Form **990**

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

epar ntern	rtment o al Rever	f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the	latest in	formation.	Inspection
A F	or the	2023 calend	lar year, or tax year beginning and en	nding		
3 C	heck if oplicable	C Name o	f organization		D Employer identifica	ntion number
	Addres	Ss Vall	ey Humane Society, Inc			
	Name change		usiness as		94-303820	2
	Initial return	Number	r and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Final return/		Nevada Street		(925)426-	
_	terminated	City or t	rown, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,135,858.
느	Amend return Applic	Fiea	santon, CA 94566		H(a) Is this a group retu	
	tion pendin	, Finame a	nd address of principal officer: Melanie Sadek as C above		for subordinates? H(b) Are all subordinates incli	Yes X No uded? Yes No
<u>I T</u>	ax-exe	empt status:		527	If "No," attach a lis	st. See instructions
	Vebsit		valleyhumane.org		H(c) Group exemption	
K F	orm of		X Corporation Trust Association Other	L Year o	of formation: 1987 M	State of legal domicile: CA
Ра	rt I	Summary		- TT	0	/ TITIC \
ابو			be the organization's mission or most significant activities: $rac{ extsf{Valley}}{ extsf{and dogs}}$			
& Governance		Check this bo				
Verr					1 _ 1	12
Ĝ			dependent voting members of the governing body (Part VI, line 1b)		3	12
-ფ			of individuals employed in calendar year 2023 (Part V, line 2a)			37
ij			of volunteers (estimate if necessary)		·····	550
Activities			d business revenue from Part VIII, column (C), line 12			0.
٨			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
a	8	Contributions	and grants (Part VIII, line 1h)		834,009.	1,007,767.
ž	9	Program servi	ice revenue (Part VIII, line 2g)		75,678.	1,231,501.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		5,460.	46,219.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		639,793.	277,948.
_			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,554,940.	2,563,435.
			milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		0.	1 402 081
es			r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,019,975.	1,492,081.
eus			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 473,702	; <u> </u>	0.	0.
Expenses			ing expenses (Part IX, column (D), line 25) 473,702 es (Part IX, column (A), lines 11a-11d, 11f-24e)		662,560.	1,035,521.
			es (Fart IX, Column (A), illies Tra-Tru, Tri-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,682,535.	2,527,602.
			expenses. Subtract line 18 from line 12		-127,595.	35,833.
28		1101011001000	oxponess. Castrast into 16 from into 12	Beg	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		5,133,610.	5,466,944.
Bass	21	-	s (Part X, line 26)		886,240.	1,150,308.
		Net assets or	fund balances. Subtract line 21 from line 20		4,247,370.	4,316,636.
	rt II	Signature				
			I declare that I have examined this return, including accompanying schedules an			nowledge and belief, it is
rue,	correc	t, and complete	. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	
		Signature of of	fficar		 Date	
Sign		-			Date	
Here	е	Melanie Type or print n	Sadek, President			
—				Ιn	Date Check	T PTIN
aid		Print/Type pre Stacy C			1/12/24 self-employed	
	arer	Firm's name	Aprio Advisory Group, LLC		Firm's EIN 58	-2487348
	Only		201 North Civic Drive, Suite 220		FIIIII S EIN 30	<u> </u>
	Jy	, iiiii 3 auul 533	Walnut Creek, CA 94596		Phone no 925	-210-2180

X Yes

Form		4-3038202 P	age 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: Valley Humane Society (VHS) creates a brighter future for	cats and	
	dogs by encourages and strengthening the bond between peop		
	VHS rescues and rehabilitates companion animals, champions		
	caretaking, shares pets' soothing affections with people i	n need of	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 🛚	Νo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X	Νo
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to		
	revenue, if any, for each program service reported.	. ,	
4a	(Code:) (Expenses \$1, 764, 955. including grants of \$) (Revenue \$	1,231,50	11.
	VHS is a shelter for homeless cats and dogs, working to fi	.nd permanent	
	homes for the animals via adoption to suitable parties. As	a result, i	t
	spays and neuters incoming animals, tests for various dise		
	provides appropriate vaccinations, ensures the provision of	f requisite	
	medical care and cares for, feeds, houses, and nurtures the	e animals	
	until such adoption occurs. In addition, VHS has a surgery		
	providing spay and neuter services to both public and reso	ue/shelter	
	animals for a reduced fee. Other programs include pet-assi		
	community education, child education, and free cat and dog	; food for th	e
	lowincome.		
4b	(Code:) (Expenses \$) (Revenue \$)
4-			
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)		
→u	(Expenses \$ including grants of \$) (Revenue \$	1	
 4е	1 764 055		
		Form 990	(2023)

Form 990 (2023) Valley Humane Society, Inc Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			7,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		-23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	77	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,,	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مر ا		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form	1 990 (2023) Valley Humane Society, Inc 94-303	8202	Р	age 4
Pai	rt 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	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?	. 24d		
25 a	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		X
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? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	-	X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		X
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?			_v
o -	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			₩
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O statements Regarding Other IRS Filings and Tax Compliance	38	X	
· u				
	Check if Schedule O contains a response or note to any line in this Part V		·····	

	Check if Schedule O contains a response of note to any line in this Part v						
					Yes	No	
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c			

332004 12-21-23

Valley Humane Society, Inc Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			.,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). 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?	70	X	
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0	21	
·	to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
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? N/A	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

Valley Humane Society, Inc 94-3038202 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

X Another's website X Own website X Upon request ___ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records Melanie Sadek - (925)426-8656

3670 Nevada Street, Pleasanton, CA 94566

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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for		In stitutional trustee	Officer	Key employee	Key employee Highest compensated employee Former		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Nozomi Watanabe	40.00					,		142 000	0	0 244
Medical Director (2) Melanie Sadek	40.00					X	-	142,000.	0.	8,344.
(2) Melanie Sadek President	40.00	1		х				120,020.	0.	5,593.
(3) Sandy Gardiner	2.00			^				120,020.	0.	3,333.
Chair	2.00	х		Х				0.	0.	0.
(4) Susan Capello	1.00									
Secretary		Х		х				0.	0.	0.
(5) Clyde Ogata	1.00									
Treasurer		Х		Х				0.	0.	0.
(6) Brian Joyce	1.00									
Exec. Committee Officer		Х						0.	0.	0.
(7) Gina Piper	1.00									
Director		Х						0.	0.	0.
(8) Lori Rice	1.00	1								
Director		Х				_		0.	0.	0.
(9) Jeff Schneider	1.00	1								
Director	1	Х						0.	0.	0.
(10) Penelope Tamm	1.00	J								
Director	1	Х				_		0.	0.	0.
(11) Lindsay Tang	1.00	l								•
Director	1 00	Х				_		0.	0.	0.
(12) Phillip Vermont	1.00	٠,,							0	0
Director (13) Heidi White	1 00	Х				-		0.	0.	0.
Director	1.00	х						0.	0.	0.
(14) Julie Wolfe	1.00	^				\vdash		1	0.	0.
Director	1.00	х						0.	0.	0.
Director								0.	0.	0.
										Form 990 (2022)

(F)

	Name and title	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)						n an	Reportable compensation	Reportable compensation		Estimated amount of			
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer 5	Key em ployee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	5/	com fr orga	other pensa om the aniza d rela anizat	ation ne tion ted	
											+				
											4				
	Subtotal								262,020.		0.	1	3,9	37.	
	Total from continuation sheets to Part VI								0.		0.			0.	
	Total (add lines 1b and 1c)								262,020.		0.	_ 1:	3,9	37.	
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				2	
_	Did the control in the link on the control of the c	-Post and a second						1-1-1	h t t t t	1			Yes	No	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		•		•		_	•	•		3		Х	
4	For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization					
_	and related organizations greater than \$150											4	X		
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com								ed organization or individ	dual for services		5		x	
Sec	tion B. Independent Contractors	piete Geriedan	<i> </i>	<i></i>	1011 1	<i></i>	011								
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensati	on fro	om		
	(A)	irie caleridai ye	zai e	iluli	ig w	iuii	JI VVI		(B)	ear.		(C	;)		
	Name and business	address	NO	NE	3				Description of s	ervices	Co	mper	nsatio	on	
								\sqcap							
								1							
_															
2	Total number of independent contractors (in \$100,000 of compensation from the organization)	•	ot lin	nited	to t	_	se lis)	ted	above) who received mo	ore than					
												orm (990	(2023)	

			Check if Schedule O contains a re	esponse o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
ω ω	-	_	Federated campaigns	1a	30,860.				
ants				1b	30,000.				
ij g				1c	70,922.				
fts, Ar			9	1d	10,522.				
Contributions, Gifts, Grants and Other Similar Amounts									
ns, Sim			3 " " " " " " " " " " " " " " " " " " "	1e					
utio er (Ť	All other contributions, gifts, grants, and		005 005				
현된					905,985.				
ont od (_		1g \$	7,609.	1 007 767			
<u>0 g</u>		h	Total. Add lines 1a-1f			1,007,767.			
					Business Code	4 4 4 2 2 2 2 2	1 1 1 2 2 2 2		
e S			Surgery Center			1,143,399.			
e <u>v</u> i			Adoption Fees		900099	85,948.			
S		С	Humane Education		900099	2,154.	2,154.		
am		d							
Program Service Revenue		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f			1,231,501.			
	3		Investment income (including dividend	ds, intere	st, and				
						13,695.			13,695.
	4		Income from investment of tax-exemp						
	5		Royalties						
				Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '_ 	curities	(ii) Other				
	•	_	assets other than inventory 7a 536,						
		h	Less: cost or other basis						
Φ			and sales expenses	832.					
nu		_	Gain or (loss) 7c 32,	524.					
her Revenue			Net gain or (loss)			32,524.			32,524.
<u>بر</u> ۳			Gross income from fundraising events (no			32,324.			52,524.
	0	а	including \$ 70,922.						
δ									
			contributions reported on line 1c). See		343,206.				
		L	Part IV, line 18 Less: direct expenses		68,458.				
					00,450.	274,748.			274,748.
			Net income or (loss) from fundraising			2/4,/40•			214,140.
	9	a	Gross income from gaming activities.						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming acti	vities					
	10	а	Gross sales of inventory, less returns		2 222				
			and allowances						
			Less: cost of goods sold			2 000			2 000
\rightarrow		С	Net income or (loss) from sales of inve	entory		3,200.			3,200.
<u>v</u>					Business Code				
e e	11	а							
Miscellaneous Revenue		b							
cel.		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions	<u></u>		2,563,435.	1,231,501.	0.	324,167.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	125,613.	79,136.	17,586.	28,891
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	1,223,484.	770,795.	171,288.	281,401
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	21,911.	13,804.	3,068.	5,039
9	Other employee benefits				
10	Payroll taxes	121,073.	76,276.	16,950.	27,847
11	Fees for services (nonemployees):				
а	Management				
b					
С		20,500.		20,500.	
d					
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	4,454. 8,418.	4,454.		
12	Advertising and promotion	8,418.	4,209.	842.	3,367 4,044
13	Office expenses	55,287.	46,217.	5,026.	4,044
14	Information technology	26,072.	2,990.	23,082.	
15	Royalties				
16	Occupancy	174,959.	165,326.	8,953.	680
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	109,620.	1,315.	1,102.	107,203
20	Interest				
21	Payments to affiliates	100 115	100 115		
22	Depreciation, depletion, and amortization	183,447.	183,447.		
23	Insurance	31,751.	20,003.	4,445.	7,303
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	77.5	234,859.	234,859.		
b	77.1 No. 32 3 D. 1 D.	91,146.	91,146.		
c	Dat Gunnilian	35,868.	35,868.		
d	Maria de la Transia	24,378.	15,133.	1,513.	7,732
	All other expenses	34,762.	19,977.	14,590.	195
25	Total functional expenses. Add lines 1 through 24e	2,527,602.	1,764,955.	288,945.	473,702
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 if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,261,381.	1	532,737
	2	Savings and temporary cash investments		2	12,290
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	57,109
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
AS	9	Prepaid expenses and deferred charges		9	31,384
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,579,52	28.		
	b	Less: accumulated depreciation 10b 1,069,41	3,281,137.	10c	3,510,117
	11	Investments - publicly traded securities		11	710,232
	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	288,251.	15	613,075
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	5,466,944
	17	Accounts payable and accrued expenses	150,214.	17	155,526
	18	Grants payable		18	
	19	Deferred revenue		19	10,650
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ũ	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
3	23	Secured mortgages and notes payable to unrelated third parties	453,775.	23	358,688
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	282,251.		625,444
	26	Total liabilities. Add lines 17 through 25	886,240.	26	1,150,308
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions		27	4,235,169
pa	28	Net assets with donor restrictions		28	81,467
		Organizations that do not follow FASB ASC 958, check here			
ב ו		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
es e	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	4,247,370.	32	4,316,636
	33	Total liabilities and net assets/fund balances	5,133,610.	33	5,466,944

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
					_	_
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>35.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	<u>, 52'</u>	7,6	02.
3	Revenue less expenses. Subtract line 2 from line 1	3		3.	5,8	33.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	, 24'	7,3	70.
5	Net unrealized gains (losses) on investments	5		3:	3,4	33.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	4	, 31	5,6	36.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		- 1			
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?		[2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	- 1			
	consolidated basis, or both:		- 1			
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	o. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		I	3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

		Vall	ey Humane S	Society,Inc				9	4-3038202
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	i.	
The	orga	unization is not a private found							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4		A medical research organiz					•	iii). Enter	the hospital's name.
		city, and state:	i	,				,,-	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental un	it describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (0		lege of all more by a miles	. o, opo.a.	, - g-			
6		A federal, state, or local go	•	nental unit described in	section 17	70/61/41/41	(1)		
	X	_	~					a gonoral r	aublic described in
′	22	•		itiai part of its support if	on a gove	HIIIIEHIAI	unit or nom the	general p	Jublic described in
		section 170(b)(1)(A)(vi). (C		4VAVvi) (Complete Dar	L II \				
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-o	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of t	ne college	or
40		university:	II	11 00 4 /00/ - 6 11			and the second of the second o		d annual and a state for an
10		An organization that norma	•						*
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	rea by the orga	anization a	mer June 30, 1975.
		See section 509(a)(2). (Co				=	201 1/41		
11		An organization organized							_
12		An organization organized a	•	•	-			•	•
		more publicly supported or							Sheck the box on
	_	lines 12a through 12d that	* *					-	
а	1 L	Type I. A supporting orga	•	•	•	_			· ·
		the supported organization			majority o	f the direc	tors or trustee	s of the su	pporting
	_	organization. You must o	-						
b)	Type II. A supporting org							
		control or management o			ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	; L	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	/ integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
c	i	Type III non-functionally						-	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	. L	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.			
		ter the number of supported o	•						
ç	y Pro	ovide the following information (i) Name of supported	n about the supporte (ii) EIN		(iv) Is the orga	nization listed	(v) Amount of	manatani	(vi) Amount of other
		organization	(II) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ins	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See Inc	otraotiono,	support (see motractions)
Tota									
ı OT	ai						i		1

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

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 13,424 9,981 1495 5,460 13,695 43,055 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 25 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 4 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, 0 r17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, 0 r17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check this box and stop here. Explain in Part VI	Sec	ction A. Public Support							
I Gitte, grants, contributions, and membership feets received, (De not include any "unusual grants.") Tax revenues levied for the organization of 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 The profition of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) Fubitic support. Statuscius Front line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support 1 Amounts from line 4 Section B. Total Support Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support 1 Amounts from line 4 Section B. Total Support 1 Total support. Add lines 7 through 10 Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support 1 Total support. Add lines 7 through 10 Calledary year (or fiscal year beginning) in Amounts from line 4 Section B. Total Support 1 Total support. Add lines 7 through 10 Calledary year (or fiscal	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
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		•		-					
Schedule A (Form 990) 2023	18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		-	

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
F		
<u>5a</u>		
5b		
5c		
50		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
104		
10b		
	m 990)	2023

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Schedule A (Form 990)

	11 3 3 (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If #Vee # describe in Part VI the releasible to be accomplished in this record	3h		

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Schedule A (Form 990) 2023

SCHE	dule A (Form 990) 2023 Valley Hamane Boclecy, I		-	74 JUJUZUZ Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus-		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4 unless subject to			

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Pa	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	.
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
<u> </u>	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i_</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	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			_	
<u>b</u>	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
<u>b</u>	Excess from 2020				
c	Excess from 2021				
<u>d</u>	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Valley Humane Society, Inc

Employer identification number 94-3038202

Par			or Accounts. Comple	te if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other	accounts
4	Total number at and of year	(a) Borior advised furids	(b) i dilas ana otrici	accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	sed funds	
J	are the organization's property, subject to the organization's	_		es No
6	Did the organization inform all grantees, donors, and donor a			cs110
Ū	for charitable purposes and not for the benefit of the donor o			
				es No
Par				<u> </u>
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recrea		f a historically important lan	d area
	Protection of natural habitat	· —	f a certified historic structur	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easemen	t on the last
	day of the tax year.			id of the Tax Year
а	Total number of conservation easements		2a	
			1	
С	Number of conservation easements on a certified historic stru		0-	
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			(
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling or		
	violations, and enforcement of the conservation easements it	holds?	🔲 Ү	es No
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	handling of violations, and enforcing co	servation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the	/ear
_				
8	Does each conservation easement reported on line 2d above			
_				es No
9	In Part XIII, describe how the organization reports conservation	· ·		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	ents that describes the	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or C	ther Similar Assets	
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under FASB ASC 95		and halance shoot works	
Ia	of art, historical treasures, or other similar assets held for put	·		
	service, provide in Part XIII the text of the footnote to its finar	, ,	•	
h	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	· · · · · · ·		
	provide the following amounts relating to these items.	on martion, oddoddon, or research in ful	noralise of public service,	
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A		g, p. 0 1 1 0 0	
а	Revenue included on Form 990, Part VIII, line 1		\$	
	Assets included in Form 990, Part X			
-	For Paperwork Reduction Act Notice, see the Instructions		,	(Form 990) 2023

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

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

	00 0111 01111 000; 1 41111	, iii 6 1 14: 000 1 01111 000	, r art 7t, iii o 10.			
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		246,763.		246,763.		
b Buildings		3,878,652.	907,800.	2,970,852.		
c Leasehold improvements						
d Equipment		314,752.	107,910.	206,842.		
e Other		139,361.	53,701.	85,660.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))						

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Valley Huma	ne Society,Ind	94-3038202 Page 3
Part VII Investments - Other Securities		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 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)		

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

Part IX Other Assets

(6) (7) (8) (9)

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) Security Deposits	6,000.
(2) Right-of-Use Assets	607,075.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	613,075.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Lease Liabilities	625,444.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990, Part Y, line 25, col. (R))	625,444.

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

Schedule D (Form 990) 2023

Par	rt XI Reconciliation of Revenue pe	er Audited Financial State	ments With R	evenue per Re	turn	
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per au	udited financial statements			1	2,596,868.
2	Amounts included on line 1 but not on Form 9	990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		2a	33,433.		
b						
С						
d	6.1. (5					
е	Add lines 2a through 2d				2e	33,433. 2,563,435.
3	Subtract line 2e from line 1				3	2,563,435.
4	Amounts included on Form 990, Part VIII, line					
а	Investment expenses not included on Form 99	90, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
С					4c	0.
5	Total revenue. Add lines 3 and 4c. (This must	equal Form 990. Part I. line 12.)			5	2,563,435.
Par	rt XII Reconciliation of Expenses p	er Audited Financial Stat	ements With E	xpenses per F	Return	1
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financi	ial statements			1	2,527,602.
2	Amounts included on line 1 but not on Form 9					
а	Donated services and use of facilities		2a			
b						
С						
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1				3	2,527,602.
4	Amounts included on Form 990, Part IX, line 2					
а	Investment expenses not included on Form 99	90, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
С	Add lines 4a and 4b				4c	0.
5	Total expenses. Add lines 3 and 4c. (This mus	st equal Form 990, Part I, line 18.,			5	2,527,602.
	rt XIII Supplemental Information					
	ide the descriptions required for Part II, lines 3,				; Part X	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also	complete this part to provide any	additional informa	tion.		
D	why Time O.					
Par	rt X, Line 2:					
mb a	o Omgoniantion is a nonn	mofit omgonicati		from fodo	1	incomo
THE	e Organization is a nonp	Polit organization	on exempt	Trom Tede	raı	THEOME
+	under Internal Berren	uo Codo Coation	501/a)/2)	Nagordin	~1	20
Lax	xes under Internal Reven	ue code section	301(0)(3)	Accordin	<u>gту,</u>	, 110
nrc	ovision for federal inco	me taves is requi	ired The	Organizat	ion	annlies
ргс	SVISION TOT TEGETAL THEO	me caxes is requ	irea. ine	Organizat	1011	appires
+hc	e guidance on accounting	for uncertain t	av provici	ong in EA	CD 7	VSC 740
CITE	e guidance on accounting	TOT differ tail to	ax provisi	LOIIS III FA	ם מכו	1DC /40
Tnc	come Taxes. The Organiza	tion is no longe	r subject	to income	+ a v	,
1110	come raxes. The organiza	cron is no longe.	L Subject	to income	Laz	<u> </u>
ova	aminations for tax years	up to and inclu	ding 2020			
CAG	aminacions for cax years	up to and inclu	aring zuzua)		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** Valley Humane Society, Inc 94-3038202 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Charity Benefit Auction - 126 Yes No Х Bidne Drive, Senoia, GA Live Auction Service 261,565 5,000 256,565. TrueSense Marketing - 502 Keystone Drive, Warrendale Direct Mail Service Х 223,772 107,070 116,702. 485,337. 112 070. 373 267. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. CA

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

See Part IV for continuations

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
				Giving		(add col. (a) through			
			Gala	Tuesday	5	col. (c))			
			(event type)	(event type)	(total number)	COI. (C))			
eve	1	Gross receipts	261,565.	51,452.	101,111.	414,128.			
ď									
	2	Less: Contributions	70,922.			70,922.			
			-						
	3	Gross income (line 1 minus line 2)	190,643.	51,452.	101,111.	343,206.			
	4	Cash prizes							
	5	Noncash prizes							
es									
ens	6	Rent/facility costs							
Direct Expenses									
ct E	7	Food and beverages							
je		g							
_	8	Entertainment							
		Other direct expenses	60,138.		8,320.	68,458.			
		Direct expense summary. Add lines 4 through			•	68,458.			
		Net income summary. Subtract line 10 from lin				274,748.			
Pa	rt l	III Gaming. Complete if the organization a				•			
		\$15,000 on Form 990-EZ, line 6a.			•				
			(a) Din a	(b) Pull tabs/instant	(a) Oth an arasin a	(d) Total gaming (add			
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
æ	1	Gross revenue							
	2	Cash prizes							
ses									
per	3	Noncash prizes							
Direct Expenses									
ect	4	Rent/facility costs							
₫									
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
		·							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
		,	, , ,						
9	En	ter the state(s) in which the organization condu	cts gaming activities:						
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes									
 a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 									
						_			
10a	We	ere any of the organization's gaming licenses re	voked, suspended. or te	rminated during the tax v	ear?	Yes No			
		ti "Yes," explain:							
	_								

Schedule G (Form 990) 2023

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Schedule G (Form 990) 2023 Valley Humane Society, Inc	94-3038202 Page 3					
11 Does the organization conduct gaming activities with nonmembers?	Yes No					
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other						
to administer charitable gaming?	Yes No					
13 Indicate the percentage of gaming activity conducted in:						
a The organization's facility	13a %					
b An outside facility						
14 Enter the name and address of the person who prepares the organization's gaming/special even						
Name						
Address						
15a Does the organization have a contract with a third party from whom the organization receives ga	ming revenue? Yes No					
b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount					
of gaming revenue retained by the third party \$						
c If "Yes," enter name and address of the third party:						
- · · · · · · · · · · · · · · · · · · ·						
Name						
Address						
16 Gaming manager information:						
Carring manager internation.						
Name						
Gaming manager compensation \$						
Description of services provided						
Director/officer Employee Independent contractor						
17 Mandatory distributions:						
a Is the organization required under state law to make charitable distributions from the gaming pro	oceads to					
retain the state gaming license?						
b Enter the amount of distributions required under state law to be distributed to other exempt organized to the company of t						
organization's own exempt activities during the tax year \$	anizations of sport in the					
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b,	columns (iii) and (v): and Part III, lines 9, 9b, 10b					
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instru						
Tob, 100, 10, and 170, as applicable. Also provide any additional information. See institu	otions.					
Schedule G, Part I, Line 2b, List of Ten Highest Pa	id Fundraisers.					
beneaute of fute 1, bline 25, blbc of fen highest fu	Tanararberb.					
(i) Name of Fundraiser: Charity Benefit Auction						
(1) Name of fundaments: Charley benefit Adector						
(i) Address of Fundraiser: 126 Bidne Drive, Senoia, GA 30276						
(1) Address of Fundialsel. 120 blune blive, behola,	GA 30270					
/i \ Namo of Eundraigor, TrucCongo Markoting						
(i) Name of Fundraiser: TrueSense Marketing						
/i) Addrogg of Fundraigor, 502 Mougtons Drives Warmandala DA 15006						
(i) Address of Fundraiser: 502 Keystone Drive, Warr	endale, PA 15086					

Schedule G	(Form 990)	Valley Human	e Society,Inc	94-30)38202 Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)			
		(continued)			
-					
-					
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SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Valley Humane Society, Inc

Employer identification number 94-3038202

Form 990, Part I, Line 1, Description of Organization Mission:

strengthening the bond between people and pets. VHS rescues and

rehabilitates companion animals, champions responsible caretaking,

shares pets' soothing affections with people in need of comfort and

supports and preserves existing pet-guardian relationships.

Form 990, Part III, Line 1, Description of Organization Mission:

comfort and supports and preserves existing pet-guardian relationships.

Form 990, Part VI, Section A, line 4:

Amending Article 9 Committees, Section 3 Audit Committee with the marked up as follows:

Section 3: Audit Committee. The Audit Committee will be comprised of at least three (3) members who will be selected by the Board of Directors, with at least one (1) member from its own Directors and may include person(s) having sufficient financial expertise and who is not a Director of the Board, and none of whom are paid employees of VHS. Chair of the Audit Committee must be on the Board. Each member of the Audit Committee will hold office at the pleasure of the Board. The Audit Committee is directly responsible for overseeing the auditor's activities. It sets rules and processes for complaints concerning accounting and internal control practices. The Audit Committee will be established and function in accordance with the Audit Committee Charter attached hereto as Exhibit 1, which may be amended annually.

Form 990, Part VI, Section B, line 11b:

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** 94-3038202 Valley Humane Society, Inc The Form 990 is sent electronically to all board members, allowing each member to review and comment prior to filing with the IRS. Form 990, Part VI, Section B, Line 12c: Each board member and key employee reviews the conflict of interest policy annually. If there are any conflicts or potential conflicts of interest the interested party will have the option to become disinterested or will have to vacate their seat on the board or resign as an employee. Form 990, Part VI, Section B, Line 15a: Compensation for the Executive Director is discussed and voted on by the Board of Directors. Form 990, Part VI, Section C, Line 19: Our governing documents, conflict of interest policy, conflict resolution policy and financial statements are available upon request. Our IRS Form 990 and related schedules are available on www.guidestar.com. Form 990, Part XII, Line 2c: The organization did not have changes to its oversight process or selection process during the year.