescue glide	10/15/09	0				0	0	HY		0	0
9	3 KW Honda Generator	11/15/09	0				0	0	HY		0	0
10	ICOM 50W Mobile radios 3	3/15/10	0				0	0	HY		0	0
11	Stihl chain saw	7/15/10	0				0	0	HY		0	0
12	94 WellsCargo12'UtilTrlr	7/15/10	0				0	0	HY		0	0
13	Trail Clrg Eq+4SpaceBlank	8/15/10	0				0	0	HY		0	0
14	2 Inch Webbing Red	8/15/10	0				0	0	HY		0	0
15	95TritonTrlrCorral Panels	4/15/11	0				0	0	HY		0	0
16	Laptop	6/15/11	0				0	0	HY		0	0
17	Titan Static Horse Maniki	10/15/11	0				0	0	HY		0	0
18	Shanks Horse Head Protect	3/15/13	0				0	0	HY		0	0
19	Avid Microchip scannerX3	4/15/13	0				0	0	HY		0	0
20	06 Ford F250 pickup Truck	5/15/13	0				0	0	HY		0	0
21	Locking Pin	5/15/13	0				0	0	HY		0	0
22	Lrg Rescue glide	12/15/13	0				0	0	HY		0	0
23	Electric hot knife	7/15/13	0				0	0	HY		0	0
24	Rope	7/15/13	0				0	0	HY		0	0
25	Tarps etc for Trlr #2	10/15/13	0				0	0	HY		0	0
26	Rope	9/15/13	0				0	0	HY		0	0
27	CascRescueLitter/access	3/15/14	0				0	0	HY		0	0
28	HP All in One Printer	5/15/14	0				0	0	HY		0	0
29	Laptop	6/15/14	0				0	0	HY		0	0
30	Pop Up Tent	9/15/14	0				0	0	HY		0	0
31	Rescue ropes	10/15/14	0				0	0	HY		0	0
32	2010 Chevy Box Van Sold/Scrapped: 4/30/21	12/31/14	0				0	0	HY		0	0
33	Box Van Equipment/2015	6/30/15	0				0	0	HY		0	0
34	Sign	5/08/15	0				0	0	HY		0	0
35	Monopole for A Frame	5/26/15	0				0	0	HY		0	0
36	Monopole for A Frame	9/16/15	0				0	0	HY		0	0
37	Rescue Bipod & Hardware	5/19/15	0				0	0	HY		0	0
38	Becker Sling Package	2/20/15	0				0	0	HY		0	0
39	Honda Generator	2/06/15	0				0	0	HY		0	0
40	Picket Stake for A Frame	4/30/15	0				0	0	HY		0	0
41	Chain Saw	2/05/15	0				0	0	HY		0	0
42	Rescue Tripod Head/Chain	9/15/15	0				0	0	HY		0	0
43	Rescue Litter	8/13/15	0				0	0	HY		0	0
44	AKC Trailer #4	1/01/16	0				0	0	HY		0	0
45	Rescue Ropes	2/19/16	0				0	0	HY		0	0
46	Rope Rescue Equipment	3/15/16	0				0	0	HY		0	0
47	Rope Rescue Equipment	8/15/16	0				0	0	HY		0	0
48	Printer	3/15/16	0				0	0	HY		0	0
49	AKC Trailer #5	8/26/16	0				0	0	HY		0	0
50	Radios/Chargers-NSI Comm	1/18/17	0				0	0	HY		0	0
51	Tripod/Bipod/ReleaseBar	7/03/17	0				0	0	HY		0	0
52	15 Dodge 4X4 P/U	10/26/17	0				0	0	HY		0	0
53	Canopy for Dodge	1/05/18	0				0	0	HY		0	0
54	Remote Area Lighting	9/13/18	0				0	0	HY		0	0
55	Winch	9/24/18	0				0	0	HY		0	0
56	Isuzu Truck	10/01/19	0				0	0	HY		0	0
57	Build-Out for Isuzu	10/01/19	0				0	0	HY		0	0
58	Build-Out Additional for	11/01/19	0				0	0	HY		0	0
59	Build-Out Additional for	12/01/19	0				0	0	HY		0	0
60	Canoe for Water Rescue	9/29/21	0				0	0	HY		0	0
61	Build Out	2/29/20	0				0	0	HY		0	0
	Total Other Depreciation		0				0				0	0
	Total ACRS and Other Depreciation		0				0				0	0

26-0295234

AMT Asset Report
Form 990, Page 1

06/08/2022

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		0				0				0	0

26-0295234

Depreciation Adjustment Report
All Business Activities

06/08/2022

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

06/08/2022

26-0295234

Future Depreciation Report FYE: 12/31/22

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Projector	7/15/08	300	0	0
2	Laptops - 2	8/15/08	1,500	0	0
3	Rope	8/15/08	1,656	0	0
4	Avatar full body harness	8/15/09	190	0	0
5	Shanks horse head protect	8/15/09	350	0	0
6	08 TNT 14' trailer	8/15/09	4,008	802	0
7	Becker Lg rescue sling	9/15/09	1,208	0	0
8	Lg rescue glide	10/15/09	1,757	0	0
9	3 KW Honda Generator	11/15/09	1,960	0	0
10	ICOM 50W Mobile radios 3	3/15/10	1,300	186	0
11	Stihl chain saw	7/15/10	209	30	0
12	94 WellsCargo12'UtilTrlr	7/15/10	2,000	400	0
13	Trail Clrg Eq+4SpaceBlank	8/15/10	422	60	0
14	2 Inch Webbing Red	8/15/10	107	15	0
15	95TritonTrlrCorral Panels	4/15/11	2,000	214	0
16	Laptop	6/15/11	750	0	0
17	Titan Static Horse Maniki	10/15/11	500	0	0
18	Shanks Horse Head Protect	3/15/13	175	0	0
19	Avid Microchip scannerX3	4/15/13	450	0	0
20	06 Ford F250 pickup Truck	5/15/13	19,900	0	0
21	Locking Pin	5/15/13	28	0	0
22	Lrg Rescue glide	12/15/13	1,584	0	0
23	Electric hot knife	7/15/13	125	0	0
24	Rope	7/15/13	730	0	0
25	Tarps etc for Trlr #2	10/15/13	65	0	0
26	Rope	9/15/13	3,545	0	0
27	CascRescueLitter/access	3/15/14	1,485	0	0
28	HP All in One Printer	5/15/14	219	0	0
29	Laptop	6/15/14	843	0	0
30	Pop Up Tent	9/15/14	241	0	0
31	Rescue ropes	10/15/14	962	0	0
33	Box Van Equipment/2015	6/30/15	3,521	0	0
34	Sign	5/08/15	330	17	0
35	Monopole for A Frame	5/26/15	1,650	97	0
36	Monopole for A Frame	9/16/15	1,650	176	0
37	Rescue Bipod & Hardware	5/19/15	4,688	278	0
38	Becker Sling Package	2/20/15	1,584	0	0
39	Honda Generator	2/06/15	760	7	0
40	Picket Stake for A Frame	4/30/15	480	21	0
41	Chain Saw	2/05/15	278	3	0
42	Rescue Tripod Head/Chain	9/15/15	1,020	96	0
43	Rescue Litter	8/13/15	1,464	123	0
44	AKC Trailer #4	1/01/16	25,000	0	0
45	Rescue Ropes	2/19/16	1,628	233	0
46	Rope Rescue Equipment	3/15/16	3,726	532	0
47	Rope Rescue Equipment	8/15/16	474	68	0
48	Printer	3/15/16	137	0	0
49	AKC Trailer #5	8/26/16	25,000	0	0
50	Radios/Chargers-NSI Comm	1/18/17	3,371	0	0
51	Tripod/Bipod/ReleaseBar	7/03/17	9,012	902	0
52	15 Dodge 4X4 P/U	10/26/17	33,513	5,585	0
53	Canopy for Dodge	1/05/18	2,000	400	0
54	Remote Area Lighting	9/13/18	5,730	1,146	0
55	Winch	9/24/18	2,481	497	0
56	Isuzu Truck	10/01/19	31,500	6,300	0
57	Build-Out for Isuzu	10/01/19	4,047	809	0
58	Build-Out Additional for	11/01/19	1,019	203	0
59	Build-Out Additional for	12/01/19	1,444	288	0
60	Canoe for Water Rescue	9/29/21	3,779	756	0
61	Build Out	2/29/20	1,951	390	0
	Total Other Depreciation		223,806	20,634	0
	Total ACRS and Other Depreciation		223,806	20,634	0

26-0295234

Future Depreciation Report FYE: 12/31/22

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	Grand Totals		223,806	20,634	0

Form 990	Tax Projection Worksheet	2021 & 2022

Name
WASHINGTON ST. ANIMAL RESPONSE TEAM
DBA WASART

Taxpayer Identification Number
26-0295234

			2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1.			
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.			
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.			
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.			
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.			
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.			
	22. **Total expenses.** Add lines 13 through 21	22.			
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.			
Other	24. Total exempt revenue	24.			
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.			
	27. Total assets	27.			
	28. Total liabilities	28.			
	29. Retained earnings	29.			
	30. Number of voting members of governing body	30.			
	31. Number of independent voting members of governing body	31.			
	32. Number of employees	32.			
	33. Number of volunteers	33.			

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
SALE OF BOX TRUCK PURCHASE			4/22/21	$ 12,500	$	$	$ 12,500
2010 CHEVY BOX VAN PURCHASE		12/31/14	4/30/21		16,200	16,200	
TOTAL				$ 12,500	$ 16,200	$ 16,200	$ 12,500

Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP DUES	$ 4,420
OTHER CONTRIBUTIONS	78,833
OTHER CONTRIBUTIONS	
TOTAL	$ 83,253