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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

ΑΙ	or the	e 2022 calendar year, or tax year beginning	and en	aing						
В	Check if applicable	C Name of organization			D Employer identific	cation number				
	Addre	• WENATCHEE VALLEY HUMANE SOCIETY, II	NC.							
	Name chang	Doing business as			91-08382	99				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Ro	om/suite	E Telephone numbe					
	Final return	1474 S. WENATCHEE AVE			(509) 66	2-9577				
	termin ated	City or town, state or province, country, and ZIP or foreign postal coo	de		G Gross receipts \$	3,706,518.				
	Ameno return				H(a) Is this a group re	eturn				
	Applic tion				for subordinates? Yes X No					
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in					
$\overline{}$	Fay ay		17(a)(1) or	527	1 ` ´	list. See instructions				
	Nebsit		η (α)(1) 01	JLI	H(c) Group exemptio					
_		organization: X Corporation Trust Association Other		I Voor		1 State of legal domicile: WA				
	art I	Summary		L Year o	or formation. 1907 N	1 State of legal domicile, WA				
			nur Mi	CCTO	N OF WILL TO	T MO CEDITE				
ě	1	Briefly describe the organization's mission or most significant activities: \mathbf{T}								
auc		THE COMMUNITY THROUGH EDUCATION, PROTI								
ern	2	Check this box if the organization discontinued its operations or	•							
ò	3				3	10				
∞ ≪	4	Number of independent voting members of the governing body (Part VI, lin				9				
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a	a)			61				
₹	6	Total number of volunteers (estimate if necessary)				262				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.				
					Prior Year	Current Year				
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)			1,285,644.	2,023,135.				
Revenue	9	Program service revenue (Part VIII, line 2g)			1,252,537.	1,348,396.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			5,946.	34,602.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			48,266.	258,709.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)		2,592,393.	3,664,842.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)		1,575,488.	1,759,156.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.				
per	. в	Total fundraising expenses (Part IX, column (D), line 25)	_							
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		817,799. 97						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,393,287.	2,729,344.				
	1	Revenue less expenses. Subtract line 18 from line 12			199,106.	935,498.				
JC 3c	3	· · · · · · · · · · · · · · · · · · ·			ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)			6,627,503.	7,429,660.				
ASS	21	Total liabilities (Part X, line 26)			173,747.	250,417.				
let,	22	Net assets or fund balances. Subtract line 21 from line 20			6,453,756.	7,179,243.				
Pa	art II	Signature Block			0 / 200 / 100 0	, , _ , , , ,				
		Ities of perjury, I declare that I have examined this return, including accompanying so	chedules ar	nd stateme	ints, and to the hest of my	knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information				Kilowioago alia bolloi, it io				
1140	, 001100	g and completes becauted on property (editor than emech) to become on an information	011 01 11111011	гргорагог	The uny knowledge.					
Sig	n	Signature of officer			Date					
Her		JAMES PUMPHREY, EXECUTIVE DIRECTOR								
He	•	Type or print name and title								
		Print/Type preparer's name Preparer's signature			Date Check	PTIN				
Paid	1	STEVEN NEHER, CPA	1 /1 2 / 2 2	000001177						
	parer			1-0950793						
	Only	Firm's address P.O. BOX 3068	m's name CORDELL, NEHER & COMPANY, P.L.L.C.							
USE	Only	WENATCHEE, WA 98807-3068			Dhone == / E	09) 663-1661				
N / -	, +b = !"				T Priorie no. (3					
ivia	y tne II	RS discuss this return with the preparer shown above? See instructions				X Yes No				

. u	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF WVHS IS TO SERVE THE COMMUNITY THROUGH EDUCATION,	
	PROTECTION AND PET ADOPTIONS. WE CONTINUE OUR MISSION BY TAKING	CARE
	OF DISPLACED PETS, RESCUING INJURED AND LOST ANIMALS, PROVIDING	
	SPAY/NEUTER PROGRAMS, INVESTIGATING CRUELTIES AND FINDING HOMES	FOR
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	163100
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex-	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	·
4a		449,436.)
	SHELTER - EXCLUSIVE PROVIDER OF ANIMAL CARE AND PLACEMENT, PUBLI	
	EDUCATION CONCERNING HUMANE ANIMAL CARE ISSUES, ADMINISTRATES RE	GIONAL
	ANIMAL CARE AND CONTROL REGULATIONS.	
	FF0 0F0	11 647
4b	(Code:) (Expenses \$558,279. including grants of \$) (Revenue \$) VET CLINIC - PROVIDES VETERINARY SERVICES FOR SHELTER ANIMALS AN	11,647.
	INCOME QUALIFIED PET OWNERS.	
	THEOME QUALIFIED IEI OWNERD:	
4c	(Code:) (Expenses \$ 806, 451. including grants of \$) (Revenue \$	888,087.)
	ANIMAL CONTROL - EXCLUSIVE PROVIDER OF ANIMAL CARE AND PLACEMENT	
	PUBLIC EDUCATION CONCERNING HUMANE ANIMAL CARE ISSUES, ADMINISTR	
	REGIONAL ANIMAL CARE AND CONTROL REGULATIONS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,658,839.	- 000
		Form 990 (2022)

			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_	Х	
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		X
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			
	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,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	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	ا ا		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV			1
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		25
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,	ـ د د ا	Х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			_V
	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	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			\ ₃₇
	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		X
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		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<u></u>
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		l	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

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Form 990 (2022) WENATCHEE VALLEY HUMANE SOCIETY, INC.

Part 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			l
	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			3,7
	Schedule K. If "No," go to line 25a	24a		X
		24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		
	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			۱
	"Yes," complete Schedule L, Part IV	28a		X
	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	200		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	-		
	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			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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		<u> </u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
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	X	

022) WENATCHEE VALLEY HUMANE SOCIETY, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	6.1			
	filed for the calendar year ending with or within the year covered by this return	2a 61	1	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
3a			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	• •	1		X
_	financial account in a foreign country (such as a bank account, securities account, or other financial activities account activities account activities account activities account activities activities account activities account activities account activities activit	ccount)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	Poorunto (EDAD)			
50			5a		х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50		
ou	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 contribution		"		
~	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the pavor?	7a	Х	
b			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?	•	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	. 1			
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	146			
120	amounts due or received from them.)	11b	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.		iou		
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	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	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		Х
	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 act	ivities	1		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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.

	to line out, out, out to be soler, accorded the directional cost, proceeded, or changes on contradictions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No
та	3 3 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a. above, who are independent 1b			
b	, , , ,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
•	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a		_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a		8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
800	organization's mailing address? f "Yes." provide the names and addresses on Schedule O	9		Х
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N1 -
40-	Did the sussaination have lead shouton humahas an efficience	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40h		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
_		Ha	21	
b 120		12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	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	IZD	22	
C		12c	Х	
12	on Schedule O how this was done	13	X	
13		14	X	
14		14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
		15b	21	Х
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		21
160				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Iba		21
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements?	16b		
17 10		only 4	ovoile!	ole.
18	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	orny)	avallal	ле
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
40	(**************************************	fin	sial.	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iiiiano	iai	
00	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 TRICIA MCCULLOUGH - (509) 494-8500			
	521 S. CHELAN AVE SUITE A, WENATCHEE, WA 98801			

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)	(B)	3) (C)					isatt	(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	Pos heck i ss per	ition more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	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) TAYLOR SHARP	40.00							65.455		
EXECUTIVE DIRECTOR	40.00			Х		_		67,455.	0.	0.
(2) JAMES PUMPHREY	40.00	-		,,				16 752	,	0
EXECUTIVE DIRECTOR	F 00			Х				16,753.	0.	0.
(3) JANE PROVO	5.00	. ,		7,7				0.	0.	0
PRESIDENT (4) PATRICK DAVIDSON	2.00	Х		Х				0.	0.	0.
(4) PATRICK DAVIDSON VICE PRESIDENT	2.00	Х		х				0.	0.	0.
(5) ERIN LYONS	2.00	^		^				0.	0.	<u></u>
SECRETARY	2.00	Х		х				0.	0.	0.
(6) CHRIS SHANNON	2.00	22		25				•	.	<u></u>
TREASURER	2.00	х						0.	0.	0.
(7) COLEEN BOSE	2.00									
DIRECTOR		х						0.	0.	0.
(8) SHAUNNA LARSON	2.00								-	
DIRECTOR		Х						0.	0.	0.
(9) TRACY HAZEN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JOSH PARRISH	2.00									
DIRECTOR		Х						0.	0.	0.
(11) KAITLIN SCHILLING	2.00									
DIRECTOR		Х						0.	0.	0.
										000

	(A)	(B)			(C				(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable			nated	
		hours per week	box	, unle	ss per	son i	s both	an	compensation	compensation			unt o	f
		(list any							from the	from related organizations	, ا	οτ compe	her ensati	ion
		hours for	direc				pg .		organization	(W-2/1099-MISC	- 1	•	n the	
		related	stee or	rustee			ensati		(W-2/1099-MISC/	1099-NEC)		organ		
		organizations below	ıal trus	onal tr		oloyee	comp ee		1099-NEC)			and r		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	izatio	ns
		,	<u>-</u>	=	0	¥	王屯	Œ						
											+			
											_			
											\perp			
											+			
											+			
											\perp			
1b	Subtotal								84,208.).			0.
	Total from continuation sheets to Part VI								84,208.).			0.
<u>a</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n										<u>'• </u>			<u> </u>
	compensation from the organization											T	'es	0 N o
3	Did the organization list any former officer.	director, trust	ee. k	cev e	lame	ove	e. or	hia	hest compensated empl	ovee on				110
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su	um of reportabl	е сс	mpe	ensat	tion	and	oth	er compensation from the					
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual		L	4		X
5	Did any person listed on line 1a receive or a	•				-			•	lual for services		_		37
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedule	e J f	or st	ıch r	pers	on .					5		X
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	s th	at received more than \$.100,000 of compe	nsatio	n from	1	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax ye	ear.				
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	Con	(C) npens	ation	
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	to t	thos	_	ted	above) who received mo	ore than				

Page 9

Form 990 (2022) WENATCH
Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a res	ponse (or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lanction revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns		18	a					
an Tu			Membership dues				2,475.				
ءَ ق			Fundraising events			;	•				
ifts Ir A			-			1					
n ii G			Government grants (contri								
Sign			All other contributions, gifts,								
k E		-	similar amounts not included			2.	020,660.				
草草		g	Noncash contributions included in			3 \$	•				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		- · · ·	, 1+		2,023,135.			
<u> </u>							Business Code	,			
o l	2	а	ANIMAL CONTRO	L			813312	744,942.	744,942.		
Š		b	SHELTER SERVI		3		813312	448,662.	448,662.		
Ser		С	LICENSING AND				813312	143,145.	143,145.		
Program Service Revenue		d	VETERINARY SE				813312	11,647.	11,647.		
Pg.		e						,	,		
P			All other program service	reven	nue						
		q	Total. Add lines 2a-2f					1,348,396.			
	3		Investment income (includ	ling d	dividends	, intere					
			other similar amounts)	Ū			·	36,791.			36,791.
	4	other similar amounts) Income from investment of tax-exempt bond pre									
	5		Royalties	. <u></u> .							
					(i) R	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	<u></u>							
	7	а	Gross amount from sales of		(i) Secu	ırities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b	2,1	L89.					
/en		С	Gain or (loss)	7с	-2,1	L89.					
ther Revenue		d	Net gain or (loss)			<u></u>		-2,189.			-2,189.
ЭĒ	8	а	Gross income from fundraising	ng eve	ents (not						
₹			including \$		0	f					
			contributions reported on	line 1	1c). See						
			Part IV, line 18			. <u>8a</u>					
			Less: direct expenses				31,524.				
			Net income or (loss) from					33,437.			33,437.
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			ties					
	10	а	Gross sales of inventory, I				11 110				
			and allowances				11,413.				
			Less: cost of goods sold				7,963.	2 450			2 452
		С	Net income or (loss) from	sales	of inven	tory	T	3,450.			3,450.
<u>s</u>			HWD1 03755 5555	.			Business Code	001 040	001 040		
eor Je	11		EMPLOYEE RETE				813312	221,048.	221,048.		
Miscellaneous Revenue			MISCELLANEOUS	ΤŢ	NCOME		813312	774.	774.		
Sce		С									
ž			All other revenue					221,822.			
			Total. Add lines 11a-11d					3 661 212	1,570,218.	0.	71,489.
	12		Total revenue. See instruction	лıS ,				P,004,044.	H,J,U,410•	. ∪•	11,402.

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 response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 84,208. 79,823. 4,385. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,447,425. 1,421,758. 25,667. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 78,177. 73,919. 4,258. Other employee benefits 9 149,346. 145,740. 3,606. 10 Payroll taxes 11 Fees for services (nonemployees): Management 5,372. 5,372. Legal 55,870. 55,870. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 58,251. 58,251. Advertising and promotion 12 162,056. 154,152. 7,904. Office expenses 13 Information technology 14 15 Royalties 10,195. 145,646. 135,451. 16 Occupancy 71,073. 68,927. 2,146. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,019. 303. 4,322. Conferences, conventions, and meetings 19 12. 12. 20 Payments to affiliates 21 172,743. 172,743. Depreciation, depletion, and amortization 22 34,256. 31,858. 2,398. 23 Other expenses. Itemize expenses not covered 24 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 O.) 137,740. 128,097. 9,643. SUPPLIES VETERINARY EXPENSES 77,768. 77,768. $33, \overline{082}$ 33,082. VEHICLE EXPENSES 7,119. 7,119. TAXES 4,878. 4.878. All other expenses 2,729,344. 2,658,839. 70,505. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)
Part X Balance Sheet

Pai	rt 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	799,827.	1	1,540,270.
	2	Savings and temporary cash investments	1,115,488.	2	1,190,329.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	41,334.	4	73,504.
	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	
<u>s</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	5,613.	8	2,935.
Ÿ	9	Prepaid expenses and deferred charges	327.	9	8,967.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,865,158.			
	b	Less: accumulated depreciation 10b 1,334,003.	4,582,414.	10c	4,531,155.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	82,500.	13	82,500.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,627,503.	16	7,429,660.
	17	Accounts payable and accrued expenses	173,747.	17	250,417.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	173,747.	25	250 417
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	1/3,/4/.	26	250,417.
ű		-			
JCe		and complete lines 27, 28, 32, and 33.	6,274,302.	07	7,008,013.
ala	27	Net assets without donor restrictions	179,454.	27	171,230.
g B	28	Net assets with donor restrictions	119,434.	28	1/1,250.
Ë		Organizations that do not follow FASB ASC 958, check here			
P	200	and complete lines 29 through 33.		20	
ats	29	Capital stock or trust principal, or current funds		29	
\ss	30	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		30	
Net Assets or Fund Balances	31		6,453,756.	31 32	7,179,243.
ž	32	Total liabilities and not assets/fund balances	6,627,503.	33	7,429,660.
	33	Total liabilities and net assets/fund balances	0,021,303.	ა ა	1,423,000.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				•	<u> </u>					
	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	3	,66	4,8	<u>42.</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,72	9,3	44.					
3	Revenue less expenses. Subtract line 2 from line 1	3		93	5,4	98.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,45	3,7	56.					
5	Net unrealized gains (losses) on investments	5		-21	0,0	11.					
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,										
	column (B))	10	7	,17	9,2	43.					
Pa	rt 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 X Accrual Other										
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a									
	separate basis, consolidated basis, or both:										
	X Separate basis Consolidated basis Both consolidated and separate basis										
b	Were the organization's financial statements audited by an independent accountant?			2b		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,									
	consolidated basis, or both:										
	Separate basis Consolidated basis Both consolidated and separate basis										
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?			2c		X					
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule C									
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?			3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b							

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WENATCHEE VALLEY HUMANE SOCIETY 91-0838299 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	2064772.	1622217.	1328768.	1285644.	2023135.	8324536.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf						_					
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge		1 1 2 2 2 1 =	100000	100-011							
4	Total. Add lines 1 through 3	2064772.	1622217.	1328768.	1285644.	2023135.	8324536.					
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)						735,396.					
	Public support. Subtract line 5 from line 4.						7589140.					
	ction B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
	Amounts from line 4	2064772.	1622217.	1328768.	1285644.	2023135.	8324536.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,	07 500	20 011	25 640	20 016	24 600	164 000					
	and income from similar sources	27,599.	38,211.	35,649.	28,016.	34,602.	164,077.					
9	Net income from unrelated business											
	activities, whether or not the	05 170	27 270				E2 440					
	business is regularly carried on	-25,179.	-27,270.				-52,449.					
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)						8436164.					
	Total support. Add lines 7 through 10		`			40						
	Gross receipts from related activities,					12	415,248.					
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·								
Sec	organization, check this box and stop ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			·····					
	Public support percentage for 2022 (I			volumn (f))		14	89.96 %					
	Public support percentage from 2021					15	88.71 %					
	33 1/3% support test - 2022. If the o											
100	stop here. The organization qualifies											
b	33 1/3% support test - 2021. If the c											
~	and stop here. The organization qual											
17a	10% -facts-and-circumstances test											
	and if the organization meets the fact	_										
	meets the facts-and-circumstances te					viriow the organiz						
b	10% -facts-and-circumstances test	•	•									
_	more, and if the organization meets the	_										
	organization meets the facts-and-circu				· ·							
18	Private foundation. If the organization				•							

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	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						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2019	(b) 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	i01(c)(3) organizatio	on.
					•		
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar						Ш
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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		
0.2		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
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•		
8		
_		
9a		
9b		
9с		
10a		
10b		

1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c blook, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 39% controlled entity of a person described on line 11a above? 1 Did the governing Dody, 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 ect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If \(\text{in the III} \) is trusteed at a limes during the tax year? If \(\text{in the III} \) is trusteed at a limes during the tax year? If \(\text{in the III} \) is trusteed at a limes during the tax year? If \(\text{in the III} \) is trusteed at a majority of the organization's officers, directors, or frustees are all times during the tax year? If \(\text{in the III} \) is trusteed at a majority of the organization have the power to regularly appoint or ect at least a majority of the organization's officers, directors, or frustees several subcrated arong the organization cycle than the supported organization several properties of the supported organization and the family department of the supported organization of the supported organization and the family organization and the family organization and the family organization and the family organization and the supported organization and the supported organization and the family organization and the supported organization and the organ	Par	t IV Supporting Organizations _(continued)			
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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	b	,			
	-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

ENATCHEE	VALLEY	HUMANE	SOCIETY,	INC.	91-0838299	Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	ov. 20, 1970 (explain in I	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
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):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	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				
<u>-</u>	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
-	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	nization (see		
	instructions)	, 3),			

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ed)	
	on D - Distributions	(/ / / / / / / / / / / / / / / / / / /	Continu	cu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	2 2
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
	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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
a	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

INC.

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

WENATCHEE VALLEY HUMANE SOCIETY,

OMB No. 1545-0047

Name of the organization

Employer identification number

91-0838299

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

WENATCHEE VALLEY HUMANE SOCIETY, INC.

91-0838299

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributions	
1		\$ 70,000. Person Payroll Noncash (Complete Par noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributions	
2		\$ 93,333. Person Payroll Noncash (Complete Par noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributions	
		Person Payroll Noncash (Complete Par noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributions	
		Person Payroll Noncash (Complete Par	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
		Person Payroll Noncash (Complete Par noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
		\$ Person Payroll Noncash (Complete Par noncash contri	ributions.)

Name of organization Employer identification number

WENATCHEE VALLEY HUMANE SOCIETY, INC.

91-0838299

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** WENATCHEE VALLEY HUMANE SOCIETY, INC. 91-0838299 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

WENATCHEE VALLEY HUMANE SOCIETY,

Employer identification number 91-0838299

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during 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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		1 1
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired at		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footnote	•	
	organization's accounting for conservation easements.		ionic that decembes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in for	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m) 4		•
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Sche		EE VALLEY							38299	Page 2
Par	t III Organizations Maintaining C	collections of Ai	t, Histo	orical Tre	easures, o	r Other	Simila	r Assets	S (continue	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	•	d 📙	Loan or exc	hange progra	am				
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of				•			_	_	
_	to be sold to raise funds rather than to be m								Yes	No
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	•								
1a	Is the organization an agent, trustee, custod								_	
	on Form 990, Part X?							L	_ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance								7	
	Did the organization include an amount on F						ty?	L	_ Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII.									
rai	t V Endowment Funds. Complete		1					vooro book	(a) Four v	nore book
		(a) Current year	(0) P	rior year	(c) Two yea	15 Dack	(a) Tillee	ears back	(e) Four y	Ears Dack
	Beginning of year balance					+				
b	Contributions					+				
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		- /:		\\					
2	Provide the estimated percentage of the curr	•		j, column (a))) neid as:					
	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		_%								
2-	The percentages on lines 2a, 2b, and 2c sho	•	ation tha	t ara bald an	ad administa	ad for th	•			
Sa	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are rield ar	ia administer	ed for the	е		[v	es No
	organization by:									- 110
	(i) Unrelated organizations								3a(i)	+
L	(ii) Related organizations	ations listed as requi		abadula DO					3a(ii)	+
_	Describe in Part XIII the intended uses of the								3b	
4 Par			willelit	urius.						
	Complete if the organization answere		0. Part IV	'. line 11a. S	See Form 990	. Part X.	line 10.			
	Description of property	(a) Cost or o			or other		ccumulate	2d	(d) Book v	/alue
	besomption of property	basis (invest		` '	(other)		oreciation	II.	(a) Dook	, aluc
10	Land	,			3,941.	2.5			523	,941.
	Land Buildings				6,740.	۶	343,2	10.	3,653	
	Buildings				8,760.		L33,4			,317.
	Equipment	I			5,717.		357,3			,367.
	Other				-,,		, .			,

Schedule D (Form 990) 2022

4,531,155.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

OLLUDE WENDHOUSE WA	ATTEV HIIMANE	COCTEMY INC	91-0838299 Page
Schedule D (Form 990) 2022 WENATCHEE VA	TILEI HUMANE	SOCIETY, INC.	91-0838299 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b) Book value		st 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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 1	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		
Part X Other Liabilities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X	line 25
(-) December - (12-1-12)	5 555,1 41117, 1110		(b) Book value
1. (a) Description of liability (1) Federal income taxes			(-) 2001. 10.00
(2)			
(3)			

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

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740-10. MANAGEMENT
HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THE
ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS REQUIRING ADJUSTMENT TO
THE FINANCIAL STATEMENTS TO COMPLY WITH THESE PROVISIONS. WITH FEW
EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS BY U.S. FEDERAL TAX AUTHORITIES FOR THE YEARS BEFORE 2019,

Schedule I) (For	m 990) 2	022 W ental Informa	ENATCHEE	VA	LLEY	HUMANE	SOCIE	TY,	INC.	91-0838299	Page 5
Part XII	I Su	pplem	ental Informa	tion (continued	d)							
WHICH	IS	THE	STANDARD	STATUTE	OF	LIMI	TATIONS	LOOK-	-BACF	PERIO).	
_												

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

2022

Open to Public Inspection

Name of the organization Employer identification number WENATCHEE VALLEY HUMANE SOCIETY, 91-0838299 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. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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) Yes No 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.

Pa	ırt I	Fundraising Events. Complete if the	e organization answered	l "Yes	on Form 990, Parl	t IV, lir	e 18, or reported	more than \$15,000
		of fundraising event contributions and gro	oss income on Form 990	-EZ, liı				ts greater than \$5,000.
			(a) Event #1		(b) Event #2	(c)	Other events	(d) Total events
					IDAY		_	(add col. (a) through
				LUN	ICHEON		2	col. (c))
ē			(event type)		(event type)	(t	otal number)	. "
Revenue	١.		E00		22 604		20 057	64 061
Вè	1	Gross receipts	500.		33,604.		30,857.	64,961.
	,	Less: Contributions						
	-	Loss. Contributions						
	3	Gross income (line 1 minus line 2)	500.		33,604.		30,857.	64,961.
	4	Cash prizes						
"	5	Noncash prizes						
Jses	_	Pont/facility costs						
xpe	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
) Jre								
_	8	Entertainment						
	9	Other direct expenses			20,334.		11,190.	31,524.
	10	Direct expense summary. Add lines 4 through						31,524.
Da	ırt I				Dart IV line 10 and			33,437.
ГС		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990,	Part IV, line 19, or r	reporte	ed more than	
		\$ 10,000 cm cm coo LL, into ca.	() 5:	(b	Pull tabs/instant			(d) Total gaming (add
nue			(a) Bingo		o/progressive bingo	(c)	Other gaming	col. (a) through col. (c)
Revenue								
	1	Gross revenue						
		Ocalesciana						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Ë		Tremedan prizes						
rect	4	Rent/facility costs						
Ö								
	5	Other direct expenses						
			Yes %		Yes %	\equiv	Yes %	
	6	Volunteer labor	L No		No		No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)					
	-	Breet expense carmary: , taa mice 2 tineagr						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
		ter the state(s) in which the organization condu	_					
		the organization licensed to conduct gaming ac						Yes No
b) IT "	No," explain:						
	_							
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rmina	ted during the tax y	/ear?		Yes No
		Yes," explain:						
	_							

Sch	nedule G (Form 990) 2022 WENATCHEE VALLEY HUMANE SOCIETY, INC. 91-0	1838299	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	,,,
17	Effici the fiame and address of the person who prepares the organization's gaming/special events books and records.		
	News		
	Name		
	Address		
			—
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
40	Opening angular information.		
16	Gaming manager information:		
	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 proceeds to		
•		Yes	☐ No
	retain the state gaming license?	103	
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year \$		aa.
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	S (Form 990) Supplemental Infor	WENA	TCHEE	VALLEY	HUMANE	SOCIETY,	INC.	91-0838299	Page 4
Part IV	Supplemental Infor	mation	(continued)						

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WENATCHEE VALLEY HUMANE SOCIETY, INC.

Employer identification number 91-0838299

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONTINUE OUR MISSION BY TAKING CARE OF DISPLACED PETS, RESCUING INJURED

AND LOST ANIMALS, PROVIDING SPAY/NEUTER PROGRAMS, INVESTIGATING

CRUELTIES AND FINDING HOMES FOR ORPHANED ANIMALS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORPHANED ANIMALS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT/FINANCE COMMITTEE REVIEWS THE TAX RETURN WITH THE ORGANIZATION'S

CERTIFIED PUBLIC ACCOUNTING FIRM AND REPORTS THE RESULT OF THE REVIEW TO

THE BOARD PRIOR TO THE BOARD APPROVAL OF FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SHALL NOT BE RELATED TO OR RESIDE IN THE SAME HOUSEHOLD AS

MEMBERS OF THE WENATCHEE VALLEY HUMANE SOCIETY'S STAFF. BOARD MEMBERS ARE

REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT PRIOR TO THE BEGINNING OF

THEIR FIRST TERM. BOARD MEMBERS WILL BE REQUIRED TO SUBMIT TO A BACKGROUND

CHECK IF REQUIRED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS DETERMINES THE EXECUTIVE DIRECTOR'S SALARY BASED ON COMPARABLE POSITIONS WITHIN THE MARKET AND JOB PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization WENATCHEE VA	ALLEY HUMANE SOCIETY	, INC.			E	Employer identific 91-08382	cation no	umber
Part I Identification of Disregarded Entities. Con	mplete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		ts Direct o	(f) controlling ntity	g
WENATCHEE VALLEY ANIMAL CONTROL, LLC -								
91-0838299, 1474 S. WENATCHEE AVE,	ANIMAL CONTROL AND							
WENATCHEE, WA 98801	ENFORCEMENT	WASHINGTON	888	,087. 3	32,231	1.		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	e or mo	ore related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	. (g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section		irect controlling entity	cont	512(b)(13) rolled tity?
				501(c)(3))	4		Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

art V	Transactions With Related Organizations.	Complete if the organization answered "	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
-------	--	---	--

1	During the tax year, did the organization engage in any of the following transactions		•				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
	Gift, grant, or capital contribution to related organization(s)				1b		
	Gift, grant, or capital contribution from related organization(s)				1c		
	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1 g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
1	Performance of services or membership or fundraising solicitations for related organ				11		
m	Performance of services or membership or fundraising solicitations by related organi				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio				1n		
					10		
р	Reimbursement paid to related organization(s) for expenses				1p		
	Reimbursement paid by related organization(s) for expenses				1q		
•	1 , 3 (, 1						
r	Other transfer of cash or property to related organization(s)				1r		
	Other transfer of cash or property from related organization(s)				1s		_
	If the answer to any of the above is "Yes," see the instructions for information on wh						_
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved		
		type (a-s)		-			
1)							
2)							
3)							
4)							
5)							
6)							
	·		•	0.1	D /F	000) 0	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

CARRYOVER DATA TO 2023

Name WENATCHEE VALLEY HUMANE SOCIETY, INC.	Employer Identification Number 91-0838299
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL PRE-2018 NET OPERATING LOSS	190,935.
	

Name: WENATCHEE VALLEY HUMANE SOCIETY, INC	91-0838299
--	------------

Type and Entity: NET POSITIVE ACE ADJUSTMENT FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover											
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for								
A 2016 B 2017	22,495.										
B 2017 C 2018 D 2019 E 2020 F	23,102. 22,997. 14,064.										
G	11,001.										
H I											
J K L											
M N											
O P											
Q R S											
S T U											
V W		A	Assessed	A	A	A	A	A	A	A 22 - 2 - 2 - 2	Assessed
Detail Type		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	С										
B C D											
D E F											
G H											
J K											
L M											
N O P											
Q R											
S T U											
V W											

Name: WENATCHEE VALLEY HUMANE SOCIETY INC FEIN:	91-0838299
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		nd Entity: PRE	-2018 NOL FED	Section 382 Carryover	DETAIL CARRYOVER SCHEDULE							
,	rear Origi-	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C	2010 2012 2013	16,515. 11,279. 15,957. 19,861.	2,619.									
D E F	2015 2016 2017	60,016. 51,174.										
G H I J	2020	18,752.										
K L M												
N O P Q												
R S T												
U V W												
	etail Type	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C												
D E F G												
H I J												
K L M												
N O P Q												
R S T												
U V W												

212571 04-01-22