

Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

G The organization may have to use a copy of this return to satisfy state reporting requirements.

Header section A-M containing organization details like name (Blue Mountain Humane Society), address, EIN (91-0828499), and phone number (509-529-5188).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Main table with 21 rows for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21). Includes a large 'COPY' watermark across the center.

**Part II** Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	38,046.	0.	38,046.	0.
26 Other salaries and wages	26	260,604.	236,513.	24,091.	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	38,439.	24,734.	13,705.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	10,481.	9,977.	504.	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	87,909.	87,909.		
37 Equipment rental and maintenance	37	1,239.	1,239.		
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	34,024.		34,024.	
42 Depreciation, depletion, etc (attach schedule)	42	38,909.	38,909.		
43 Other expenses not covered above (itemize):					
a See Statement 4	43a	121,682.	77,843.	29,566.	14,273.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	631,333.	477,124.	139,936.	14,273.

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Joint Costs. Check  G if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? G <u>County Animal Shelter</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Animal shelter for the county of Walla Walla, Washington (pop. 70,000). 3,267 animals received care at the shelter. 250+ animals were reclaimed, 600+ animals adopted, 1,900+ animals euthanized</u>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	477,124.
b _____  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	
c _____  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	
d _____  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	
e Other program services _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ..... G	477,124.

BAA

**Part IV** Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash - non-interest-bearing	28,500.	45	12,977.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47 a			
	b Less: allowance for doubtful accounts	47 b	47 c		
	48 a Pledges receivable	48 a			
	b Less: allowance for doubtful accounts	48 b	48 c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch)	51 a			
	b Less: allowance for doubtful accounts	51 b	51 c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53	2,145.	
	54 Investments - securities (attach schedule)	G <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,275,275.	54	1,285,881.
	55 a Investments - land, buildings, & equipment: basis	55 a			
	b Less: accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments - other (attach schedule)			56		
57 a Land, buildings, and equipment: basis	57 a	1,692,995.			
b Less: accumulated depreciation (attach schedule)	57 b	247,429.	57 c	1,445,566.	
58 Other assets (describe G See Statement 6 )			58	6,485.	
59 Total assets (must equal line 74). Add lines 45 through 58		2,785,820.	59	2,753,054.	
LIABILITIES	60 Accounts payable and accrued expenses	20,022.	60	43,195.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)	540,413.	64 b	515,014.	
	65 Other liabilities (describe G See Statement 7 )		65	26,428.	
66 Total liabilities. Add lines 60 through 65		560,435.	66	584,637.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	950,110.	67	882,536.	
	68 Temporarily restricted		68		
	69 Permanently restricted	1,275,275.	69	1,285,881.	
	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,225,385.	73	2,168,417.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,785,820.	74	2,753,054.	

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Form 990 (2005)

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	632,600.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	10,606.
	2 Donated services and use of facilities	b2	64,217.
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	74,823.
c	Subtract line b from line a	c	557,777.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	G e	557,777.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	695,550.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	64,217.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	64,217.
c	Subtract line b from line a	c	631,333.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	G e	631,333.

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**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Parley Pearce 615 Abbott Road Walla Walla, WA 99362	President 3	0.	0.	0.
Matt Tucker 1 E Alder Street Walla Walla, WA 99362	Vice President 3	0.	0.	0.
Matt Tucker 1 E Alder Street Walla Walla, WA 99362	President 3	0.	0.	0.
Nancy Nestler 117 E Rose Street Walla Walla, WA 99362	Treasurer 3	0.	0.	0.
Kathy Richard 2712 Pebble Court Walla Walla, WA 99362	Executive Direc 40	38,046.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings .. G 5			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) .....	75 b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? .....	75 c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Note. Related organizations include section 509(a)(3) supporting organizations.			
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d Does the organization have a written conflict of interest policy? .....	75 d	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

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Part VI Other Information (See the instructions.)		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity .....	76	<input type="checkbox"/>	<input checked="" type="checkbox"/>
77 Were any changes made in the organizing or governing documents but not reported to the IRS? .....	77	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If 'Yes,' attach a conformed copy of the changes.			
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	78 a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' has it filed a tax return on Form 990-T for this year? .....	78 b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement .....	79	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? .....	80 a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' enter the name of the organization G N/A			
_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) .....	81 a	0.	
b Did the organization file Form 1120-POL for this year? .....	81 b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82 b   64,217.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members.	85 c	N/A
d	Section 162(e) lobbying and political expenditures.	85 d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85 e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85 f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities.	86 b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87 a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G 0; section 4912 G 0; section 4955 G 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89 b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	G	0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.	G	0.
90 a	List the states with which a copy of this return is filed G WA		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	31
91 a	The books are in care of G Sara Archer Telephone number G 509-529-5188 Located at G 7 East George Street, Walla Walla WA ZIP + 4 G 99362		
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 G	91 b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country G	91 c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041. Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. G 92	N/A	G <input type="checkbox"/> N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Animal Control Receipts					29,494.
b Animal Operations					46,030.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					59,398.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	28,846.	
102 Gross profit or (loss) from sales of inventory			5	184,665.	
103 Other revenue: a _____					
b Wage Reimbursement/Mi					7,216.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				213,511.	142,138.
105 Total (add line 104, columns (B), (D), and (E))				G 355,649.	

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. F	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 8

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

G \_\_\_\_\_  
Signature of officer

\_\_\_\_\_ Date

G Sara Archer, Executive Director  
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: G \_\_\_\_\_ Date: \_\_\_\_\_

Check if self-employed: G  Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed): G LeMaster & Daniels, PLLC  
address, and ZIP + 4: G 101 W. Poplar, PO Box 998 Walla Walla, WA 99362

EIN: G N/A  
Phone no.: G (509) 525-1410

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses	
What is the organization's primary exempt purpose? <u>County Animal Shelter</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>Animal shelter for the county of Walla Walla, Washington (pop. 70,000). 3,267 animals received care at the shelter. 250+ animals were reclaimed, 600+ animals adopted, 1,900+ animals euthanized</u> (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	28a	477,124.
29	----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	29a	
30	----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	30a	
31	Other program services (attach schedule) ..... (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	31a	
32	Total program service expenses (add lines 28a through 31a) ..... G	32	477,124.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>Parley Pearce</u> <u>615 Abbott Road</u> <u>Walla Walla, WA 99362</u>	<u>President</u> 3	0. 38,046.	0.	0.
<u>Matt Tucker</u> <u>1 E Alder Street</u> <u>Walla Walla, WA 99362</u>	<u>Vice President</u> 3	0.	0.	0.
<u>Matt Tucker</u> <u>1 E Alder Street</u> <u>Walla Walla, WA 99362</u>	<u>President</u> 3	0.	0.	0.
<u>Nancy Nestler</u> <u>117 E Rose Street</u> <u>Walla Walla, WA 99362</u>	<u>Treasurer</u> 3	0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity .....	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes. ....	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? .....	35a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year? .....	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.) .....	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. .... G 37a	0.		
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 unpaid at the start of the period covered by this return? .....	38a		X
b	If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved. ....	38b	N/A	
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 .....	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities .....	39b	N/A	
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 G <u>0.</u> ; section 4912 G <u>0.</u> ; section 4955 G <u>0.</u>			
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation .....	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....	G		0.
d	Enter amount of tax on line 40c reimbursed by the organization. ....	G		0.

Schedule of Contributors

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

2005

Name of organization <b>Blue Mountain Humane Society</b>	Employer identification number <b>91-0828499</b>
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Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule \*

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules \*

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... G\$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

Blue Mountain Humane Society

91-0828499

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	J L Stubblefield Trust 249 W Alder St Walla Walla, WA 99362	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	John & Elizabeth Patterson 3425 45th Ave NE Seattle, WA 98105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Estate of Zelma Bateman C/O John Reese 216 S Palouse St Walla Walla, WA 99362	\$ 61,839.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Parley & Vicky Pearce 615 Abbott Road Walla Walla, WA 99362	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization

Employer identification number

Blue Mountain Humane Society

91-0828499

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----

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Name of organization

Employer identification number

Blue Mountain Humane Society

91-0828499

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Client 1101425

Blue Mountain Humane Society

91-0828499

11/22/06

11:07AM

Statement 1  
Form 990, Part I, Line 9  
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Soi ree	16,928.	0.	16,928.	0.	16,928.
Dog Walk/Other	5,981.	0.	5,981.	0.	5,981.
Rib Feed & Chili Feed	5,937.	0.	5,937.	0.	5,937.
Total	<u>\$ 28,846.</u>	<u>\$ 0.</u>	<u>\$ 28,846.</u>	<u>\$ 0.</u>	<u>\$ 28,846.</u>

Statement 2  
Form 990, Part I, Line 10  
Gross Profit (Loss) From Sales Of Inventory

Thrift Store Sales	\$ 184,665.
Gross Sales	<u>\$ 184,665.</u>
Less Returns & Allowances	0.
Net Sales	<u>\$ 184,665.</u>
Less Cost Of Goods Sold	0.
Gross Profit From Sales Of Inventory	<u><u>\$ 184,665.</u></u>

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Statement 3  
Form 990, Part I, Line 20  
Other Changes in Net Assets or Fund Balances

Prior Year Accrual Adjustment	\$ 5,982.
Unrealized Gains on Permanent Investments	10,606.
Total	<u><u>\$ 16,588.</u></u>

Statement 4  
Form 990, Part II, Line 43  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Administrative Expenses	5,529.	2,123.	3,406.	
Advertising/Promotion	14,750.	7,514.	7,236.	
Animal Care	26,250.	26,250.		
Animal Control	3,814.	3,814.		
Insurance	18,375.	4,927.	13,448.	
Other Expense	26,346.	6,617.	5,456.	14,273.
Repairs & Maintenance	10,193.	10,173.	20.	
Taxes and Licenses	4,909.	4,909.		
Vehicle Expenses	1,804.	1,804.		
Veterinarian Expense	9,712.	9,712.		
Total	<u>\$ 121,682.</u>	<u>\$ 77,843.</u>	<u>\$ 29,566.</u>	<u>\$ 14,273.</u>

Statement 5  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basi s	Accum. Deprec.	Book Val ue
Machi nery and Equipment	\$ 65,281.	\$ 61,265.	\$ 4,016.
Bui l di ngs	1,482,558.	186,164.	1,296,394.
Land	145,156.		145,156.
Total	<u>\$ 1,692,995.</u>	<u>\$ 247,429.</u>	<u>\$ 1,445,566.</u>

Statement 6  
Form 990, Part IV, Line 58  
Other Assets

Contracts Recei vabl e.....	\$ 6,485.
Total	<u>\$ 6,485.</u>

Statement 7  
Form 990, Part IV, Line 65  
Other Liabilities

Baker Boyer Bank Operating Line.....	\$ 4,982.
Funds Drawn in Excess of Cash.....	1,375.
Other Li abi l i t i e s.....	100.
Payrol l Li abi l i t i e s.....	15,497.
Sal es Tax Payabl e.....	4,474.
Total	<u>\$ 26,428.</u>

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Statement 8  
Form 990, Part VIII  
Relationship of Activities to the Accomplishment of Exempt Purposes

Li ne #	Expl anati on of Acti vi ti es
93A	Funds received from Animal Operations (Adoptions, Surrenders, Licenses, Etc)
93B	Animal Control allow for continued care of unwanted animals until such animals are either adopted or euthanized.
103A	Wage reimbursements allow for continued care of unwanted animals until such animals are either adopted or euthanized.