-orm <b>990</b>	C print Submission Date - 2023-11-15 Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod Do not enter social security numbers on this form as it m	e (except priva	me Tax	N: 93493319176653 OMB No. 1545-0047 0MB No. 1545-0047		
Department of th Freasury	e Go to <u>www.irs.gov/Form990</u> for instructions and the	latest inform	ation.	Open to Public Inspection		
	calendar year, or tax year beginning 01-01-2022 , and ending 12-3	1-2022				
Check if applicabl Address change	e: C Name of organization WEST VALLEY HUMANE SOCIETY INC			dentification number		
<ul> <li>Name change</li> </ul>	Doing business as		20-817923	3		
<ul> <li>Initial return</li> <li>Final return/termina</li> </ul>						
Amended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su 5801 GRAYE LANE	iite	E Telephone nu	Imber		
Application Gending						
	City or town, state or province, country, and ZIP or foreign postal code CALDWELL, ID 83607		G Gross receiv	ots \$ 1,964,099		
	F Name and address of principal officer:	H(a) Is this	a group return			
	TAMMY DITTENBER 5801 GRAYE LANE		dinates?	Yes Vo		
	CALDWELL, ID 83607	H(b) Are al includ	l subordinates	□ Yes □No		
Tax-exempt statu	IS: 🗹 501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □ 527			See instructions.		
Website: 🕨 🕚	VESTVALLEYHUMANESOCIETY.ORG	H(c) Group	exemption nur	nber 🕨		
<b>C</b> Form of organizat	on: 🗹 Corporation 🗌 Trust 🗌 Association 🗌 Other 🕨	L Year of forma	tion: M	State of legal domicile:		
Part I Su	mmary					
	describe the organization's mission or most significant activities: VIDE PROFESSIONAL AND COMPASSIONATE ANIMAL SERVICES.					
2 Check	this box $\blacktriangleright$ if the organization discontinued its operations or disposed of r		of its net asset			
	er of voting members of the governing body (Part VI, line 1a)			<b>3</b> 7 <b>4</b> 7		
4 Number 5 Total n	er of independent voting members of the governing body (Part VI, line 1b) . umber of individuals employed in calendar year 2022 (Part V, line 2a)		•	<b>5</b> 71		
6 Total r	umber of volunteers (estimate if necessary)			6		
5	nrelated business revenue from Part VIII, column (C), line 12		•	<b>7a</b> 0		
-	related business taxable income from Form 990-T, Part I, line 11			7b		
b		Prie	or Year	Current Year		
g 8 Contri	outions and grants (Part VIII, line 1h)		622,091	1,007,915		
9 Progra 10 Invest	m service revenue (Part VIII, line 2g)		779,393	916,174		
	ment income (Part VIII, column (A), lines 3, 4, and 7d )		1,242	1,739		
	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,179	38,271		
	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1-3 )		1,412,905	1,964,099		
	ts paid to or for members (Part IX, column (A), lines 1-3)			( (		
	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,055,695 1,548			
16a Profes	sional fundraising fees (Part IX, column (A), line 11e)		_,,			
15 Salarie 16a Profes b Total fu	ndraising expenses (Part IX, column (D), line 25)  7,054					
첩 17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	329,381 41				
<b>18</b> Total e	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,385,076	1,962,342		
	ue less expenses. Subtract line 18 from line 12		27,829	1,757		
soces		Beginning	of Current Year	End of Year		
20 Total a	ssets (Part X, line 16)		787,763	817,036		
	abilities (Part X, line 26)		38,765	66,281		
21 Total li	sets or fund balances. Subtract line 21 from line 20		748,998	750,755		
21 Total li 22 Net as						
Part II Si	gnature Block					
Part II Signal S						
Part II Signal S	gnature Block f perjury, I declare that I have examined this return, including accompanying	er) is based on	all information			
Part II Sid	gnature Block f perjury, I declare that I have examined this return, including accompanying	er) is based on	all information			
Part II Sig Jnder penalties o mowledge and be any knowledge.	<b>gnature Block</b> f perjury, I declare that I have examined this return, including accompanying llief, it is true, correct, and complete. Declaration of preparer (other than offic	er) is based on	all information			
Part II Sig Inder penalties of Inowledge and be Inny knowledge. Sign Here	gnature Block f perjury, I declare that I have examined this return, including accompanying elief, it is true, correct, and complete. Declaration of preparer (other than offic nature of officer	er) is based on	all information			
Part II Sig Under penalties of nowledge and bo iny knowledge. Sign Here	gnature Block f perjury, I declare that I have examined this return, including accompanying elief, it is true, correct, and complete. Declaration of preparer (other than offic nature of officer RLY COSTELLO TREASURER e or print name and title	er) is based on 202 Date	all information	of which preparer has		
Part II Sig Under penalties of knowledge and be any knowledge. Sign Here	gnature Block         f perjury, I declare that I have examined this return, including accompanying elief, it is true, correct, and complete. Declaration of preparer (other than office that of the second	er) is based on 202 Date Che self-	a all information	of which preparer has		
21 Total li 22 Net as Part II Sig Jnder penalties of snowledge and be any knowledge. Sign Here Sig Typ	gnature Block         f perjury, I declare that I have examined this return, including accompanying         elief, it is true, correct, and complete. Declaration of preparer (other than office         nature of officer         RLY COSTELLO TREASURER         e or print name and title         Print/Type preparer's name         Firm's name	er) is based on 202 Date Che self-	a all information	of which preparer has		
Part II Sig Under penalties of knowledge and be any knowledge. Sign Here	gnature Block         f perjury, I declare that I have examined this return, including accompanying elief, it is true, correct, and complete. Declaration of preparer (other than office that of the second	er) is based on 202 Date Che self- Firm	a all information	of which preparer has		

Form	990 (2022)					Page 2
Pa	t III Statem	ent of Program Servio	e Accomplishme	nts		
	Check if S	Schedule O contains a respo	nse or note to any lin	e in this Part III .		🗆
1	Briefly describe	the organization's mission:				
		ONAL AND COMPASSIONATE			DOPTION, EDUCATIONAL PROGRA	MS, POPULATION
2	Did the organiza	tion undertake any significa	nt program services c	uring the year which	h were not listed on	
	the prior Form 99	90 or 990-EZ?				🗌 Yes 🛛 No
	If "Yes," describe	these new services on Sch	edule O.			
3	Did the organiza	tion cease conducting, or m	ake significant chang	es in how it conducts	s, any program	
		e these changes on Schedule				🗌 Yes 🗹 No
4	Describe the org Section 501(c)(3	anization's program service	accomplishments for as are required to repo		gest program services, as measu ants and allocations to others, the	
4a	(Code:	) (Expenses \$	1,923,528 includ	ing grants of \$	) (Revenue \$	916,174)
	ANIMAL SHELTER, A	ADOPTION, EDUCATIONAL SERVIO				
4b	(Code:	) (Evenences t	includ	ing grants of t	) (Revenue \$	)
40	(Code:	) (Expenses \$	Includ	ing grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	includ	ing grants of \$	) (Revenue \$	)
4d	Other program s	services (Describe in Schedu	le O.)			· · · · · · · · · · · · · · · · · · ·
	(Expenses \$		uding grants of \$		) (Revenue \$	)
4e	Total program	service expenses 🕨	1,923,528			
						Form <b>990</b> (2022

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

Par	Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
c	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d						
25a	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I							
b	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L</i> , Part I							
26	26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II							
27	27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III							
28	8 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part IV</i>							
b	<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV							
		28b		No				
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV							
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No				
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		No				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	•	 Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   1		res	NO				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b>							
		-						

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes

1c

Page **4** 

Form	990 (2022)			Page <b>5</b>
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 9	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		No

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	lines				
	Check if Schedule O contains a response or note to any line in this Part VI							
Se	ction A. Governing Body and Management							
_			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 7	-						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent           1b         7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Yes					
b	<b>b</b> Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	.)					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		No				
b	Other officers or key employees of the organization	15b		No				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
	🗌 Own website 🛛 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.							

State the name, address, and telephone number of the person who possesses the organization's books and records: JENNIFER ADKINS 5801 GRAY LANE CALDWELL, ID 83607 (208) 455-5923 20

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for							n compensation from the organization (W- 2/1000-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations	
(1) KARLY CANTRELL EXECUTIVE DIR.	40  0	х		х				85,800	0	0	
(2) TAMMY DITTENBE PRESIDENT	1 	х		х				0	0	0	
(3) JEN ADKINS VICE PRESIDENT		х		x				0	0	0	
(4) CARLY COSTELLO TREASURER		х		х				0	0	0	
(5) PATTI MOYLAN SECRETARY		х		x				0	0	0	
(6) KEVIN KLINE DIRECTOR		х						0	0	0	
(7) KATHLEEN GOMEZ DIRECTOR		х						0	0	0	
(8) NANCY ORR DIRECTOR	1 0	х						0	0	0	
										Form <b>990</b> (2022)	

	(A) Name and title	(B) Average hours per week (list any hours for	Average hours perPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from the organization (W- organizations (								(F Estim amount o compen from	ated of other isation the		
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1 MISC/1(	099- 099-NEC)	2/1099- MISC/1099-NE	C)	organizat relat organiz	ted
												-		
												_		
c٦	Sub-Total						* *			85,800				
2	Total number of individuals (including reportable compensation from the org	but not limited 1 anization 🕨 0	to those	liste	d ab	ove	) who i	recei	ved more	than \$100	),000 of	-		
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J							high •	hest com	pensated e	mployee on	3	Yes	
4	For any individual listed on line 1a, is a organization and related organization										the	-		
	individual					•						4		No
5	Did any person listed on line 1a receiv services rendered to the organization?									on or indiv • •	idual for	5		No
	ection B. Independent Contract													
1	Complete this table for your five higher the organization. Report compensation	n for the calenda									year.	npens		
	Name a	(A) nd business addre	SS							Desci	(B) iption of services			C) nsation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form	990	(2022)	
Form	990	(2022)	

Page **9** 

Part	VIII Statement	of Revenue						
	Check if Sche	dule O contains	a respo	onse or note to any	line in this Part VIII (A)	(B)	<u></u> (C)	🗌
					(A) Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
ຮົອ	<b>1a</b> Federated campa	igns	1a			revenue		512 - 514
ran	<b>b</b> Membership dues	5	1b					
s, g	c Fundraising even	ts	1c					
ar	d Related organizat		1d					
s'il	e Government grants		1e	357,120				
Contributions, gifts, grants, and other similar amounts	f     All other contributions, gifts, grants, and similar amounts not included above     1f       g     Noncash contributions included in block     1f			650,795				
tip	lines 1a - 1f:\$		1g					
δē	h Total. Add lines 1	.a-1f	• •	•	1,007,915			
				Business Code	895,672	895,672		T
	2a SHELTER FEES			900099	895,072	695,072		
Program Service Revenue	b DOG LICENSES			900099	16,275	16,275		
rvice F	c OTHER PROGRAM RE	VEN		900099	4,227	4,227		
am Sei	d			-				
Progr	e			_				
	<b>f</b> All other program	service revenu	e.					
	g Total. Add lines 2			916,174	7	T	1	
	3 Investment income similar amounts)	(including divid	dends, i	nterest, and other	1,739	9		1,739
	4 Income from invest	ment of tax-exe	empt bo	nd proceeds				
	5 Royalties			🕨	·			
		(i) Re	eal	(ii) Personal	-			
	6a Gross rents	6a						
	b Less: rental				-			
	expenses c Rental income	6b			-			
	c Rental Income or (loss)	6c						
	<b>d</b> Net rental income	e or (loss)		• •				
		(i) Secu	rities	(ii) Other	-			
	7a Gross amount from sales of assets other than inventory	7a						
	<ul> <li>Less: cost or other basis and sales expenses</li> </ul>	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss) 8a Gross income from fu		· ·	· · · ▶	1			
Other Revenue	(not including \$ contributions reporte See Part IV, line 18	of d on line 1c).	8a					
Be	<b>b</b> Less: direct exper	ises	8b					
ler	<b>c</b> Net income or (los		sing eve	ents 🕨	(	þ		
	<b>9a</b> Gross income from See Part IV, line 19		5. <b>9a</b>					
	<b>b</b> Less: direct exper	ises	9b					
	c Net income or (los		activiti	es				
	<b>10a</b> Gross sales of inver returns and allowa	ances .	10a		4			
	<b>b</b> Less: cost of good		10b		38,271	L		38,271
	C Net income or (los Miscellaneo	ss) from sales o ous Revenue	invent	ory 🕨 Business Code				
	11a							
	b							
	c							
								<b> </b>
	d All other revenue e Total. Add lines 1			•	<u> </u>			
			• •					
	12 Total revenue. S	ee instructions	• •	►	1,964,099	916,174		40,010

Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. A	All other organization	s must complete colu	mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members	1	1		
5	Compensation of current officers, directors, trustees, and key employees	85,800	68,640	12,870	4,290
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,225,873	1,225,873		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,696	8,696		
9	Other employee benefits	108,149	108,149		
10	Payroll taxes	120,177	118,800	1,033	344
11	Fees for services (non-employees):				
ā	Management				
I	Legal				
0	Accounting	25,672	21,821	3,851	
0	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	992			992
	Office expenses	21,408	18,197	3,211	
14	Information technology				
15	Royalties				
16	Occupancy	71,964	61,169	10,795	
17	Travel	1,094	1,094		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,132	6,132		
23	Insurance	10,913	10,913		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a VETERINARY EXPENSES	145,021	145,021		
	<b>b</b> TAXES	35,441	35,441		
	c INTAKE EXPENSES	24,841	24,841		
	d SUPPLIES	34,199	32,771		1,428
	e All other expenses	35,970	35,970		
25	Total functional expenses. Add lines 1 through 24e	1,962,342	1,923,528	31,760	7,054
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► □ if following SOP 98-2 (ASC 958-720).				

		Charle if Schedule O contains a response or pet	a ta any lina in this Part IV			
		Check if Schedule O contains a response or not	e to any line in this Part ix	(A)		(B)
		<b>•</b> • • • • • •		Beginning of year	-	End of year
	1	Cash-non-interest-bearing		33,134		233
	2	Savings and temporary cash investments		. 642,007	2	697,090
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		. 92,115	4	105,724
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subsi controlled entity or family member of any of the	tantial contributor, or 35%		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in se			6	
ts	7	Notes and loans receivable, net			7	
ssets	8	Inventories for sale or use		1,591	8	1,591
As	9	Prepaid expenses and deferred charges		386	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 8:	3,228		
	b	Less: accumulated depreciation	<b>10b</b> 7	0,830 18,530	10c	12,398
	11	Investments—publicly traded securities .			11	
	12	Investments-other securities. See Part IV, line		12		
	13	Investments—program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	ial line 33)	787,763	16	817,036
	17	Accounts payable and accrued expenses		38,765	17	66,281
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons			22	
Ľ,	23	Secured mortgages and notes payable to unrela	ted third narties		23	
	23	Unsecured notes and loans payable to unrelated			23	<u> </u>
	25	Other liabilities (including federal income tax, pa	•	ties.	25	
		and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D				
	26	Total liabilities. Add lines 17 through 25 .	•	38,765	26	66,281
nces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck here 🕨 🗹 and			
ala	27	Net assets without donor restrictions		. 748,998	27	750,755
a B	28	Net assets with donor restrictions			28	
Assets or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check here 🕨 🗌	and		
or	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building or equ	uipment fund		30	
SS	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
	32	Total net assets or fund balances		. 748,998	32	750,755
Net	33	Total liabilities and net assets/fund balances .		. 787,763	33	817,036
						·

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Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		L			,964,099
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,962,342
3		3			1,757
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1			748,998
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	5			
7	Investment expenses	7			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	0			750,755
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basi consolidated basis, or both:	s,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	n	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	udit	3b		
					0 (2022)

efil	e GR	APHIC prin	nt Subr	nission Date	- 2023-11-15			DLN:	93493319176653
(Form 990) Con					narity Statu organization is a sect 4947(a)(1) nonexe	tion 501(c)(3) mpt charitable	organization or trust.		OMB No. 1545-0047
Treas	sury	it of the venue	•	Go to <u>www.irs</u>	Attach to Form <u>s.gov/Form990</u> for in			rmation.	Open to Public Inspection
<b>Nam</b> WEST	<b>e<sup>e</sup>of th</b> VALLEY	<b>HE Organizati</b> HUMANE SOC	on Ety inc					Employer identifica	ation number
-	rt I				us (All organization				
	organiz				e it is: (For lines 1 throu	5		A \ / \	
1					sociation of churches			A)(I).	
2	$\Box$				1)(A)(ii). (Attach Sche				
3		A hospital o	or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(i	ii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descr	ibed in <b>section</b> :	170(b)(1)(A)(iii). En	ter the hospital's
5				d for the benef plete Part II.)	it of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in <b>section</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A)	(v).	
7				mally receives vi). (Complete	a substantial part of its Part II )	s support from a	governmental u	nit or from the genera	al public described in
8					n 170(b)(1)(A)(vi). (C	Complete Part II.)	)		
9					escribed in <b>170(b)(1)(</b> ee instructions. Enter t				ge or university or a
10		activities re income and	elated to its e d unrelated b	exempt function	income (less section 5	xceptions, and (	2) no more than	33 1/3% of its support	from gross investment
11		An organiza	ation organiz	ed and operate	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	cly supported	l organizations	d exclusively for the be described in <b>section 5</b> ie type of supporting o	609(a)(1) or sec	tion 509(a)(2).	See section 509(a)	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup						ing control or nization(s). <b>You must</b>
с					upporting organization must complete Part			d functionally integra	ted with, its supported
d		functionally	integrated.	The organizatio	I. A supporting organiz on generally must satis rt IV, Sections A and	fy a distribution	requirement and		
е		Check this	box if the org	anization recei	ved a written determin	ation from the II		e I, Type II, Type III fu	nctionally integrated,
f	Enter				upporting organization				
g	Linter				the supported organiz			· · · · · · · · <u> </u>	
	lame o	of supported			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed iing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
	_								
Tota For F		work Poduc	tion Act No	tice see the l	nstructions for	Cat. No. 1128	56		0 0 e A (Form 990) 2022

Sch	edule A (Form 990) 2022						Page <b>2</b>
P	art II Support Schedule for	Organization	s Described i	n Sections 17	0(b)(1)(A)(iv) a	and 170(b)(1)(	A)(vi)
	(Complete only if you ch						
	the organization failed to						
S	ection A. Public Support				-		
	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	fiscal year beginning in) 🕨	(a) 2010	(b) 2019	(C) 2020	( <b>u</b> ) 2021	(e) 2022	
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grant.") Tax revenues levied for the						
2	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						
	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.						
	ection B. Total Support						
	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(or 7	fiscal year beginning in) Amounts from line 4.						
8	Gross income from interest.						
0	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources.						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for th	ne organization's	first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orgai	nization, check
	this box and <b>stop here</b>	-			-		
5	ection C. Computation of Public	<u></u>	rcentage				
	Public support percentage for 2022 (lir		-	column (f))			
						14	
	Public support percentage for 2020 Scl					15	
<b>16</b> a	33 1/3% support test—2022. If the o						
	and stop here. The organization quali	fies as a publicly	supported organ	nization			🕨 🗆
b	33 1/3% support test—2021. If the	organization did	not check a box	on line 13 or 16a,	and line 15 is 33	1/3% or more, chec	k this
	box and stop here. The organization						
17a	10%-facts-and-circumstances test	-2022. If the or	ganization did no	ot check a box on	line 13, 16a, or 16	b, and line 14 is 10	0% or more, and
	if the organization meets the "facts-an	d-circumstances	" test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation meets the
	"facts-and-circumstances" test. The or	ganization qualif	ies as a publicly s	supported organiz	ation	• [	
b	10%-facts-and-circumstances test	<b>t—2021.</b> If the c	organization did n	ot check a box on	i line 13, 16a, 16b	, or 17a, and line 1	5 is 10% or more,
-	and if the organization meets the "fac	ts-and-circumsta	ances" test, chec	k this box and <b>sto</b>	p here. Explain ir	n Part VI how the o	rganization meets
	the "facts-and-circumstances" test. Th	ne organization o	qualifies as a pub	licly supported or	ganization		$\blacktriangleright$
18	Private foundation. If the organizatio						
	instructions						
			<u></u>				🖛 🖵

Schedule A (Form 990) 2022

### 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 (a) 2018 (b) 2019 (e) 2022 (c) 2020 (d) 2021 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 500,696 550,728 713,956 622,091 650,795 3,038,266 membership fees received. (Do not include any "unusual grants."). 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in 741,152 877,477 669,856 779,393 916,174 3,984,052 any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that З are not an unrelated trade or 4,460 7,812 10,682 10,179 38,271 71,404 business under section 513 . . . . 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 7,093,722 1,246,308 1,436,017 1,394,494 1,411,663 1,605,240 6 Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 7a 3 received from disgualified persons **b** Amounts included on lines 2 and 3 received from other than disgualified 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. . Public support. (Subtract line 7c 7,093,722 from line 6.) Section B. Total Support Calendar year (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 🕨 1,246,308 1,436,017 1,394,494 1,411,663 1,605,240 7,093,722 9 Amounts from line 6. . . Gross income from interest, 10a dividends, payments received on 1,067 2,282 3,140 1,242 1,739 9,470 securities loans, rents, royalties and income from similar sources. Unrelated business taxable income b (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. 1,067 2,282 3,140 1,242 1,739 9,470 С Net income from unrelated business 11 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.) . Total support. (Add lines 9, 10c, 13 1,247,375 7,103,192 1,438,299 1,397,634 1,412,905 1,606,979 11, and 12.). 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 14 box and **stop here**. . . . . . . . Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . . 15 15 99.870 % Public support percentage from 2021 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . . . 16 16 99.870 % Section D. Computation of Investment Income Percentage Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)) . . . . . . 17 17 0.130 % 18 18 0.130 % 19a 33 1/3% support tests-2022. 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—2021. 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 gualifies 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 . . . . 🕨 🗌 Schedule A (Form 990) 2022

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described	1		
	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 <b>Part VI</b> when and how the organization made the determination.			
		3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	Зc		
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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0		
,	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 <b>Part VI</b> .			
_	·	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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?						
а							
	governing body of a supported organization?	11a					
b	A family member of a person described on 11a above?	11b					
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c					
Section B. Type I Supporting Organizations							

- 1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

## Section C. Type II Supporting Organizations

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).

### Section D. All Type III Supporting Organizations

			Yes	No
1	ne organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
maintained a close and continuous working relationship with the supported organization(s).	mantanea a close ana conanaoas working relationship war the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times			
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			

### 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.

  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.

З

а	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 <b>Part VI identify those supported organizations and explain</b> 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.		
	substantially an 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	involvement.	2b	
	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .	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 <b>Part VI.</b> the role played by the organization in this regard.		
	supported organizations in the state of played by the organization in this regular.	3b	

Yes No

Yes

Yes No

No

1

2

Schedule A (Form 990) 2022

	dule A (Form 990) 2022			Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizat			
	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):	1		
а	Average monthly value of securities	1a		
b	• Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
d	<b>1 Total</b> (add lines 1a, 1b, and 1c)	1d		Τ
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		T
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 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	<b>Distributable Amount.</b> 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-int	tegrated	Type III supporting orga	anization (see instructions

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting Or	ganizations (co	ontinued	d)
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt put	poses of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )		5	
6 Other distributions (describe in <b>Part VI</b> ). See instruction	IS		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	ive ( <i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2022	ons	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017				
<b>b</b> From 2018				
c         From 2019.         . <th< td=""><td></td><td></td><td></td><td></td></th<>				
e From 2021				
f Total of lines 3a through e				
<b>g</b> Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
i Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
<b>b</b> Applied to 2022 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
<ul> <li>5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> </ul>				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
<b>b</b> Excess from 2019			_	
c Excess from 2020				
d Excess from 2021				
			50	chedule A (Form 990) (2022)
			30	Circule A (10111 330) (2022)

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).

Facts And Circumstances Test			
Return Reference	Explanation		

#### Schedule A (Form 990) 2022

		t Submission Date - 2023-11-15	DLN: 9349331917665
	HEDULE D m 990)	Supplemental Financial Stateme	OMB No. 1545-0047
(1 01		Complete if the organization answered "Yes," on Form 9	
Depa	rtment of the	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, o Attach to Form 990.	Open to Public
Treas		Go to <u>www.irs.gov/Form990</u> for instructions and the latest inference	ormation. Inspection
Servi	ce		
	<b>ne of the organizat</b> T VALLEY HUMANE SOC		Employer identification number
Ра		tions Maintaining Donor Advised Funds or Other Similar Funds	
	Complete	if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	( <b>b</b> ) Funds and other accounts
1	Total number at end	d of year	
		contributions to (during year)	
3	Aggregate value of	grants from (during year)	
4	Aggregate value at	end of year	
5		on inform all donors and donor advisors in writing that the assets held in donor a perty, subject to the organization's exclusive legal control?	
6	charitable purpose	on inform all grantees, donors, and donor advisors in writing that grant funds car as and not for the benefit of the donor or donor advisor, or for any other purpose	conferring impermissible
Par	•	ation Easements.	U Yes U No
		if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conse	ervation easements held by the organization (check all that apply).	
	Preservation	of land for public use (e.g., recreation or education) $\hfill \square$ Preservation of a	an historically important land area
	Protection of	natural habitat	a certified historic structure
	Preservation	of open space	
2		through 2d if the organization held a qualified conservation contribution in the f	form of a conservation
		ast day of the tax year.	Held at the End of the Year
a L		nservation easements	2a 2b
b c	5	vation easements on a certified historic structure included in (a)	20 2c
d	Number of conserv	vation easements included in (c) acquired after July 25, 2006, and not on a sted in the National Register	2d
3		vation easements modified, transferred, released, extinguished, or terminated by	y the organization during the
4	Number of states v	where property subject to conservation easement is located $\blacktriangleright$	
5		tion have a written policy regarding the periodic monitoring, inspection, handling e conservation easements it holds?	g of violations, and
6	Staff and volunteer	r hours devoted to monitoring, inspecting, handling of violations, and enforcing o	
7	Amount of expense	es incurred in monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
8		vation easement reported on line 2(d) above satisfy the requirements of section )(4)(B)(ii)?	170(h)(4)(B)(i)
9	balance sheet, and	be how the organization reports conservation easements in its revenue and expe d include, if applicable, the text of the footnote to the organization's financial sta accounting for conservation easements.	ense statement, and
Par		itions Maintaining Collections of Art, Historical Treasures, or O if the organization answered "Yes" on Form 990, Part IV, line 8.	ther Similar Assets.
1a	If the organization historical treasures	elected, as permitted under FASB ASC 958, not to report in its revenue statements, s, or other similar assets held for public exhibition, education, or research in further that describes these items.	
b	If the organization historical treasures	elected, as permitted under FASB ASC 958, to report in its revenue statement al s, or other similar assets held for public exhibition, education, or research in furt relating to these items:	
(1	-	d on Form 990, Part VIII, line 1	►\$
		i Form 990, Part X	
2	If the organization	received or held works of art, historical treasures, or other similar assets for fina required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included	on Form 990, Part VIII, line 1	·
b		Form 990, Part X	

Schedule D (For	m 990) 2022
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Sche	dule D (Form 990) 2022		Pag	ge <b>2</b>
Pai	t III Organizations Maintaining Collection	ons of Art, Historical Treasure	s, or Other Similar Assets (continued)	
3	Using the organization's acquisition, accession, and o items (check all that apply):	other records, check any of the following	ng that are a significant use of its collection	
а	Public exhibition	d 🗌 Loan or ea	xchange programs	
b	Scholarly research	e 🗌 Other		
с	Preservation for future generations			
4	Provide a description of the organization's collections Part XIII.	and explain how they further the org	anization's exempt purpose in	
5	During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be mai			
Pa	tt IV Escrow and Custodial Arrangements Complete if the organization answered " line 21.		or reported an amount on Form 990, Part X,	
1a	Is the organization an agent, trustee, custodian or ot included on Form 990, Part X?			
b	If "Yes," explain the arrangement in Part XIII and com	plete the following table:	Amount	
с	Beginning balance	5	1c	
d	Additions during the year		1d	
е	Distributions during the year		1e	
f	Ending balance		lf	
2a	Did the organization include an amount on Form 990	Part X, line 21, for escrow or custodia	al account liability? 🗍 Yes 🗸 No	
b	If "Yes," explain the arrangement in Part XIII. Check h		_	
_	rt V Endowment Funds.	ere in the explanation has been provid		—
i u	Complete if the organization answered "	Yes" on Form 990, Part IV, line 10	).	
		Current year (b) Prior year (c) T	wo years back (d) Three years back (e) Four years back	k
	Beginning of year balance			_
b	Contributions			_
с	Net investment earnings, gains, and losses			
d	Grants or scholarships			_
e	Other expenditures for facilities and programs			
f	Administrative expenses			_
g	End of year balance			
2	Provide the estimated percentage of the current year	end balance (line 1g, column (a)) hel	d as:	_
а	Board designated or quasi-endowment 🕨			
b	Permanent endowment 🕨			
с	Term endowment 🕨			
	The percentages on lines 2a, 2b, and 2c should equa	I 100%.		
3a	Are there endowment funds not in the possession of organization by:	the organization that are held and adr	ministered for the Yes No	-
	(i) Unrelated organizations		. 3a(i)	_
	(ii) Related organizations		. 3a(ii)	_
b	If "Yes" on 3a(ii), are the related organizations listed	•		-
4	Describe in Part XIII the intended uses of the organiza	ation's endowment funds.		
Pa	rt VI Land, Buildings, and Equipment. Complete if the organization answered "	'Yes" on Form 990. Part IV. line 11	a. See Form 990. Part X. line 10.	
	Description of property (a) Cost or other basis (investment)	(b) Cost or other basis (other) (c)		
1a	Land			
	Buildings			—
	Leasehold improvements	18,432	11,836 6,59	96
	Equipment	64,796	58,994 5,80	
	Other			—
	I. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part X, column (B), line 10(c).)	) 🕨 12,39	98

	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, P				
	(a) Description of security or category (including name of security)	(b) Boo value	ok	(c) Method of ost or end-of-yea	valuation:
Financial	l derivatives				
	neld equity interests				
. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
t VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, P	art IV li	ne 11c See Fo	rm 990 Part X	line 13
	(a) Description of investment		(b) Book value	(c) Me	ethod of valuation:
				Cost or en	d-of-year market value
	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
	Other Assets.	rt IV, lin	e 11d. See Foi	rm 990, Part X,	line 15.
	-	► rt IV, lin	e 11d. See Foi	rm 990, Part X,	line 15. (b) Book value
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, lin	e 11d. See Fo	rm 990, Part X,	
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Pa	► rt IV, lin	e 11d. See Foi	rm 990, Part X,	
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, lin	e 11d. See For	rm 990, Part X,	
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, lin	e 11d. See For	rm 990, Part X,	
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, lin	e 11d. See Foi	rm 990, Part X,	
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, lin	e 11d. See Fo	rm 990, Part X,	
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, lin	e 11d. See For	rm 990, Part X,	
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, lin	le 11d. See Foi	rm 990, Part X,	
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, lin	le 11d. See Foi	rm 990, Part X,	
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, lin	e 11d. See For	rm 990, Part X,	
rt IX	Other Assets.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col.(B) line 15.)         Other Liabilities.				(b) Book value
rt IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description				(b) Book value
rt IX	Other Assets.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col.(B) line 15.)         Other Liabilities.         Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 15.)				(b) Book value
rt IX	Other Assets.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description of liability				(b) Book value
I. (Coluint X	Other Assets.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description of liability				(b) Book value
rt IX	Other Assets.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description of liability				(b) Book value
rt IX	Other Assets.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description of liability				(b) Book value
nt IX	Other Assets.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description of liability				(b) Book value
rt IX	Other Assets.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description of liability				(b) Book value
I. (Coluint X	Other Assets.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description of liability				(b) Book value
I. (Coluint X	Other Assets.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered 'Yes' on Form 990, Part (a) Description of liability				(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Page	4
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Pa	t XI Reconciliation of Revenue per Audited Financial Statem Return.	nents	With Revenue per		
	Complete if the organization answered 'Yes' on Form 990, Part	IV, lii	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	1
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	
Pai	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered 'Yes' on Form 990, Part			r Retu	irn.
1	Total expenses and losses per audited financial statements			1	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•		-	
ے a	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b		_	
c	Other losses	2.0 2c		_	
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines <b>2a</b> through <b>2d</b>	20		2e	
3	Subtract line <b>2e</b> from line <b>1</b>	•		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		5	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	I		
b	Other (Describe in Part XIII.)	4b		_	
c	Add lines <b>4a</b> and <b>4b</b>		<u>                                      </u>	4c	1
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	
-	rt XIII Supplemental Information	•		. <u> </u>	Į

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

Return Reference

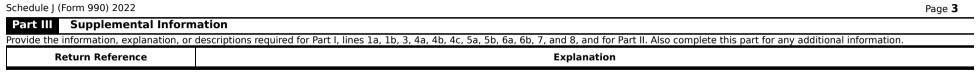
Schedulg J (Form 990)  Compensation Information  For certain Officers, Directors, Tructees, Ny Employees, and Highest Comparison P30, Part V, Line 2.  Patients of the graphication Comparison P30, Part V, Line 2.  Patients of the graphication Comparison P30, Part V, Line 2.  Patients of the graphication  For extrain officers, Directors, Tructees, P30, Part V, Line 2.2.  Patients of the graphication  For extrain officers, Directors, Tructees, P30, Part V, Line 2.2.  Patients of the graphication  For extrain officers, Directors, Tructees, P30, Part V, Line 2.2.  Patients  For extrain officers, Directors, Tructees, P30, Part V, Line 2.2.  Patients  For extrain officers, Directors, Tructees, P30, Part V, Line 2.2.  Patients  For extrain officers, Directors, Tructees, P30, Part V, Line 2.2.  Patients  For extrain officers, Directors, Tructees, P30, Part V, Line 2.2.  Patients  For extrain of the graphication  For extrain of the organization provided any of the following to or for a person listed on from  Payments for business use of personal use  Payments for business use of personal use  Payments for business use of personal use  Payments for business use of personal residence for personal use  For extrain and grass-up payments  Payments for business use of personal use  Payments for business use of personal residence for personal use  Payments for business use of personal residence for personal use  Payments for business use of personal residence for personal use  Payments for business use of personal residence  Payments for business use of personal use  Payments for business and performance  Payments for business use of personal use	efil	e GRAPHIC pr	int	Submission Date - 2023-	11-15		DLN: 93	34933	1917	6653
Por certain Officers, Directors, Trustees, Key Employees, and Highest     Complete if the organization answered "Ves" one: m990, Part IV, line 23.     Attach to Form 990.     Go to wrow, is, accuration of the action and the latest information.     The action of the organization answered "Ves" one: m990, Part IV, line 23.     Part I Questions Regarding Compensation     The organization action     The organization				Compei	nsati	on Information	С	MB No	. 1545-	0047
Attach to Form 990.     Attach to Form 990.     Attach to Form 990.     Content of the organization interaction and the latest information.     Dependent of the organization interaction of the organization number     20-8179233     Part L Questions Regarding Compensation     Compensation or form 990.     Arr VI. Section A, line 1a. Complete Part III to provided any of the following to or for a person listed on form     90. Part VI. Section A, line 1a. Complete Part III to provided any of the following to or for a person listed on form     90. Part VI. Section A, line 1a. Complete Part III to provided any of the following to or for a person listed on form     90. Part VI. Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.     Travel for companions     Travel for companions or previous listed on form     90. Part VI. Section A, line 1a. Complete Part III to provide any relevant information regarding payment or relimbursement     or provision of all of the sexpense described above? If for complete Part III to provide the complexition for the relevant information or relations to previous listed on form     90 of other organization for to relevant information of the organization of the disponent organization sector (ECG/Executive Director, related regarding the litems checked on Line 1a?     Indecent which, if any, of the following the filling organization used to establish the compensation or the related organization consultant     Compensation consultant     Compensation consultant     Compensation complete the establish in part III.     Compensation committee     Independent compensation consultant     Compensation complete III to approve or each organization or a section payment?     Participate in, or receive payment from, a supplemental nonqualified retirment plan?     For persons listed on form 990. Part VII. Section A, line 1a, did the organization pay or accrue any compensation committee     The organization?     Fore presensation?     Fore presensatisted o	(Foi	rm 990)		For certain Officers, Dire	ectors, 1	rustees, Key Employees, and Higl	nest	_		_
Attach to Form 990.     Attach to Form 990.     Attach to Form 990.     Content of the organization interaction and the latest information.     Dependent of the organization interaction of the organization number     20-8179233     Part L Questions Regarding Compensation     Compensation or form 990.     Arr VI. Section A, line 1a. Complete Part III to provided any of the following to or for a person listed on form     90. Part VI. Section A, line 1a. Complete Part III to provided any of the following to or for a person listed on form     90. Part VI. Section A, line 1a. Complete Part III to provided any of the following to or for a person listed on form     90. Part VI. Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.     Travel for companions     Travel for companions or previous listed on form     90. Part VI. Section A, line 1a. Complete Part III to provide any relevant information regarding payment or relimbursement     or provision of all of the sexpense described above? If for complete Part III to provide the complexition for the relevant information or relations to previous listed on form     90 of other organization for to relevant information of the organization of the disponent organization sector (ECG/Executive Director, related regarding the litems checked on Line 1a?     Indecent which, if any, of the following the filling organization used to establish the compensation or the related organization consultant     Compensation consultant     Compensation consultant     Compensation complete the establish in part III.     Compensation committee     Independent compensation consultant     Compensation complete III to approve or each organization or a section payment?     Participate in, or receive payment from, a supplemental nonqualified retirment plan?     For persons listed on form 990. Part VII. Section A, line 1a, did the organization pay or accrue any compensation committee     The organization?     Fore presensation?     Fore presensatisted o							line 23.	20	)2	2
Treasury intermediation member service       Implementation member service in the organization provided any of the following to or for a person listed on form 990, Part VII, Section A, Line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No.         1a       Check the appropriate boxed of the organization provided any of the following to or for a person listed on form 990, Part VII, Section A, Line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No.         1a       Check the appropriate boxed of control payments of boxed items use of personal use is the organization and gross-up payments is the organization fees incred by all distribution fees or provision of all of the expense described above? If "No," complete Part III to explain 1.       Implementation fees including the COD*Accutive Director, regarding payment or reimbursement or provision of all of the expense described above? If "No," complete Part III to explain 1.       Implementation regarding approach or reimbursement or provision of all of the expense described above? If "No," complete Part III to explain 1.       Implementation regarding payment or reimbursement or provision of all of the expense described buck of the componention committee       Implementation regarding payment or reimbursement or provide or payment or charge approach or the componention committee       Implementation committee       Implementation committee       Implementation commonenties       Implementation commonenties       Implementation committee	Dena	rtment of the								
Service         Employer identification number           West Willer Hukker Socker Mc         20-8179233           Part 1         Ouestions Regarding Compensation         20-8179233           Part 1         Ouestions Regarding Compensation provided any of the following to of or a person listed on form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding the set terms.         Image: Companions Part Part Part Part Part Part Part Part	Treas	sury		<u></u>						
WEST WLEY MUMME SOCIETY NC       20-8179233         Part Outstions Regarding Compensation       Yes       No         900, Part VI, Section A, line La, Complete Part III to provide any relevant information regarding these items.       Image: Comparison of the organization provided any relevant information regarding these items.       Image: Comparison of the organization regarding these items.       Image: Comparison of the organization of the organization regarding these items.       Image: Comparison of the organization of the organization follow a written policy regarding payment or reimbursement or provision of all of the expresses described above? If "No." Complete Part III to the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, functions, including the CEO/Security Director, the part of the organization of the organization complete Part III to complete Part III	Servi	ce								
Part 1       Questions Regarding Compensation         1a       Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 	Nar WES	me of the organiz ST VALLEY HUMANE S	ation SOCIETY	INC			Employer identificati	on nun	nber	
1a       Check the appropiate box(es) if the organization provided any of the following to or for a person listed on form 90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regaring these items.       Image: Complete Part III to provide any relevant information regaring these items.         1a       Check the appropiate box(es) if the organization provided any relevant information regaring these items.       Image: Complete Part III to provide any relevant information regaring these items.         90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regaring these items.       Image: Complete Part III to provide any relevant information regaring these items.         1b       Discretionary spending account       Personal services (e.g., maid, chalffeur, chef)         b       if any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abover? If 'No,' complete Part III to provide any relevant information reguines payments, including the ECDE/Secuture Director, regarding the learns checked on Line 1a?       Image: Compensation committee         2       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization committee       Compensation committee       Image: Compensation committee         2       During the year, did any person listed on Form 90, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Compensation committee       No         4       During the year, did any per							20-8179233			
1a       Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Check the appropriate box(es) if the organization following the part of the presonal use Parsonal section of all of the expenses described above? If Nov. Complete Part III to explain .       Image: Check the appropriate box(es) if the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If Nov. Complete Part III to explain .       Ib       Ib         2       Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)       Ib       Ib         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, frustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?       Ib       Ib         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish to promesation form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Ib       Ic         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Id       Id         5       Participate in, or receive payment from, a supplemental inoqualified retirement plan?       Id       Id       Id       Id         6	Ра	rt I Questi	ons R	egarding Compensation						
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Section 2.1 (Section 2.1 (Section 2.1 (Section 2.1 (Section 2.1 (Section 2.2 (Section 2	1a	Check the appro	niate l	nox(es) if the organization provide	ed any of	the following to or for a person listed	on Form		Yes	No
Tax idemnification and gross-up payments       Payments for business use of personal residence         Tax idemnification and gross-up payments       Personal services (e.g., maid, chauffeur, chef)         b       If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, check all that apply. Do not check my boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation committee       Witten employment contract       4a       No         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       No         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization accume to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       No         5       Fo										
Image: Tax idemnification and gross-up payments       Image: Health or social club dues or initiation fees       Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)         Image: Health or social club dues or initiation fees       Personal services (e.g., maid, chauffeur, chef)       Image: Health or social club dues or initiation fees         Image: Health or social club dues or initiation fees       Personal services (e.g., maid, chauffeur, chef)       Image: Health or social club dues or initiation fees         Image: Health or social club dues or initiation fees       Personal services (e.g., maid, chauffeur, chef)       Image: Health or social club dues or initiation fees         Image: Health or social club dues or initiation fees       Personal services (e.g., maid, chauffeur, chef)       Image: Health or social club dues or initiation fees         Image: Health or social club dues or initiation fees       Personal services (e.g., maid, chauffeur, chef)       Image: Health or social club dues or initiation fees         Image: Health or social club dues or initiation fees       Personal services (e.g., maid, chauffeur, chef)       Image: Health or social club dues or initiation fees         Image: Health or social club dues or initiation fees       Personal services (e.g., maid, chauffeur, chef)       Image: Health or social club dues or initiation fees         Image: Health or social club dues or initiation fees       Personal services (e.g., maid, chauffeur, chef)       Image: Health or social club dues or initiatition fees         Image: Hea		First-class	or cha	rter travel		Housing allowance or residence for p	oersonal use			
Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)         b       If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain		Travel for	compa	nions	_	Payments for business use of person	al residence			
b       If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					_					
a provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a7.       1b         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the companization to statistic to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. But explain in Part III.       2            Compensation committee         Compensation consultant         Compensation survey or study         Form 990 of other organizations         Form 990. Part VII, Section A, line 1a, with respect to the filing organization or a related organization.       4a       No            Participate in, or receive payment from, an equity-based compensation rangement?       4b       No            Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation on the revenues of:        5a       No            Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation on the revenues of:        5a       No            For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation ontingent on the net earnings of:        5a       No            The organization?		Discretion	nary sp	ending account	$\cup$	Personal services (e.g., maid, chauff	eur, chef)			
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a7.       2       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2       2         4       Ouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       No         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       No         4       During the year, did any person approved the applicable amounts for each item in Part III.       4a       No         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       No         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <t< td=""><td>b</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	b									
a indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CD/Executive Director, but explain in Part III. <ul> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation consultant</li> <li>Compensation committee</li> <li>Approval by the board or compensation committee</li> </ul> <ul> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:</li> <li>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>C Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>C Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>C Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>C Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>C Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>C Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>C Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>For persons listed on form 900, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>T he organization?</li> <li>For persons listed on Form 900, Part VII, Section A, lin</li></ul>	2	Did the organiza	ation re	quire substantiation prior to reim	bursing o	or allowing expenses incurred by all				
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee         Compensation committee       Written employment contract       Compensation committee         Independent compensation consultant       Compensation survey or study       Image: Compensation committee         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       No         Approval by the board or compensation committee       4a       No         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       No         Mit 'Yes'' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       No         Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5b       No         a The organization?       5b       No         f'''res,'' on line 5a or 5b, describe in Part III.       5b       No         f'''res,'' on line 6a or 6b, describe in Part III.       6a       No         f'''res,'' on line 6a or 6b, describe in Part III.       For persons listed on Form 990, Part VII, Sect		directors, truste	es, offi	cers, including the CEO/Executive	e Director	r, regarding the items checked on Line	1a?	2		
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee         Compensation committee       Written employment contract       Compensation committee         Independent compensation consultant       Compensation survey or study       Image: Compensation committee         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       No         Approval by the board or compensation committee       4a       No         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       No         Mit 'Yes'' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       No         Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5b       No         a The organization?       5b       No         f'''res,'' on line 5a or 5b, describe in Part III.       5b       No         f'''res,'' on line 6a or 6b, describe in Part III.       6a       No         f'''res,'' on line 6a or 6b, describe in Part III.       For persons listed on Form 990, Part VII, Sect	3	Indicate which. i	if anv.	of the following the filing organize	ation use	d to establish the compensation of the	2			
Independent compensation consultant       Compensation survey or study       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       No         a       Receive a severance payment or change-of-control payment?       4a       No         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       No         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       No         c       Participate in, or receive payment or the persons and provide the applicable amounts for each item in Part III.       6       No         Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       5a       No         a       The organization?       5a       No         b       Any related organization?       5b       No         f1""es," on line 5a or 5b, describe in Part III.       6a       No         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       No         a       The organization?       6a       No         b       Any related organization?       6a	-	organization's C	EO/Éxe	ecutive Director. Check all that ap	ply. Do n	ot check any boxes for methods				
Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       No         a       Receive a severance payment or change-of-control payment?       4a       No         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       No         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       No         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       No         d       Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       No         a       The organization?       5b       No         f1" Yes," on line 5a or 5b, describe in Part III.       5b       No         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       No         a       The organization?       6a       No         f1" Yes," on line 6a or 6b, describe in Part III.       For persons list		Compensation	ation co	ommittee		Written employment contract				
<ul> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>c Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>dt b No</li> <li>c Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>dt b No</li> <li>dt c No</li> <li>f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c Mo</li> <li>5b No</li> <li>6b No</li> <li>ff "Yes," on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Iness 3 and 67 If "Yes," describe in Part III.</li> <li>7 No</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception describe in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>8 No</li> <li>9 If "Wes" on line 8, did the organization also</li></ul>			ent cor	npensation consultant		Compensation survey or study				
related organization:       4a       No         a Receive a severance payment or change-of-control payment?       4a       No         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       No         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       No         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       No         d f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       No         Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       No         a The organization?       5a       No       5b       No         f "Yes," on line 5a or 5b, describe in Part III.       5b       No         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       No         a The organization?       6a       No       6b       No         f "Yes," on line 6a or 6b, describe in Part III.       6b       No         f Th organization?       7       No         8 Were any amount		Form 990	of othe	er organizations		Approval by the board or compensat	ion committee			
b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       No         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       No         dc       No         ff "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       No         Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       No         a       The organization?       5a       No         ff "Yes," on line 5a or 5b, describe in Part III.       5b       No         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       No         a       The organization?       6a       No         ff "Yes," on line 6a or 6b, describe in Part III.       6b       No         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.       7       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception desc	4			ny person listed on Form 990, Par	t VII, Sect	tion A, line 1a, with respect to the filin	g organization or a			
c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       No         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       No         S       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       No         a       The organization?       5a       No         b       Any related organization?       5b       No         ff "Yes," on line 5a or 5b, describe in Part III.       5b       No         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       6a       No         a       The organization?       6a       No       6b       No         ff "Yes," on line 6a or 6b, describe in Part III.       6b       No       6b       No         ff "Yes," on line 6a or 6b, describe in Part III.       7       No       6b       No         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 67 If "Yes," describe in Part III.       7       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract ex	а	Receive a sever	ance p	ayment or change-of-control payı	ment? .			4a		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation Contingent Content of	b	Participate in, or	r receiv	e payment from, a supplemental	l nonqual	ified retirement plan?		4b		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       No         a The organization?       5a       No         b Any related organization?       5b       No         ff "Yes," on line 5a or 5b, describe in Part III.       5b       No         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       No         a The organization?       6a       No         b Any related organization?       6a       No         compensation contingent on the net earnings of:       6a       No         a The organization?       6a       No         b Any related organization?       6a       No         b Any related organization?       6a       No         b Any related organization?       6a       No         ff "Yes," on line 6a or 6b, describe in Part III.       7       No         7       No       8       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception describe in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       No <tr< td=""><td>с</td><td>•</td><td></td><td></td><td></td><td>-</td><td></td><td>4c</td><td></td><td>No</td></tr<>	с	•				-		4c		No
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       No         a       The organization?       5a       No         b       Any related organization?       5b       No         ff "Yes," on line 5a or 5b, describe in Part III.       5b       No         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       No         a       The organization?       6a       No         b       Any related organization?       6a       No         compensation contingent on the net earnings of:       6a       No         a       The organization?       6a       No         b       Any related organization?       6b       No         ff "Yes," on line 6a or 6b, describe in Part III.       6b       No         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       7       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       <		If "Yes" to any o	f lines (	4a-c, list the persons and provide	the appl	icable amounts for each item in Part II				
compensation contingent on the revenues of:       5a       No         a       The organization?       5a       No         b       Any related organization?       5b       No         ff "Yes," on line 5a or 5b, describe in Part III.       5b       Sb       No         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       No         a       The organization?       6a       No         b       Any related organization?       6a       No         b       Any related organization?       6b       No         ff "Yes," on line 6a or 6b, describe in Part III.       6b       No         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       No         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       No		Only 501(c)(3)	, 501(	c)(4), and 501(c)(29) organiza	ations m	ust complete lines 5-9.				
a       The organization?       5a       No         b       Any related organization?       5b       No         ff "Yes," on line 5a or 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       No         a       The organization?       6a       No         b       Any related organization?       6b       No         compensation contingent on the net earnings of:       6a       No         a       The organization?       6a       No         b       Any related organization?       6b       No         ff "Yes," on line 6a or 6b, describe in Part III.       7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       No         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	5				1a, did th	e organization pay or accrue any				
b       Any related organization?       Sh       No         if "Yes," on line 5a or 5b, describe in Part III.       5b       No         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       No         a       The organization?       6a       No         b       Any related organization?       6a       No         b       Any related organization?       6b       No         if "Yes," on line 6a or 6b, describe in Part III.       6b       No         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       No         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	_									NI-
If "Yes," on line 5a or 5b, describe in Part III.       Image: Compensation Contingent on the net earnings of:       Image: Compensation Contingent on the net earnings of:         a       The organization?       Image: Compensation Contingent on the net earnings of:       Image: Compensation Contingent on the net earnings of:         a       The organization?       Image: Compensation Contingent on the net earnings of:       Image: Compensation Contingent on the net earnings of:         a       The organization?       Image: Compensation Contingent on the net earnings of:       Image: Compensation Contingent on the net earnings of:         b       Any related organization?       Image: Compensation Contingent on the net earnings of:       Image: Compensation Contingent on the net earnings of:         f       For persons listed on Go of 6b, describe in Part III.       Image: Compensation Contract VII, Section A, line 1a, did the organization provide any nonfixed       Image: Compensation Contract Parsent III       Image: Compensation Co		-								
a       The organization?       6a       No         b       Any related organization?       6b       No         b       Any related organization?       6b       No         f       "Yes," on line 6a or 6b, describe in Part III.       6b       No         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       No         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9								5.5		110
b       Any related organization?       6b       No         If "Yes," on line 6a or 6b, describe in Part III.       6b       No         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       No         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	6				1a, did th	ne organization pay or accrue any				
If "Yes," on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III .       7       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .       8       No         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .       9       9	а	The organization	n?.					6a		No
7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III .       7       No         8       Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .       8       No         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .       9       9	b	, ,			· ·			6b		No
payments not described in lines 5 and 6? If "Yes," describe in Part III.     7     No       8     Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe     8     No       9     If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?     9     9		-								
subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       No         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	7							7		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 9 9	8	subject to the in	nitial co	ntract exception described in Reg	gulations	section 53.4958-4(a)(3)? If "Yes," des				No
	9									
	For F							-	m 990	) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown	of W-2, 1099-MISC and/or 1099-NEC	C compensation,	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1KARLY CANTRELL EXECUTIVE DIR.	(i) (ii)	85,800					85,800	85,800
								orm 000\ 2022

Schedule J (Form 990) 2022





efile GRAPH	IC prin	t Submission Date - 2023-11-15		DLN	: 93493319176653
SCHEDUL (Form 990) Department of the function	) he	Form 990 or 990-EZ or to p Form 990 or 990-EZ or to p	tion to Form 990 c n for responses to specific quest provide any additional informatio Form 990 or 990-EZ. <u>m990</u> for the latest information.	ions on on.	OMB No. 1545-0047
Same of the org	anizatio ANE SOCII	on ETY INC		Employer identifie 20-8179233	cation number
Return Reference			Explanation		
FORM 990, PART VI, SECTION B, LINE 11B		ORM 990 IS REVIEWED BY THE PRESIDE OARD.	ENT AND TREASURER PRIOR TO	O FILING AND IS	PRESENTED TO
FORM 990, PART VI, SECTION B, LINE 12C		OARD REVIEWS THE CONFLICT OF INTE ERS ARE ADMITTED.	EREST POLICY ON AN ANNUAL	BASIS AND WHE	N NEW BOARD
FORM 990, PART VI, SECTION C, LINE 19	GOVE	RNING DOCUMENTS ARE AVAILABLE TO	) THE PUBLIC UPON REQUEST.		
For Paperwork F 990-EZ.	Reductio	on Act Notice, see the Instructions for Form 9	<b>90 or</b> Cat. No. 51056K	Sched	ule O (Form 990) 2022