efile	e GR		print Submission Date - 2024-11-20				DL	N: 93	8493325016064
Form	99	90	Return of Organization Exempt Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Do not enter social security numbers on this form as i	e <b>Code</b> it may	e (except ) be made	<b>priva</b> publ	<b>te foundation</b> ic.	s)	MB No. 1545-0047
Treas	ury	nt of the	Go to <u>www.irs.gov/Form990</u> for instructions and t	ne la	test infor	rmat	ion.		Inspection
A ervit	ar the	e 2023 c	alendar year, or tax year beginning 01-01-2023 ,and ending	12-3	1-2023				
B Che	ck if a	pplicable:	C Name of organization WEST VALLEY HUMANE SOCIETY INC				D Employer i	dentifi	cation number
🗆 Ad	dress o	change	WEST VALLET HUMANE SUCIETTING	20-817923	3				
O Na		-	Doing business as						
		urn n/terminated							
_		d return		om/sui	te		E Telephone nu	ımber	
_ Ap	olicatio		5801 GRAYE LANE				(208) 455-5	5920	
pend	ing		City or town, state or province, country, and ZIP or foreign postal code CALDWELL, ID 83607						
							<b>G</b> Gross receip	ots \$ 1,	579,356
			F Name and address of principal officer:		H(a) is	this	a group return	for	
			CALEB SMITH				linates?		🗌 Yes 🔽 No
					H(b) A	re all	subordinates		
Tax	-exem	npt status:	✓ 501(c)(3) □ 501(c) ( ) (insert no.) □ 4947(a)(1) or □ 527			clud "No	ed? " attach a list. :	Saa in	_ 165
I W	ebsit	e: WF	STVALLEYHUMANESOCIERY.ORG				exemption nur		scruccions.
	20310					1-			
<b>K</b> Forn	n of or	ganization:	Corporation 🗌 Trust 🗌 Association 🗌 Other		L Year of fo	ormat	tion: 2007 <b>M</b>	State o	f legal domicile: ID
Pa	rt I	Sum	mary						
	<b>1</b> E	Briefly des	scribe the organization's mission or most significant activities: DE PROFESSIONAL AND COMPASSIONATE ANIMAL SERVICES THROUGH	I SHEL	TER, ADOI	ρτιο	N, EDUCATION	AL PRO	)GRAMS,
Ce	F	POPULATIO	ON CONTROL AND HEALTH SERVICES WHILE REMAINING FISCALLY RES	PONS	IBLE.				
Activities & Governance	-								
len.	-								
20			is box $\square$ if the organization discontinued its operations or disposed $lpha$	of moi	re than 25	% of	its net assets.		
*		Number o		3	9				
es es	4	Number of	of independent voting members of the governing body (Part VI, line 1)		4	9			
ME	5	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)						5	89
Ct	6	6 Total number of volunteers (estimate if necessary)						6	
A	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			•		7a	0
		Net unrel	lated business taxable income from Form 990-T, Part I, line 11 $\cdot$ .			•		7b	
	D					Pric	or Year	(	Current Year
¢.	8	Contribut	tions and grants (Part VIII, line 1h)				1,007,915		702,191
Revenue	9	Program	service revenue (Part VIII, line 2g)				916,174		824,865
lev.	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )	, lines 3, 4, and 7d )					
α.	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				38,271		43,889
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)			1,964,099		1,579,356
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3 )						0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)						0
ŝ	15	Salaries.	other compensation, employee benefits (Part IX, column (A), lines 5-1						
se			onal fundraising fees (Part IX, column (A), line 11e)	.,			1,548,695		1,606,801
Exp enses			raising expenses (Part IX, column (D), line 25) 31,964						5
ă			penses (Part IX, column (A), lines 11a-11d, 11f-24e)				413,647		583,653
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)				1,962,342		2,190,454
			less expenses. Subtract line 18 from line 12				1,757		-611,098
<u>ہ</u>	1.5	nevenue			Beginn	ina a	of Current Year		End of Year
Net Assets or Fund Balances						5			
sset	20	Total asse	ets (Part X, line 16)				817,036		171,390
t A:	21	Total liab	ilities (Part X, line 26)				66,281		31,733
2 P	22	Net asset	ts or fund balances. Subtract line 21 from line 20				750,755		139,657
Pa	rt II	Sign	ature Block						
			erjury, I declare that I have examined this return, including accompan						
knowl any k			f, it is true, correct, and complete. Declaration of preparer (other than	n office	er) is base	d on	all information	of wh	ich preparer has
		1			2	2024-	11-19		
Sign Here			e of officer MITH PRESIDENT			Date			
		Type or p	print name and title		ato		אידת		
<b>.</b> .		P	rint/Type preparer's name Preparer's signature		ate 024-11-19	Che		46268	
Pai		-	irm's name OLSEN WHEELER CPAS PLLC				employed 's EIN 46-38056	06	
Pre	-	rer					+0 50050		
Use	0	niy	irm's address 3509 W BAVARIA STREET STE 101			Pho	ne no. (208) 938-3	3250	
			EAGLE, ID 83616						
Maxt			this return with the preparer shown above? See Instructions.					Vor	s 🗆 No

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

Cat. No. 11282Y Form

Form	990 (2023)				Page <b>2</b>
Pa	t III Statement	of Program Service	Accomplishments		
	Check if Sche	dule O contains a respons	e or note to any line in this Pa	rt III	🗆
1		organization's mission:			
		L AND COMPASSIONATE A NICES WHILE REMAINING		IELTER, ADOPTION, EDUCATIONAL PROG	RAMS, POPULATION
_					
2	-		program services during the	ear which were not listed on	
		r 990-EZ?			🗌 Yes 🗹 No
_		se new services on Sched			
3	-	-	e significant changes in how i	t conducts, any program	
		se changes on Schedule (			🗌 Yes 🗹 No
4	Section 501(c)(3) an		are required to report the amo	three largest program services, as mea ount of grants and allocations to others,	
4a	(Code:	) (Expenses \$	2,123,283 including grants o	f \$ ) (Revenue \$	824,865)
	ANIMAL SHELTER, ADOP	TION, EDUCATIONAL SERVICE			
4b	(Code:	) (Expenses \$	including grants o	f\$ ) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants o	f \$ ) (Revenue \$	)
4d		ces (Describe in Schedule			
	(Expenses \$		ing grants of \$	) (Revenue \$	)
4e	Total program serv	vice expenses	2,123,283		

Part IV Checklist of Required Schedules

Page <b>3</b>

			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		No
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		No
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? If "Yes," complete Schedule D,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? If "Yes," complete Schedule D, Part II	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	9		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.			
	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? If "Yes," complete Schedule D, Part VIII	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		No
	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	t IV 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</i> " <i>Yes</i> ," <i>complete</i> <i>Schedule J</i>	23		No
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	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	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	25a		No
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 "Yes," complete Schedule L</i> , Part I	25b		No
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	26		No
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
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	28b 28c		No No
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? If "Yes," complete Schedule M	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	Yes	
Pai	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	•		
-	Enter the number reported in her 2 of Form 1006 Fater 0 (fact and list)		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 0			
a	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			

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

No

**1c** 

Page **4** 

Form	990 (2023)			Page <b>5</b>
Par	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			
h	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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	-		
11 a	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
2	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	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		

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	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	lo" resp		
Se	ection A. Governing Body and Management			
			Yes	No
1a		9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	n <b>3</b>		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	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		No
	form?			No
12a	form?	11a 12a	Yes	No
12a b	form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>		Yes	No
12a b c	form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe on</i> <i>Schedule O how this was done</i>	12a 12b 12c	Yes	No
12a b c 13	form?       Describe on Schedule O the process, if any, used by the organization to review this Form 990.         Did the organization have a written conflict of interest policy? If "No," go to line 13         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done         Did the organization have a written whistleblower policy?	12a 12b 12c 13	Yes Yes Yes	No
12a b c 13 14	form?	12a 12b 12c	Yes	No
12a b c 13 14	form?       Describe on Schedule O the process, if any, used by the organization to review this Form 990.         Did the organization have a written conflict of interest policy? If "No," go to line 13         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done         Did the organization have a written whistleblower policy?	12a 12b 12c 13	Yes Yes Yes	No
12a b c 13 14 15 a	form?	12a 12b 12c 13	Yes Yes Yes	No
12a b c 13 14 15 a	form?	12a 12b 12c 13 14	Yes Yes Yes	
12a b c 13 14 15 a	form?	12a 12b 12c 13 14 15a	Yes Yes Yes	No
12a b c 13 14 15 a b 16a	form?	12a 12b 12c 13 14 15a	Yes Yes Yes	No
12a b c 13 14 15 a b 16a	form?	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	form?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No
12a b c 13 14 15 a b 16a b <u>Se</u>	form?	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	form?	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No
12a b c 13 14 15 a b 16a b <u>Se</u> 17	form?	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No

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. 20

State the name, address, and telephone number of the person who possesses the organization's books and records: SHAYNE MCMICHAEL 5801 GRAYE LANE CALDWELL, ID 83607 (208) 455-5920

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

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

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

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

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

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

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

• List all of the organization's **former** officers, key employees, 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.

U 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 related							(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	related organizations	
(1) NANCY ORR DIRECTOR	1.00	х						0	0	0	
(2) JENNIFER ADKINS EXECUTIVE DI	40.00			x				81,452	0	0	
(3) CALEB SMITH PRESIDENT				x				0	0	0	
(4) NICK LIPPINCOTT DIRECTOR		х						0	0	0	
(5) TYLER BYERS DIRECTOR		х						0	0	0	
										Form <b>990</b> (2023)	

### Page **8**

# Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Name and title Aver hours week any ho	(B) Average hours per week (list any hours for related			ox, ι in of tor/t	t cho unles ficer rust		son a	Repo compe fror organiz	<b>D)</b> ortable ensation n the ation (W- .099-	(E) Reportable compensation from related organizations ( 2/1099-	W-	(F Estim amount o compen from organizat	ated of other sation the
organiz below lin	ted ations dotted e)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		099-NEC)	) MISC/1099-NEC)		relat	ed
b Sub-Total							┢				_		
d Total (add lines 1b and 1c)									81,452				
Total number of individuals (including but not lin reportable compensation from the organization		those l	listeo	d ab	ove)	who i	recei	ved more	e than \$10	0,000 of			
												Yes	No
Did the organization list any <b>former</b> officer, dir								hest com	pensated e	employee on			
line 1a? If "Yes," complete Schedule J for such in								• •		•••	3		No
<ul> <li>For any individual listed on line 1a, is the sum or organization and related organizations greater individual</li> </ul>	t report than \$1!	able co 50,000?	mpe ? <i>If</i> ")	nsat Yes,"	con con	and ot nplete	her o Sch	compens edule J fo	ation from or such	the	_		No
		• •	•	•	•	• •	• • • • •	• •	• • •		4		No
Did any person listed on line 1a receive or accr services rendered to the organization?If "Yes," of										• • •	5		No
Section B. Independent Contractors											-		
. Complete this table for your five highest competed the organization. Report compensation for the organization fo											npens	ation fror	n
(A) Name and busines		-		<u> </u>						(B) ription of services		(Compe	

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

Form	990	(2023)
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Part	VIII Statement o	of Re	evenue						
	Check if Schedu	ule O	contains a i	respon	se or note to any li		 (B)	 (C)	
						<b>(A)</b> Total revenue	Related or exempt function	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ຮົອ	1a Federated campaig	ins .	] 1	La			revenue		512 - 514
n at	<b>b</b> Membership dues			Lb					
p 6	c Fundraising events			Lc					
ifts	d Related organizatio	ons		Ld					
nig nig	e Government grants (c	ontrib	outions)	Le	277,984				
sin	f All other contributions	, gifts	, grants,						
je je	and similar amounts n above			Lf	424,207				
of E	g Noncash contributions lines 1a - 1f:\$	inclu		lg					
Contributions, gifts, grants, and other similar amounts	<b>h Total.</b> Add lines 1a	-1f		.9					
0	n lotan Add lines Id			· ·	Business Code	702,191			
	2a SHELTER FEES				Business coue	677,509	677,509		
e	20								
Program Service Revenue	<b>b</b> CLINIC SERVICES					147,356	147,356		
ce	c								
Serv									
m.	d								
ogre	е								
Ъ									
	f All other program se								
	g Total. Add lines 2a				824,865				T
	<b>3</b> Investment income similar amounts) .			nds, ir •	nterest, and other	8,4	8,41	1	
	4 Income from invest	ment	of tax-exen	npt bo	nd proceeds				
	5 Royalties								
		 	(i) Rea	al	(ii) Personal	4			
	6a Gross rents	6a							
	<b>b</b> Less: rental	6b							
	expenses c Rental income or	6c				-			
	(loss) <b>d</b> Net rental income	e or (l	loss)						
			(i) Secur	ities	(ii) Other				
	7a Gross amount	7a				1			
	from sales of assets other than								
e	inventory <b>b</b> Less: cost or	7b				-			
nue	other basis and	12							
é	sales expenses c Gain or (loss)	7c				-			
<u>ب</u>									
Other Revenue	d Net gain or (loss) 8a Gross income from fu				•••				
0	(not including \$ contributions reported		of						
	See Part IV, line 18			8a					
	<b>b</b> Less: direct expens	Ses		8b		-			
	c Net income or (los			ng eve	ents				
						1			
	<b>9a</b> Gross income from g See Part IV, line 19	gamiı •	ng activities.	9a					
	<b>b</b> Less: direct expens	ses		9b		-			
	c Net income or (los			activiti	es				
	10aGross sales of inverse returns and allowa	nces	y, less	10a	43,889				
	<b>b</b> Less: cost of goods			10a 10b		-			
	c Net income or (los					43,88	39 43,88	9	
		5, 110	saies of I	end	Business Code				
	11a								
ŝ								1	
ino	b				•			1	
Miscellaneous Revenue								1	
ella	c								
Be								1	
Σ	d All other revenue								
	e Total. Add lines 12	la-13	1d						
	12 Total revenue. Se	ee in	structions .	•		1,579,3	56 877,16	5	

Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organization	is 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.	<b>(A)</b> 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		
5	Compensation of current officers, directors, trustees, and key employees	81,452	65,162	12,218	4,072
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	1,223,824	1,223,824		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,556	11,556		,
9	Other employee benefits	179,844	179,844		
10	Payroll taxes	110,125	108,822	977	326
11	Fees for services (non-employees):				
ā	Management				
ł	Legal				
c	Accounting	24,171	20,545	3,626	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,182	5,182		
12	Advertising and promotion				
13	Office expenses	65,128	55,359	9,769	
14	Information technology				
15	Royalties				
16	Occupancy	57,443	48,826	8,617	
17	Travel	13,388	13,388		
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	4,983	4,983		
23	Insurance	28,672	28,672		
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	246,678	246,678		
	b TAXES INCLUDED IN SALES	37,364	37,364		
	c FUNDRAISING FEES	27,566			27,566
	d KENNEL EXPENSES	17,135	17,135		
	e All other expenses	55,943	55,943		
25	Total functional expenses. Add lines 1 through 24e	2,190,454	2,123,283	35,207	31,964
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Check here				
	$\Box$ if following SOP 98-2 (ASC 958-720).				Form 000 (2022)
					Form <b>990</b> (2023)

# Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part IX .			<u> </u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			233	1	
	2	Savings and temporary cash investments .		[	697,090	2	145,979
	3	Pledges and grants receivable, net		. 1	105,724	3	16,668
	4	Accounts receivable, net		[		4	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the	5				
	6	Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se		6			
s	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use			1,591	8	
Ass	9	Prepaid expenses and deferred charges				9	1,725
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	83,228			
	b	Less: accumulated depreciation	10b	76,210	12,398	10c	7,018
	11	Investments—publicly traded securities		I		11	
	12	Investments-other securities. See Part IV, line	11 .			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	al line	33)	817,036	16	171,390
	17	Accounts payable and accrued expenses	66,281	17	17,740		
	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 contril or family member of any of these persons				22	
Ť	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including fee) and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	yables			25	13,993
	26	Total liabilities. Add lines 17 through 25 .			66,281	26	31,733
Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere 🗹 and	750 755	27	120 657
Sali	27		•	· · · · · · [	750,755	27	139,657
d E	28	Net assets with donor restrictions	• •	[		28	
		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, o	check here 🕨 🗌 and			
S OF	29	Capital stock or trust principal, or current funds	•••			29	
Assets	30	Paid-in or capital surplus, or land, building or equ	•	Ļ		30	
Ass	31	Retained earnings, endowment, accumulated inc	come, o	or other funds		31	
Net /	32	Total net assets or fund balances	•	· · · · · · [	750,755	32	139,657
Ž	33	Total liabilities and net assets/fund balances .	•		817,036	33	171,390

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,579,356
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	2,190,454
3	<b>3</b> Revenue less expenses. Subtract line 2 from line 1				-611,098
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         4				750,755
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			139,657
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 o separate basis, consolidated basis, or both:	n a			
	□ 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 b consolidated basis, or both:	asis,			
	□ 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 Sched	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unif Guidance, 2 C.F.R. Part 200, Subpart F?	orm	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b		
				Form 00	(0.0.0.0)

efi	le GR	APHIC prii	nt Subr	nission Date	- 2024-11-20			DLN:	93493325016064
					narity Statu organization is a sect 4947(a)(1) nonexe	tion 501(c)(3) mpt charitable	organization or trust.		OMB No. 1545-0047
Trea	sury	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	e of th VALLEY	<b>ne organizat</b> i MUMANE SOC	<b>on</b> Ety inc					Employer identifica	ation number
-	nrt I				us (All organization				
1 ne (	organiz		•		e it is: (For lines 1 throu	5		A)/:)	
_					sociation of churches			A)(I).	
2	$\cup$				1)(A)(ii). (Attach Sche				
3		·	•	•	vice organization desc				
4		A medical i name, city,		inization 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	t of a college or univer	rsity owned or op	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				rmally 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	<b>~</b>	activities re income and	elated to its e I 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 <b>section 509</b>	(a)(4).	
12		more publi	ly supported	l organizations	d exclusively for the be described in <b>section 5</b> le type of supporting o	509(a)(1) or sec	tion 509(a)(2).	See section 509(a)	e purposes of one or (3). Check the box on
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup						ing control or mization(s). <b>You must</b>
С					upporting organization must complete Part			d functionally integra	ted with, its supported
d		Type III no functionally	n-functiona integrated.	ally integrated The organization	I. A supporting organiz n generally must satis t IV, Sections A and	ation operated i fy a distribution	n connection wit 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	Ento				upporting organization				
g	Linter				the supported organiz				
	Name c	of supported			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	Yes No								
				l			<u> </u>		
Tota For		work Reduc	tion Act No	tice, see the l	nstructions for	Cat. No. 1128	5F	Schedu	le A (Form 990) 2023

Sch	edule A (Form 990) 2023							Page	e <b>2</b>
P	art II Support Schedule for	Organization	5 Described i	n Sections 17	0(b)(1)(A)(iv) a	and 170	)(b)(1)(A	(vi)	
	(Complete only if you ch								f
	the organization failed to								
S	ection A. Public Support			•	•				
	endar year	(-) 2010	(1-) 2020	(-) 2021	(-1) 2022	(-) 2			
	fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2	.023	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grant.")								
	Tax revenues levied for the								
	organization's benefit and either paid to or expended on its behalf								
	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) Public support. Subtract line 5 from								
	line 4.								
	ection B. Total Support	1	- L	<b>k</b>					
Ca	endar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2	2023	(f) Total	
(or	fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(C) 2021	( <b>u</b> ) 2022	(e) 2	.025	(1) 10141	
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
9	Net income from unrelated business								
9	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 instruction	ons)			1	2		
						L			
12	First 5 years. If the Form 990 is for th	•			•			ization, check	
	this box and <b>stop here</b>						.▶∪		
	ection C. Computation of Public		-						
	Public support percentage for 2023 (lin					14	4		
	Public support percentage for 2022 Sch					1	-		
16a	33 1/3% support test-2023. If the o								
	and stop here. The organization quali	fies as a publicly	supported organ	nization				🕨 🗆	
b	33 1/3% support test-2022. If the	organization did r	not check a box	on line 13 or 16a,	and line 15 is 33 1	/3% or m	ore, check	this	
	box and stop here. The organization								
17a	10%-facts-and-circumstances test-	-2023. If the org	anization did no	t check a box on	line 13, 16a, or 16	b, and lin	e 14 is 10	% or more, and	
	if the organization meets the "facts-and			-			-		
	"facts-and-circumstances" test. The org	ganization qualifi	es as a publicly s	supported organiz	ation		► 🗆	J	
b	10%-facts-and-circumstances test								
	and if the organization meets the "fac				•				
	the "facts-and-circumstances" test. Th								
18	Private foundation. If the organization							_	
	instructions	<u></u>	<u></u>	<u></u>	<u></u>	<u>.</u> .		🕨 🗌	

Schedule A (Form 990) 2023

# Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	-	-				
	ndar year fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	( <b>f</b> ) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					702,1	91 702,191
2	include any "unusual grants.") . Gross receipts from admissions,			+		-	_
2	merchandise sold or services						
	performed, or facilities furnished in					877,1	55 877,165
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
-	not an unrelated trade or business						
-	under section 513					_	_
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					1,579,3	56 1,579,356
	Amounts included on lines 1, 2, and 3					,	,,
	received from disqualified 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.						
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c						
0	from line 6.)						1,579,356
Se	ction B. Total Support						
	endar year	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	fiscal year beginning in) 🕨	(4) 2015	(6) 2020	(0) 2021	(0) 2022		
9 10a	Amounts from line 6 Gross income from interest,					1,579,3	56 1,579,356
IUd	dividends, payments received on						
	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.			_			
с 11	Add lines 10a and 10b. 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.)						
13	<b>Total support.</b> (Add lines 9, 10c,					1,579,3	56 1,579,356
14	11, and 12.) First 5 years. If the Form 990 is for the	e organization's	first second thi	rd fourth or fift	h tax vear as a sect	100, 501(c)(3), 000 cm	nization check this
14		-			-	-	
Se	ction C. Computation of Public	Support Perc	entage				
15	Public support percentage for 2023 (lir			, column (f))		15	100.000 %
16	Public support percentage from 2022 S	Schedule A, Part I	II, line 15			16	
	ction D. Computation of Invest						
17	Investment income percentage for 20			/ line 13, columr	ו (f))	17	0 %
18	Investment income percentage from 2	022 Schedule A,	Part III, line 17 .			18	0 %
			ion did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more				
_Ja	than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b	<b>33</b> 1/3% support tests—2022. If the	organization did	not check a box (	on line 14 or line	e 19a, and line 16 is	more than 33 1/3	% and line 18 is not
~	more than 33 $_{1/3}$ %, check this box and						
20	Private foundation. If the organization	-					
			a box on line 14,	190, UI 190, CII	eek unis box anu se		A (Form 990) 2023

## 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.	3c				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	-				
	organization? If "Yes," describe in <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.					
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	6				
,	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 disgualified 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.					
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				

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 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		
Se	ction B. Type I Supporting Organizations			
			Yes	No

- 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

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

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	mantainea a close and continuous working relationship with the supported organization(s).			
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.
  - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.

3

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.	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.	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 **Part VI.** the role played by the organization in this regard.

1

2

1

Yes

Yes No

No

3b Schedule A (Form 990) 2023 Schedule A (Form 990) 2023

		<u> </u>		Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
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		
a	Average monthly value of securities	<b>1</b> a		Τ
b	Average monthly cash balances	1b		Τ
c	Fair market value of other non-exempt-use assets	1c		
d	I Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		T
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) 2023

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting O	rganizations (c	ontinued				
Section D - Distributions		gamzations		Current Year			
Section D - Distributions			Current rear				
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							
3 Administrative expenses paid to accomplish exempt pur	rposes 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	sive ( <i>provide</i>	8				
9 Distributable amount for 2023 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-2023	ons	(iii) Distributable Amount for 2023			
1 Distributable amount for 2023 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.							
<b>3</b> Excess distributions carryover, if any, to 2023:							
<b>a</b> From 2018							
<b>b</b> From 2019							
<b>c</b> From 2020							
<b>d</b> From 2021.							
<b>e</b> From 2022							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2023 distributable amount							
i Carryover from 2018 not applied (see instructions)							
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4 Distributions for 2023 from Section D, line 7: \$							
a Applied to underdistributions of prior years							
<b>b</b> Applied to 2023 distributable amount							
c Remainder. Subtract lines 4a and 4b from line 4.							
<ul> <li>5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.							
8 Breakdown of line 7:							
a Excess from 2019							
<b>b</b> Excess from 2020							
<b>c</b> Excess from 2021							
<b>d</b> Excess from 2022							
<b>e</b> Excess from 2023			S	 chedule A (Form 990) (2023)			

Page 7



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**



еп	le GRAPHIC pri	Submission Date - 2024	.11-20			DLN: 93493325016064
	HEDULE D rm 990)	Supplement	al F:	inancial Statemen	nts	OMB No. 1545-0047
(10)	ini 330)	Complete if the o	rganiza	tion answered "Yes," on Form 99	90,	2022
Depa	artment of the			, 11b, 11c, 11d, 11e, 11f, 12a, or h to Form 990.	· 12b.	<b>Open to Public</b>
Treas	sury			instructions and the latest info	rmation.	Inspection
Inter Servi	nal Revenue ice					
Na WES	<b>me of the organiza</b> ST VALLEY HUMANE SC	on Ety Inc			Employer id	entification number
Pa	art I Organiz	ions Maintaining Donor Adv	ised F	unds or Other Similar Funds		
	Complete	f the organization answered "Ye	s" on F		() -	
1	Total number at e	of year		(a) Donor advised funds	(b) Fur	nds and other accounts
2		contributions to (during year)				
3		grants from (during year)				
4		end of year				
5	Did the organizat	n inform all donors and donor advise		iting that the assets held in donor ad		e the
6	Did the organizat charitable purpos	n inform all grantees, donors, and do	onor adv r or dono	legal control?	be used only fo	
Ра		tion Easements. f the organization answered "Ye		orm 990 Part IV line 7		
1	•	rvation easements held by the orga				
-		f land for public use (e.g., recreation			n historically im	portant land area
	0	atural habitat		Preservation of a		
	$\square$	f open space				
2			qualifie	d conservation contribution in the fo	rm of a conserv	ration
2		st day of the tax year.	quanne			at the End of the Year
а	Total number of c	servation easements			2a	
b	-	ted by conservation easements			2b	
c		tion easements on a certified histor			2c	
d		tion easements included in (c) acqu ted in the National Register	ired afte	er July 25, 2006, and not on a	2d	
3	Number of conse tax year	ation easements modified, transferr	≥d, relea	sed, extinguished, or terminated by	the organizatio	n during the
4	Number of states	here property subject to conservation	on easer	nent is located <b>&gt;</b>		
5		on have a written policy regarding t conservation easements it holds? .		dic monitoring, inspection, handling	of violations, ar	nd 🗌 Yes 🗌 No
6	Staff and volunte	hours devoted to monitoring, inspe	ting, ha	ndling of violations, and enforcing co	onservation eas	sements during the year
7	Amount of expen	s incurred in monitoring, inspecting,	handlin	g of violations, and enforcing conser	vation easeme	nts during the year
8		ation easement reported on line 2(d 4)(B)(ii)?		satisfy the requirements of section 1	70(h)(4)(B)(i)	🗌 Yes 🗌 No
9	balance sheet, ar the organization'	include, if applicable, the text of the counting for conservation easeme	e footnot nts.	easements in its revenue and expen te to the organization's financial stat	ements that de	scribes
Pa		ions Maintaining Collections f the organization answered "Ye		t, Historical Treasures, or Ot orm 990. Part IV. line 8.	her Similar /	Assets.
1a	If the organization historical treasure	elected, as permitted under FASB AS or other similar assets held for pub	C 958, r lic exhib	not to report in its revenue statemen ition, education, or research in furth		
b	If the organization historical treasure	or other similar assets held for pub	C 958, t	: describes these items. o report in its revenue statement an ition, education, or research in furth		
		elating to these items:			<b>•</b> •	
				· · · · · · · · · · · · · · · · · · ·		
2	following amount	equired to be reported under FASB	ASC 958	•	5	ae the
a						
b				Form 990. Cat. No.		

Schedule	D	(Form	990)	2022
Schedule		(101111	550)	2022

1a Beginning of year balance	Pai	rt III Organizations Maintaining Co	llections of Art,	Histori	al Trea	asures,	or Oth	er Similar A	ssets (continued)
□       runic exinition       □	3		ι, and other records	, check an	y of the	following t	that are	a significant us	e of its collection
Schlarky research     Generations     Gen	а	Public exhibition		d	🗌 Loa	an or exch	ange pro	ograms	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     Provide a description of the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?     Yes No     No     Part VI Escrew and Custolial Arrangements.     Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part 2, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part XIII and complete the following table:         Beginning balance.	b	Scholarly research		e	Otł	ner			
Part XIII.       So During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?       Image: The solid is Arrangements:         Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part II.       Image: The organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part II.         1a       Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part II.       Image: The organization answered "Yes" on Form 990, Part IV, line 10.         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: The organization include an amount on Form 990, Part IV, line 21, for escrow or custodial account liability?   Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Previde the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Previde the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Previde the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Part V       Image: The organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: The organization answered "Yes" on Form 990, Part XIII.       Image: The organization is the proceentapas and porgrams is in the proceentape of th	с	Preservation for future generations							
assets to be sold to raise finds rather than to be maintained as part of the organization's collection?	4		ections and explain	how they	further t	he organi:	zation's	exempt purpos	e in
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7.       Image: Contributions or other assets not included on Form 990, Part X7.         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Contributions of Control (Control (Contro (Control (Control (Control (Control (Control (Control (Control (C	5								🗌 Yes 🗌 No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7.       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance.       1d         d       Additions during the year.       1d         a       Distributions during the year.       1d         d       Id       1d         d       Temporation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Pa	Complete if the organization answ		m 990, P	art IV, I	ine 9, or	reporte	d an amount	on Form 990, Part X,
c       Beginning balance.       1c         d       Additions during the year.       1d         e       Distributions during the year.       1d         e       Distributions during the year.       1f         2a       Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability?       ∨res       No         b       If "*tes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990. Part IV, line 10.       (a) Current year       (c) Iwo years back (d) Three years back (e) Four years back on the organization and programs .         b       Contributions .       (a) Current year       (c) Iwo years back (d) Three years back (e) Four years back on the organization and programs .         c       Net investment earnings, gains, and losses d       (a) Current year       (c) Two years back in the programs .         f       Administrative expenses .       (a) Current year       (b) Prior year       (c) Two years back in the programs .         f       Administrative expenditures for facilities and programs .       (b) Prior year       (c) Two years back in the programs .         g       End of year balance .       (b) Prior year       (c) Two years back in the programs .       (c) Two years back in the programs .	1a	Is the organization an agent, trustee, custodia							🗌 Yes 🗌 No
a datitions during the year.       1d         e       Distributions during the year.       1d         f       Ending balance       1e         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "es;" explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b       If "es;" explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b       If "es;" explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Second S	b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing tab	le:			An	nount
<ul> <li>Distributions during the year</li></ul>	с	Beginning balance					1c		
e       Distributions during the year.       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         f       Administrative expenses       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (b) For years       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (b) Cont or they balance       (in th	d	Additions during the year					1d		
f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е						1e		
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f						1f		
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Contrast years       (a) Current year       (a) Current year       (a) Current year       (a) Current year         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (a) Sourd were were weree adowmen	2-	-					ccount li	ability?	
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Ia Beginning of year balance									
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       .       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       .       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses	_		heck here if the exp	planation h	ias been	provided	in Part X		
Ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia Beginning of year balance       (c) Two years back       (d) Three years back       (e) Four years back         Ia Beginning of year balance       (c) Two years back       (d) Three years back       (e) Four years back         Ia Beginning of year balance       (c) Two years back       (d) Three years back       (e) Four years back         Ia Beginning of year balance       (c) Two years back       (d) Three years back       (e) Four years back         Ia Board designated or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         Ia Board designated or quasi-endowment I       (c) Two years back       (d) Three years back       (e) Four years         Ib Permanent endowment I       (c) Two years back       (d) Three years back       (d) Three years back         Ib Permanent endowment I       (c) Two years back       (f) Two years       (f) Two years       (f) Two years         Ib Permanent endowment	Pa		ered "Yes" on For	m 000 P	art IV I	ine 10			
b Contributions							/ears back	(d) Three year	rs back (e) Four years back
c Net investment earnings, gains, and losses <ul> <li>Grants or scholarships</li> <li>C</li> <li>Cother expenditures for facilities and programs</li> <li>Administrative expenses</li> <li>C</li> <li>Administrative expenses</li> <li>C</li> <li>Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:</li></ul>	1a	Beginning of year balance			-				
d Grants or scholarships	b	Contributions							
d Grants or scholarships	с	Net investment earnings, gains, and losses							
e Other expenditures for facilities and programs									
f Administrative expenses		Other expenditures for facilities							
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment         b       Permanent endowment         c       Term endowment         c       Term endowment         m       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         b       If "Yes" on 3a(ii), are the related organizations isted as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       17.877       12.432         c       Leasehold improvements       17.877       12.432         d       Equipment       28.316       28.316	f	Administrative expenses							
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment         b       Permanent endowment         c       Term endowment         c       Term endowment         m       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         b       If "Yes" on 3a(ii), are the related organizations isted as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       17.877       12.432         c       Leasehold improvements       17.877       12.432         d       Equipment       28.316       28.316	q	End of year balance							
a       Board designated or quasi-endowment >         b       Permanent endowment >         c       Term endowment >         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Part VI     Land, Suildings, and Equipment. (a) Cost or other basis (other)               Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.               1a             Land               .             (b) Cost or other basis (other) <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <td>-</td> <td></td> <td>nt year and balance</td> <td>line 1a</td> <td>column (</td> <td>a)) held a</td> <td>c ·</td> <td></td> <td></td>	-		nt year and balance	line 1a	column (	a)) held a	c ·		
b       Permanent endowment ▶         c       Term endowment ▶         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization set (iii) are the related organization's endowment funds.</li> </ul> <ul> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land     (a) Cost or other basis (other) <li>(c) Leasehold improvements</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(i) Book value</li> <li>(i) Relate (i) Relate (i</li>			ne year ena balance	, (inte 19,			5.		
c       Term endowment >         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiiiii) Related organizations</li> <li>(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>	a 1.	- · · · · · · · · · · · · · · · · · · ·							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       (b) Cost or other basis	a								
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(c)</li></ul>	с		d oqual 100%						
(i) Unrelated organizations       3a(i)       3a(i) <t< th=""><td>3a</td><td>Are there endowment funds not in the possess</td><td></td><td>tion that a</td><td>re held a</td><td>nd admin</td><td>istered f</td><td>or the</td><td>Yes No</td></t<>	3a	Are there endowment funds not in the possess		tion that a	re held a	nd admin	istered f	or the	Yes No
b       If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       .       .       .       .       .       .         b       Buildings       .       .       .       .       .       .         1a       Land       .       .       .       .       .       .       .         c       Leasehold improvements       .       .       .       .       .       .         e       Other       .       .       .       .       .       .       .		(i) Unrelated organizations							3a(i)
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       .       .       .         b       Buildings       .       .       .         c       Leasehold improvements       17,877       12,432       5         d       Equipment       .       .       .       .         e       Other       28,316       28,316       28,316		(ii) Related organizations							3a(ii)
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       .       .       .       .       .         b       Buildings       .       .       .       .         c       Leasehold improvements       17,877       12,432       5         d       Equipment       .       .       .       .         e       Other       .       28,316       28,316       28,316	b	If "Yes" on 3a(ii), are the related organizations	listed as required o	n Schedul	eR?.				3b
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a LandImage: Cost of the basis (investment)Image: Cost of the basis (investment)Image: Cost of the basis (other basis (other basis)Image: Cost of the basis (other basis)Image: Cost of the basis (other basis)1a LandImage: Cost of the basis (investment)Image: Cost of the basis (other basis)Image: Cost of the basis (other basis)Image: Cost of the basis (other basis)b BuildingsImage: Cost of the basis (Image: Cost of the basis)Image: Cost of the basis (Image: Cost of the	4	Describe in Part XIII the intended uses of the c	rganization's endow	vment fun	ds.				
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land <t< th=""><th>Pa</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Pa								
b Buildings         Image: Marcine State         Image: Marcine Sta		Description of property (a) Cost or oth	er basis (b) Cost	-					
c Leasehold improvements         17,877         12,432         5           d Equipment         37,035         35,462         1           e         Other         28,316         28,316         28,316	1a	Land							
c Leasehold improvements         17,877         12,432         5           d Equipment         37,035         35,462         1           e         Other         28,316         28,316         28,316									
d Equipment     37,035     35,462     1       e Other     28,316     28,316					17,87	77		12,432	5,445
e Other			<u> </u>		37,03	35			1,573
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			ual Form 990, Part .	X, column					7,018

Complete if the organization answered "Yes" on Form 990, Pa	art IV, lir	ne 11b.See Forn	n 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Boo value		(c) Method of valuation: t or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3)Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII         Investments - Program Related.           Complete if the organization answered 'Yes' on Form 990, Part of the organization and the organization answered 'Yes' on Form 990, Part of the organization and the o	art IV, lir	ne 11c. See Forr	n 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			

(8)			
(9)			

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

Part IX	Other Assets.	

(6) (7)

	Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15						
	(a) Description	(b) Book value					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (0	Column (b) must equal Form 990, Part X, col.(B) line 15.)						

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

 Part X
 Other Liabilities.

1.(a) Description of liability	(b) Book value
(1) Federal income taxes	
PAYROLL LIABILITIES	11,690
SALES TAS LIABILITIES	2,303
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	13,993

срс II, p g ΞУ 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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га	rt XI Reconciliation of Revenue per Audited Financial Statements With I Return.			
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.			
	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			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	
	Subtract line <b>2e</b> from line <b>1</b>		3	
	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.)			
D D				
	Add lines <b>4a</b> and <b>4b</b>		4c	
c	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	
c Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Statements With</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	 Expenses p	5	rn.
c Par	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	 Expenses p	5	irn.
c Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Statements With</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	 Expenses p	5 er Retu	rn.
c Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Statements With</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	 Expenses p	5 er Retu	rn.
c Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	 Expenses p	5 er Retu	irn.
c Par a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	 Expenses p	5 er Retu	irn.
c Par a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	 Expenses p	5 er Retu	rn.
c Par a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	 Expenses p	5 er Retu	rn.
c Par a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Expenses p	5 er Retu	rn.
c Par a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Expenses p	5 er Retu 1 2e	irn.
c Par a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Expenses p	5 er Retu 1 2e	rn.
c Par a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Expenses p	5 er Retu 1 2e	rn.
c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Expenses p	5 er Retu 1 2e	rn.

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

efile GRAPH	IC print	Submission Date - 2024-1	1-20	DI	N: 93493325016064
SCHEDUL (Form 990) Department of t Treasury	) he	Form 990 or 990-EZ Attac	mation to Form mation for responses to sp or to provide any additiona th to Form 990 or 990-EZ. <u>v/Form990</u> for the latest in	pecific questions on al information.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Name of the org WEST VALLEY HUM	anization	Y INC		Employer iden	tification number
				20-8179233	
Return Reference			Explanation		
FORM 990, PAGE 6, PART VI, LINE 11B	THE FO	RM 990 IS REVIEWED BY THE PI	RESIDENT PRIOR TO FILIN	G AND IS PRESENTED TO	THE BOARD.
FORM 990, PAGE 6, PART VI, LINE 12C		ARD REVIEWS THE CONFLICT O RS ARE ADDED.	F INTEREST POLICY ON A	N ANNUAL BASIS AND W	HEN NEW BOARD
FORM 990, PAGE 6, PART VI, LINE 19	GOVER	NING DOCUMENTS ARE AVAILAE	BLE TO THE PUBLIC UPON	I REQUEST.	
For Paperwork	Reduction	Act Notice, see the Instructions for	Form 990 or Cat. No. 5105	6K Scl	nedule O (Form 990) 2023