Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	JUL	1	, 2022, and ending	JUN	30	, 20 2
, , , , , ,			, , ,			

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OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer HUMANE SOCIETY OF SONOMA COUNTY 94-6001315 LINDSAY MCCALL Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 6,005,921. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a 9b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize DILLWOOD BURKEL & MILLAR, LLP 67099 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 68745532060 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 01/03/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print HUMANE SOCIETY OF SONOMA COUNTY 94-6001315 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 1296 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 95402 SANTA ROSA, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) LINDSAY MCCALL The books are in the care of ► PO BOX 1296 - SANTA ROSA, CA 95402 Telephone No. ► 707-542-0882 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning _JUL 1, 2022 , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

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

<u>A</u>	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and e	ending J	<u>UN 30, 2023</u>								
В	Check if applicable	C Name of organization		D Employer identific	cation number							
	Addres	HUMANE SOCIETY OF SONOMA COUNTY										
	Name change	ge Doing business as 94-6001315										
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1296	Room/suite	00m/suite E Telephone number								
	termin- ated			G Gross receipts \$	6,832,836.							
	Amend			H(a) Is this a group re								
F	Application			for subordinates								
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in								
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) or	r 527	1	list. See instructions							
	Websit			H(c) Group exemptio								
		organization: X Corporation Trust Association Other	L Year		■ State of legal domicile: CA							
	art I	Summary			g							
	1	Briefly describe the organization's mission or most significant activities: ${ m {f THE}} { m {\ \ }} { m {\ \ }}$	OCIET	Y IS A NONPI	ROFIT							
Governance	١.	ANÍMAL WELFARE ORGANIZATION THAT RESCUES A										
nar	2	Check this box if the organization discontinued its operations or dispose										
Š	3			3	11							
မ်	4	Number of independent voting members of the governing body (Part VI, line 1b)			11							
o V	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			101							
i.	6	Total number of volunteers (estimate if necessary)			412							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			15,069.							
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			606.							
				Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		3,092,910.	4,445,019.							
Revenue	9	Program service revenue (Part VIII, line 2g)		1,366,671.	1,421,119.							
e Ve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		271,319.	43,207.							
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,006.	96,576.							
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,758,906.	6,005,921.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
v	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,002,948.	3,594,473.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 763,93	0.									
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,693,084.	1,778,481.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,696,032.	5,372,954.							
	19	Revenue less expenses. Subtract line 18 from line 12		62,874.	632,967.							
5	G			ginning of Current Year	End of Year							
sets	20	Total assets (Part X, line 16)		11,559,696.	12,274,303.							
L'As	21	Total liabilities (Part X, line 26)		2,813,294.	2,716,351.							
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		8,746,402.	9,557,952.							
P	art II	Signature Block										
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is							
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.								
Sig		Signature of officer		Date								
He	re	LINDSAY MCCALL, EXECUTIVE DIRECTOR										
		Type or print name and title	1.5	Nata I F	DTIN							
_		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN							
Pai	1	CHRISTINA Z HOLLINGSWORTH CHRISTINA Z HOLL	TNGS 0									
	parer	Firm's name DILLWOOD BURKEL & MILLAR, LLP		Firm's EIN 6	8-0456752							
Use	Only	Firm's address 175 CONCOURSE BOULEVARD, SUITE A			07) 577 0006							
_		SANTA ROSA, CA 95403		Phone no. (7	07) 577-8806 X Yes No							
		S discuss this return with the preparer shown above? See instructions			X Yes No							

Other program services (Describe on Schedule O.)

including grants of \$ 4,133,303.) (Revenue \$

Total program service expenses

Form 990 (2022) HUMANE SOCIETY OF SONOMA COUNTY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
•	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			
3		5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			-23
6				x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 21	
b		12b		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا بيرا		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		
	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			3,7
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		Х
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		Х

Form 990 (2022) HUMANE SOCIETY OF 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			
	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			v
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		Х
35a	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		
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		<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
00000	(gambling) winnings to prize winners?	1c Form	990	(2022)
232004	¥ 12-13-22	FOHIL		(2022)

Form 990 (2022) HUMANE SOCIETY OF SONOMA COUNTY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	101						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х				
				3a	Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b	Х				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country		<u> </u>						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccour	nts (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).				37				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a	X				
				7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	uired	_		х			
	to file Form 8282?	i	 T	7c		Δ			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.					
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		ot?	7e 7f					
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
g	h If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?								
8									
Ū	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а									
b	Did the conserving approximation makes distribution to a decay depicts of the conserved approximation and the conserved approx			9a 9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b	•						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	عامه ا	1						
_	organization is licensed to issue qualified health plans	13b	1						
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c		14a		Х			
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		- 21			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			טדי					
	excess parachute payment(s) during the year?			15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.			.5					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
	If "Yes," complete Form 4720, Schedule O.			16		X			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s						
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

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Page 6 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevertice code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120		
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	- 1-		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	х	
h		15b	X	
J	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		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	10a		- 21
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	46h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 12		only 4	availa!	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	Or ity)	avalidi	JIE
	for public inspection. Indicate how you made these available. Check all that apply. X Ours website X Apother's website X Upon request Other (- 4 is a - 2 4 or 4 or 2)			
40	X Own website X Another's website X Upon request Other (explain on Schedule O)	fi	اماد	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınano	ılal	
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			
	LINDSAY MCCALL - 707-542-0882			
	PO BOX 1296, SANTA ROSA, CA 95402			

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)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other 			
	(list any	director		the	organizations (W-2/1099-MISC/	compensation from the				
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	Individual trustee or	Institutional trustee	5	Key employee	Highest compensated employee	e.			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) LINDSAY MCCALL	40.00									
EXEC DIRECTOR				Х				143,357.	0.	3,588.
(2) ADA NORRIS	40.00									
VETERINARIAN						X		108,069.	0.	4,806.
(3) PRISCILLA LOCKE	40.00									
DIRECTOR OF DEVELOPMENT						X		102,929.	0.	8,385.
(4) DWIGHT R PEARSON	40.00									
DIRECTOR OF FINANCE				X			ľ	110,746.	0.	0.
(5) KATI AHO	1.00									
DIRECTOR		X						0.	0.	0.
(6) SOPHIA GROSSI	1.00	M								
VICE-PRESIDENT		X		X				0.	0.	0.
(7) SANDY CHUTE	1.00									
DIRECTOR		X						0.	0.	0.
(8) JOHNNY DRAKE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CHRIS KITTREDGE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) STEVE MAASS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) VARSHANA WRIGHT	2.00									
SECRETARY		Х		Х				0.	0.	0.
(12) KELLY STROMGREN	3.00									
TREASURER		Х		Х				0.	0.	0.
(13) KRISTEN TRISKO	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(14) TIM WINGARD	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ROBERT QUAIL	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
		1								
222007 12-13-22								•		Form 990 (2022)

Form 990 (2022) HUMANE SC	CIETY C	F	SO	NOI	ΜA	COU	JNTY	94-600	1315	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	es,	and	Highe	est C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unlesser and	s pers	tion nore tha son is bo ector/tro	oth an ustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC/	Estima amoun othe compens	ted t of r sation he
	related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee Highest compensated	employee Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organiza and rela organiza	ated
				_	1					
					+					
					_					
				+	+					
				_	1		46F 101	0	16 5	770
1b Subtotal c Total from continuation sheets to Part VII							465,101.	0		0.
							465,101.	0		
Total number of individuals (including but no			_			ho re	eceived more than \$100,	,000 of reportable		
compensation from the organization		4	1		Ų.				1	4
									Yes	No
3 Did the organization list any former officer,									3	X
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su										1
and related organizations greater than \$150									4	X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ch p	erson				5	X
Complete this table for your five highest contractors the organization. Report compensation for the organization.									sation from	
(A)	•						(B)		(C)	
Name and business	address	NC	NE				Description of s	services	Compensati	on
2 Total number of independent contractors (in	•	ot lim	nited	to th	_	isted	above) who received m	ore than		
\$100,000 of compensation from the organiz	zation				0				Form 990	(2022)

Form 990 (2022) HUMANE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to anv lin	e in this Part VIII			
		_	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
40.10		Fortunated community and					000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
Sra Iou		Membership dues 1b	100 100				
S, (177,100.				
a ii		Related organizations 1d					
s, (ini	е	Government grants (contributions) 1e	909,305.				
ion	f	All other contributions, gifts, grants, and					
ont		similar amounts not included above 1f 3,	358,614.				
ΞÖ	q	Noncash contributions included in lines 1a-1f	58,917.				
Sor	_	Total. Add lines 1a-1f		4,445,019.			
			Business Code	, , , , , ,			
	2 2	COMMUNITY VET CLINIC	456199	325,244.	325,244.		
je		HEALDSBURG CENTER	456199	304,117.	304,117.		
er ue		SPAY/NEUTER	456199	263,426.	263,426.		
n S			456199				
ıraı Be		AFTERCARE SERVICES		204,868.	204,868.		
Program Service Revenue		ADOPTIONS	456199	181,423.	181,423.		
۵		All other program service revenue	456199	142,041.	142,041.		
_	g	Total. Add lines 2a-2f		1,421,119.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		61,095.			61,095.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 52,884.					
		Less: rental expenses 6b 3,531.					
		Rental income or (loss) 6c 49,353.					
		Net rental income or (loss)		49,353.		15,069.	34,284.
		Gross amount from sales of (i) Securities	(ii) Other	15/3331		13,003.	31/2011
	<i>i</i> a	E4 E 440	(ii) Other				
		7					
	D	Less: cost or other basis					
ığ		and sales expenses 75 5 3 5 , 3 2 8 .					
š		Gain or (loss) 7c -17,888.		17 000			17 000
her Revenue		Net gain or (loss)		-17,888.			-17,888.
þer	8 a	Gross income from fundraising events (not					
ᅙ		including \$ 177,100. of					
		contributions reported on line 1c). See					
			333,884.				
	b	Less: direct expenses8b	124,935.				
	С	Net income or (loss) from fundraising events		208,949.			208,949.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		and allowances 10a					
	L		163,121.				
			100,121.	-163,121.	-163,121.		
-	<u> </u>	Net income or (loss) from sales of inventory	Business Code	100,121.	100,121.		
sn	44 -	MISCELLANEOUS	541900	1,395.			1,395.
leo Te			741300	1,333.			1,353.
Miscellaneous Revenue	b						
Se.	С						
Mis		All other revenue		4 225			
=	е	Total. Add lines 11a-11d		1,395.	4 055 005	45.000	000 000
	12	Total revenue. See instructions		6,005,921.	ц,257,998.	15,069.	287,835.

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Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 010	400 045	410 055	10.010
	trustees, and key employees	299,013.	138,017.	148,056.	12,940.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 005 505	0.000.000	145 004	442 054
7	Other salaries and wages	2,835,787.	2,277,232.	145,281.	413,274.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	010 000	160 500	10 727	20 677
9	Other employee benefits	210,923.	162,509.	19,737.	28,677.
10	Payroll taxes	248,750.	191,653.	23,277.	33,820.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	26 500		26 500	
_	9	26,500.		26,500.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17	15,740.		15,740.	
f	Investment management fees	13,740.		13,740.	
g	Other. (If line 11g amount exceeds 10% of line 25,	35,451.		12,317.	23 13/
40	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	19,305.	12,572.	12,517	23,134. 6,733.
12 13		18,605.	11,235.	1,426.	5,944.
14	Office expenses	8,748.	7,456.	1,005.	287.
15	Royalties	0,7720.	7,1300	2,0031	207
16	Occupancy	222,924.	194,860.	21,773.	6,291.
17	Travel	222/3221	232,0000	2277730	0,2320
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	82,712.	70,492.	9,500.	2,720.
21	Payments to affiliates	. , . == •	.,	-,	, - = • •
22	Depreciation, depletion, and amortization	371,704.	355,587.	4,779.	11,338.
23	Insurance	57,986.	39,688.	15,799.	2,499.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				·
	amount, list line 24e expenses on Schedule 0.)	110			
а	PROGRAM EXPENSES	442,894.	442,894.		4
b	PRINTING & POSTAGE	156,964.	8,749.	468.	147,747.
С	MAINTENANCE & REPAIR	135,772.	102,243.	11,103.	22,426.
d	BANK & CREDIT CARD CHAR	43,038.	18,964.	75.	23,999.
	All other expenses	140,138.	99,152.	18,885.	22,101.
25	Total functional expenses. Add lines 1 through 24e	5,372,954.	4,133,303.	475,721.	763,930.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Par	LA	Balance Sneet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,852,902		3,585,756
	2	Savings and temporary cash investments			1,026,958	_	283,499
	3	Pledges and grants receivable, net			130,000		0
	4	Accounts receivable, net			50,034	4	53,697
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	-				
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			85,923	9	131,305
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,967,142.			
	b	Less: accumulated depreciation		5,335,128.	5,919,010		
	11	Investments - publicly traded securities			1,515,600	11	1,631,429
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1		4	27.5 2.52	13	252 622
	14	Intangible assets		976,269		953,603	
	15	Other assets. See Part IV, line 11		3,000		3,000	
	16	Total assets. Add lines 1 through 15 (must equa			11,559,696		12,274,303
	17	Accounts payable and accrued expenses			328,728		331,684
	18	Grants payable			140 525	18	155 660
	19	Deferred revenue			148,737	1	155,662
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			2 225 020	22	2 220 005
_	23	Secured mortgages and notes payable to unrela			2,335,829		2,229,005
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines of Schedule D	17-24).	Complete Part X		25	
	26				2,813,294	_	2,716,351
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			2,013,234	20	2,710,331
န		and complete lines 27, 28, 32, and 33.	CK HEIG				
2	27				5,805,347	27	6,050,358
3ala	28	Net assets with donor restrictions			2,941,055		3,507,594
틸	20	Organizations that do not follow FASB ASC 9			2/322/000		3,33.,331
Fu		and complete lines 29 through 33.	, cne				
ō	29	Capital stock or trust principal, or current funds		ľ		29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,746,402		9,557,952
z	33	Total liabilities and net assets/fund balances			11,559,696		12,274,303

Pa	rt XI Reconciliation of Net Assets			, u	gc
	Check if Schedule O contains a response or note to any line in this Part XI				
	oncok ii ooncodic o oonkaino a rooponoc oi noko ko ariy iino iir kiilo i ak xii				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,00	5.9	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,37		
3	Revenue less expenses. Subtract line 2 from line 1	3		$\frac{1}{2}, \frac{1}{9}$	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,74		
5	Net unrealized gains (losses) on investments	5		$\frac{3, 5}{8, 5}$	
6	Donated services and use of facilities	6		- , -	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	9,55	7,9	52.
Pa	rt XII Financial Statements and Reporting	12 1	<u>, </u>		
	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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X 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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

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.

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

Name of the organization

HUMANE SOCIETY OF SONOMA COUNTY

Employer identification number

OMB No. 1545-0047

94-6001315 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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	tion 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.")	2829695.	4011677.	4118055.	3092910.	4445019.	18497356.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					<u> </u>	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2829695.	4011677.	4118055.	3092910.	4445019.	18497356.
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)						801,774.
	Public support. Subtract line 5 from line 4.						17695582 .
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2829695.	4011677.	4118055.	3092910.	4445019.	18497356.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	49,201.	43,792.	25,335.	28,598.	61,095.	208,021.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		85,692.	151,080.	173,331.	258,302.	668,405.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						<u> 19373782.</u>
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	<u>,266,352.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop	here	<u></u>				
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					14	91.34 %
	Public support percentage from 2021					15	91.83 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or				
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2022

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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.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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					A	
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that				4		
	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						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		T () 22/2	# N AD 4 D	()	() 222 (() 2222	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses						
_							
	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	L organization's fi	ret second third t	fourth or fifth toxy	l lear as a section 5	.01(c)(3) organizatio	n .
•	check this box and stop here	•			•		
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I		<u>-</u>	column (f))		15	%
	Public support percentage from 2021	, (,,	,			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation If the organization	n did not obook o	hay an line 14 10	a ar 10h ahaali th	ia bay and acc inc	tructions	

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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		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		

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ı uı	Continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
_	11c below, the governing body of a supported organization?		
h	A family member of a person described on line 11a above?		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
C			
Sec	detail in Part VI. 11c tion B. Type I Supporting Organizations		l
	tion B. Type I supporting organizations		T
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sec	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
Ü	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
' a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.		
C	The organization is the parent of each of the supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	nol	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	163	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a		
h	that these definition of his definition		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b		
3	and a destribute of the original and origina		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction ever the policies, programs, and activities of each		
Ŋ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard 3b		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	_1	

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	on 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					
	on 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):	4.					
	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c		+			
	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		1			
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	on C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	anization (see			
	instructions)	-		·			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

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

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

HUMANE SOCIETY OF SONOMA COUNTY

Employer identification number 94-6001315

Total number at end of year	Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of and of year 4 Aggregate value of and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? 6 Did the organization inform all grantese, donors, and donor advisors 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 contenting imperimisable orrized beamst? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7. 1 Purposels) of conservation easements held by the organization (clinck all that appty). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of part public use (for example, recreation or education) Preservation of a historically important land area 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 5 Total number of conservation easements 6 Total number of conservation easements on a certified historic structure includes in (a) 7 Amount of expenses incurred in the interior of the conservation easements on a certified historic structure includes in (a) 8 Number of conservation easements on a certified historic structure includes in (a) 9 A Unimber of conservation easements on a certified historic structure includes in (a) 1 A Unimber of conservation easements on a certified historic structure includes in (a) 2 A Number of conservation easements on a certified historic structure includes in (a) 2 A Number of conservation easements on a certified historic structure includes in (a) 3 Number of conservation easements mornalized, transferred, released, extinguished, or terminated by the organizat		organization answered Tes on Form 550, Farriv, inte		(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all ofnors and donor advisors in writing that the assets held in donor advisor funds are the organization inform all ofnors, and donor advisors in writing that the assets held in donor advisor funds are the organization inform all grantless, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Tassements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) — Preservation of a historically important land area Preservation of poen space 2 Complete line Se 2 through 2 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Total number of conservation easements included in (c) acquired after July 25,200s and not on a historic structure last property subject to conservation easements included in (c) acquired after July 25,200s and not on a historic structure in the National Register 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements included in (a) 6 Staff and volunteer house deswere property subject to conservation easements in located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year balance shet, and include, if applicable, the text of the footho	1	Total number at end of year	(L) Committee (L)	(a) and and and
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 writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors 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? Port III				<u> </u>
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If the organization elected, as permitted under FASB ASC 958, not 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 furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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 furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	ı aı			ici diffiidi Addeta.
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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 furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	12			ad balanca shoot works
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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 furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	ıa		•	
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(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$			exhibition, education, or research in furth	erance of public service,
 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 				¢
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	2			
a Revenue included on Form 990, Part VIII, line 1	2			gain, provide
	~			¢
D Assets included in Form 990. Part X				

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

Schedule D (Form 990) 2022

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a large the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations d Large and the organization of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Portive a description of the organization receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Vers' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. In If Yes, explain the arrangement in Part XIII and complete the following table: Part V Endowment Funds Part XIII Check here if the explanation has been provided on Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes'	Par	t III Organizations Maintaining Co	llections of Art,	Historical Tre	asures, or C	Other Simila	r Assets	(continued)	
a Public exhibition d	3	Using the organization's acquisition, accession	n, and other records,	check any of the fo	ollowing that ma	ake significant ı	use of its		
b Scholarly research e		collection items (check all that apply):							
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 6 During the year, did the organization to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Ending balance 2 Biginning balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accolunt liability? 1 Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accolunt liability? 1 Part V Endowment Funds. Complete the organization answered "Yes" on Form 990, Part XIII. 1 Beginning of year balance 3 Did the organization solicitor is a subject of the organization answered "Yes" on Form 990, Part XIII. 1 Beginning of year balance 3 Lip Tyre, "explain the arrangement in Part XIII. Check here if the explanation for has been provided on Part XIII. 1 Part V Endowment Funds. Complete the organization answered "Yes" on Form 990, Part XIII. 1 Beginning of year balance 3 Lip Tyre, "explain the arrangement in Part XIII. Check here if the explanation of Form 990, Part XIII. 1 Part V I Chordwent Funds. Complete the organization answered "Yes" on Form 990, Part X, line 10. 2 Provide the estimated percentage of the current year end balance (line 10, 5, 6, 900, 140, 900, 19, 900, 12, 970, 11, 770, 910, 11, 974, 981, 11, 974, 981, 11, 974, 981, 11, 974, 981, 11, 979, 911, 770, 911, 911, 911, 911, 911, 911, 911,	а	Public exhibition	d	Loan or exch	nange program				
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts 10 be sold to raise funds at their than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an anomal on Form 990, Part X, line 9, or reported an anomal on Form 990, Part X, line 10. 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 10. 2 Beginning balance 3 Beginning balance 4 Additions during the year 5 Ending balance 9 Distributions during the year 6 Ending balance 1 Ending balance 9 Distributions during the year 1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1 Beginning of year balance 1 Seguing of year balance 2 Distributions 1 Seguing of year balance 2 Distributions 2 Distributions 3 Seguing of year balance 3 Seguing of year balance 4 Distributions 5 Seguing of year balance 1 Seguing of year balance 1 Seguing of year balance 2 Distributions 3 Seguing of year balance 4 Distributions 5 Seguing of year balance 1 Seguing of year balance 1 Seguing of year balance 1 Seguing of year balance 2 Seguing of year balance 3 Seguing of year balance 4 Decorributions 5 Seguing of year balance 1 Seguing of year balance 2 Provide the estimated percentage of the current year end balance (inis 1g, column (a)) held as: 2 Provide the destinated percentage of the current year end balance (inis 1g, column (a)) held as: 3 Seguing of year balance 1 Seguing of	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. It is the organization an angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X It is 1 the organization and part of the part of the organization and part of the organization and part of the organization and part of the part of the organization and part of the organization and part of the part of the organization and part of the part of the organization and part of the organization and part of the organization and part	С	Preservation for future generations							
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's	s exempt purpo	se in Part	XIII.	
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other s	imilar assets			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		to be sold to raise funds rather than to be maintained as part of the organization's collection?							
18 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arrang	ements. Complet	e if the organization	n answered "Ye	es" on Form 990	, Part IV,	line 9, or	
on Form 990, Part X? Ves		reported an amount on Form 990, Part	X, line 21.						
C Beginning balance	1a	Is the organization an agent, trustee, custodian	n or other intermedia	ary for contributions	or other assets	s not included		_	
C Beginning balance		on Form 990, Part X?						Yes No	
C Beginning balance 1c	b								
Additions during the year Fe Stributions St								Amount	
Example Distributions during the year 1	С	Beginning balance				1c			
## Finding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b! f'Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b! f'Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b! f'Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes,* or line in the part XIII. Check here if the explanation answered "Yes" on Form 990, Part IV, line 10. Yes,* or line 3(i), are the related organizations Yes on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Yes on Ine 3(i), are the related organization sanswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Yes on Ine 3(ii), are the related organization sanswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Yes on Ine 3(ii), are the related organization sanswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Yes on Ine 3(ii), are the related organizations is endowment funds. Yes on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Yes on Ine 3(ii), are the related organizations is endowment funds. Yes on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Yes on Ine 3(ii), are the related organizations is endowment funds. Yes on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Yes on Ine 3(ii), are the related organizations answered "Yes" on Form 990, Par	d	Additions during the year				1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No	е					1e			
Description Part XIII Check here if the explanation has been provided on Part XIII Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Table Part X Endowment Funds. Complete if the organization Part XIII									
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Two years back (d) Two years back (e) Four years back (d) Two years back (d) Two years back (d) Two years back (e) Four years (e)		-					L	」Yes No	
Contributions	_								
1,574,069	Par	T V Endowment Funds. Complete if						() Farmer back	
b Contributions		-	• •	•			·	<u> </u>	
C Net investment earnings, gains, and losses 184,654. -319,929. 526,571. 62,490. 777,652. G Grants or scholarships	1a		1,574,069.	1,974,384.	1,499,9	969. 1,4	69,458.	1,432,296.	
d Grants or scholarships e Other expenditures for facilities and programs 86,000. 66,000. 40,000. 19,000. 22,720. f Administrative expenses 15,740. 14,386. 12,156. 12,979. 11,770. g End of year balance 1,656,893. 1,574,069. 1,974,384. 1,499,969. 1,469,458. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 100 % Term endowment	b		104 554	2/2 222					
Board designated or quasi-endowment 10 9 9 1 10 10 10 10	С		184,654.	-319,929.	526,5	571.	62,490.	77,652.	
## and programs									
F Administrative expenses 15,740 14,386 12,156 12,979 11,770 g End of year balance 1,656,893 1,574,069 1,974,384 1,499,969 1,469,458 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	е	Other expenditures for facilities							
Part Vi Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.		· • · · · · · · · · · · · · · · · · · ·	· · ·						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f								
a Board designated or quasi-endowment	g					384. 1,4	99,969.	1,469,458.	
b Permanent endowment	2		nt year end balance) held as:				
c Term endowment _% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	100		_%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Related organizations (iv) Eart VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 3,337. Buildings 9,069,201. 4,249,449. 4,819,752. c Leasehold improvements 1,277,988. 568,898. 709,090. d Equipment 572,977. 516,007. 56,970. e Other Other			_						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Re	С								
Ves No (i) Unrelated organizations 3a(i) X X (ii) Related organizations 3a(ii)									
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b S 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value 1a Land 3,337. 3,337. 3,337. b Buildings 9,069,201. 4,249,449. 4,819,752. c Leasehold improvements 1,277,988. 568,898. 709,090. d Equipment 572,977. 516,007. 56,970. e Other 43,639. 774. 42,865.	За		sion of the organizat	ion that are held an	d administered	for the		Van Na	
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 3,337. Buildings 9,069,201. 4,249,449. 4,819,752. c Leasehold improvements 1,277,988. 568,898. 709,090. d Equipment 6 Other 143,639. 774. 42,865.		•						-	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 5 3,337. Buildings 9,069,201. 4,249,449. 4,819,752. c Leasehold improvements 4 Equipment 572,977. 516,007. 56,970. e Other									
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 3,337. 3,337. b Buildings 9,069,201. 4,249,449. 4,819,752. c Leasehold improvements 1,277,988. 568,898. 709,090. d Equipment 572,977. 516,007. 56,970. e Other 43,639. 774. 42,865.		(II) Related organizations		d O-bd-l- DO					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation								30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 3,337. 3,337. b Buildings 9,069,201. 4,249,449. 4,819,752. c Leasehold improvements 1,277,988. 568,898. 709,090. d Equipment 572,977. 516,007. 56,970. e Other 43,639. 774. 42,865.				ment tunas.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 3,337. 3,337. b Buildings 9,069,201. 4,249,449. 4,819,752. c Leasehold improvements 1,277,988. 568,898. 709,090. d Equipment 572,977. 516,007. 56,970. e Other 43,639. 774. 42,865.				Part IV line 11a So	ee Form 990 P	art X line 10			
ta Land basis (investment) basis (other) depreciation b Buildings 9,069,201. 4,249,449. 4,819,752. c Leasehold improvements 1,277,988. 568,898. 709,090. d Equipment 572,977. 516,007. 56,970. e Other 43,639. 774. 42,865.				1			24	(d) Pook volue	
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b Buildings 9,069,201. 4,249,449. 4,819,752. c Leasehold improvements 1,277,988. 568,898. 709,090. d Equipment 572,977. 516,007. 56,970. e Other 43,639. 774. 42,865.	10	Land	,	<u> </u>	,	doprodiation		3 337.	
c Leasehold improvements 1,277,988. 568,898. 709,090. d Equipment 572,977. 516,007. 56,970. e Other 43,639. 774. 42,865.						4 249 4	49.		
d Equipment 572,977. 516,007. 56,970. e Other 43,639. 774. 42,865.									
e Other 43,639. 774. 42,865.									
			I						
								5,632,014.	

Schedule D (Form 990) 2022

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Part VII	Investments -	Other Securities.

Pa	art VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1h See Form 990 Part X line 12	· -g-
	1 Descrin	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
			(b) Book value	(b) Mounda of Valuation. Good of Cite	Tor your market value
	Other	held equity interests			
	(A)				
	(B)				
	(C)				
	D)			A	
	(E)				
	(F)				
	G)				
	(H)				
		o) must equal Form 990, Part X, col. (B) line 12.)			-
Pa	art VIII	Investments - Program Related.			
		Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
		(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
	(1)				
	(2)				
	(3)				
	(4)				
	(5)				
	(6)				
	(7)				
	(8)				
	(9)				
		o) must equal Form 990, Part X, col. (B) line 13.)			
	art IX	Other Assets.			
		Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
		(a)	Description		(b) Book value
	(1)				
	(2)				
	(3)				
	(4)				
	(5)				
	(6)	A			
	(7)				
	(8)				
	(9)				
		mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
	art X	Other Liabilities.			
		Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.		(a) Description of liability			(b) Book value
	(1) Fed	eral income taxes			
	(2)				
	(3)				
	(4)				
	(5)				
	(6)				
	(7)				
	(8)				
	(9)				
		mn (b) must equal Form 990, Part X, col. (B) line	25)		
	10014	(2) Made again 1 om 1 oo o, 1 are 11, coi. (D) Ille			

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

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	6,297,230.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	178,583.				
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	128,466.				
е	Add lines 2a through 2d			2e	307,049. 5,990,181.		
3	Subtract line 2e from line 1			3	5,990,181.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,740.				
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b			4c	15,740.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	6,005,921.		
Pal	t XII Reconciliation of Expenses per Audited Financial Statemen	its wi	in Expenses per H	teturi	n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				F 40F 600		
1	Total expenses and losses per audited financial statements			1	5,485,680.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1					
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c	120 466				
	Other (Describe in Part XIII.)		128,466.		120 466		
_	Add lines 2a through 2d			2e	128,466. 5,357,214.		
3	Subtract line 2e from line 1			3	3,337,214.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	A 1	15 7/0				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,740.				
	Other (Describe in Part XIII.)	4b		4-	15,740.		
	Add lines 4a and 4b			4c 5	5,372,954.		
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	3,372,334.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lines 1	h and 2h: Part V line 4:	· Part \	(line 2: Part XI		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			, rait /	A, IIIIC Z, I dit Ai,		
111103	2d and 4b, and 1 art An, miles 2d and 4b. Also complete this part to provide any addition	Jilai IIII	mation.				
PAF	RT V, LINE 4:						
THE	SOCIETY'S BOARD ALLOCATES A PORTION OF THE	CUI	MULATIVE INV	ESTI	MENT		
RET	URN FOR SUPPORT OF CURRENT SPAY/NEUTER OPER	RATI	ONS. THE REM	AINI	DER IS		
RET	AINED TO SUPPORT OPERATIONS OF FUTURE YEARS	ANI	TO OFFSET	POTI	ENTIAL		
MAI	RKET DECLINES.						
PAF	RT X, LINE 2:						
THE	THE SOCIETY DETERMINES WHETHER ITS TAX POSITIONS ARE						
"MC	"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE						
MANTANO ALIMINODIMU DAGOD ON MUR MRGUNIOA, NEDIMO OR MUR DOGIMIONO 30 OR							
TAXING AUTHORITY BASED ON THE TECHNICAL MERITS OF THE POSITIONS. AS OF							
TIINE 30 2023 THE COCTETY HAS DESTEWED THE TAY DOCUMENTONS AND HAS							
UUI	JUNE 30, 2023, THE SOCIETY HAS REVIEWED ITS TAX POSITIONS AND HAS						
CONCLUDED NO RESERVE FOR UNCERTAIN TAX POSITIONS IS REQUIRED. THE							

Schedule D (Form 990) 2022

232054 09-01-22

SCHEDULE G (Form 990)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** HUMANE SOCIETY OF SONOMA COUNTY 94-6001315 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. Mail solicitations Solicitation of non-government grants b X Internet and email solicitations Solicitation of government grants g X Special fundraising events Phone solicitations С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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) CAR DONATION SERVICES - 4971 Yes No PACHECO BLVD, MARTINEZ, CA Х VEHICLE DONATION SALES 42,900 26,632 16,268. 42 900 26 632. 16 268. 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro			vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WAGS,		NONE	(add col. (a) through
			WHISKERS & W	OTHER		
			(event type)	(event type)	(total number)	col. (c))
Jue						
Revenue	1	Gross receipts	435,178.	75,806.		510,984.
æ		G1000 1000 ptd		10,000		3 = 3 , 7 3 = 3
	2	Less: Contributions	177,100.			177,100.
	_	2000. 0011110410110				
	3	Gross income (line 1 minus line 2)	258,078.	75,806.		333,884.
		(10/0001		3337333
	4	Cash prizes				
	5	Noncash prizes				
တ္ထ	_					
SUS	6	Rent/facility costs				
Direct Expenses	•					
H H	7	Food and beverages	32,442.			32,442.
jre(•		<u> </u>			, , , , , , , , , , , , , , , , , , ,
	8	Entertainment				
	9	Other direct expenses	91,127.	1,366.		92,493.
	10	Direct expense summary. Add lines 4 through	0: 1 (1)			124,935.
	11	Net income summary. Subtract line 10 from lin				208,949.
Pa	rt I	II Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.			•	
			(a) Diama	(b) Pull tabs/instant	(-) Oll	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
e e						
æ	1	Gross revenue				
	2	Cash prizes				
Direct Expenses						
ben	3	Noncash prizes				
Ĕ						
ect	4	Rent/facility costs				
Ö						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
		,				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	rear?	Yes No
b	If "	Yes," explain:				
	_					

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 HUMANE SOCIETY OF SONOMA COUNTY 94-	<u>6001315</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	No
b	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	If "Yes," enter name and address of the third party:		
	Name		
	Address		
40	Coming manager information.		
16	Gaming manager information:		
	Nama		
	Name		
	Gaming manager compensation \$		
	Carming manager compensation ψ		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
~ ~		~	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER:	<u>3:</u>	
/т) NAME OF FUNDRAISER: CAR DONATION SERVICES		
<u>(I</u>	/ NAME OF FUNDRAISER: CAR DONALION SERVICES		
(I) ADDRESS OF FUNDRAISER: 4971 PACHECO BLVD, MARTINEZ, CA 9455	3	
<u>, </u>	TADDRESS OF TOMBRAIGHR. 49/11 TACHECO BEVD, MARTINEE, CA 9433.	<u> </u>	
PΑ	RT I, LINE 2B, COLUMN (V):		
	,, \ · / ·		
HU	MANE SOCIETY OF SONOMA COUNTY OPERATES A CAR DONATION PROGRAM	THROUGH	A
СО	MMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES. AMOUNTS REPORTED	ON PART	
	II STATEMENT OF REVENUE INCLUDE THE NET AMOUNTS RECEIVED BY TH		

232083 10-27-22

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	HUMANE SOCIE	TY OF	SONOMA COU	JNTY	94-6	0013	315	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	20	16,268.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	36,450.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SUPPLIES)	X	1	6,199.	FMV			
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization	_	•					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	•		•	· · ·			
	must hold for at least 3 years from the date of			•				37
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.		andrea Marine	af amilian and the state of the	.i			v
31	Does the organization have a gift acceptance		•	•	tions?	31		X
32a	Does the organization hire or use third parties contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990).	Schedule M	(Form	1 990)	2022

232141 09-09-22

232142 09-09-22

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

HUMANE SOCIETY OF SONOMA COUNTY

Employer identification number 94-6001315

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

SERVICES, BOTH GIFTED AND REVENUE GENERATING.

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

THE TAX RETURN IS REVIEWED BY THE FINANCE DIRECTOR AND EXECUTIVE DIRECTOR
WITH FEEDBACK COMMUNICATED TO THE TAX PREPARER. THE BOARD OF DIRECTORS IS
FURNISHED WITH AN ELECTRONIC COPY OF THE TAX RETURN PRIOR TO FILING.

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

ANNUALLY BOARD AND COMMITTEE MEMBERS ARE REQUIRED TO IDENTIFY ALL POTENTIAL SITUATIONS AND TRANSACTIONS THAT COULD RESULT IN A CONFLICT OF INTEREST. IN THE EVENT AN ACTIVITY OR TRANSACTION ARISES WHEREBY A CONFLICT OF INTEREST EXISTS, INVOLVED BOARD MEMBERS CANNOT PARTICIPATE IN THE DECISION-MAKING OR VOTE.

FORM 990, PART VI, SECTION B, LINE 15

THE EXECUTIVE DIRECTOR RESEARCHES AND PROPOSES COMPENSATION PACKAGES FOR

ALL EMPLOYEES. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THESE PACKAGES

AS PART OF THE ANNUAL BUDGET PROCESS.

MOREOVER, THE BOARD SHALL REVIEW THE FAIRNESS OF COMPENSATION, INCLUDING

BENEFITS , PAID TO THE EXECUTIVE DIRECTOR UPON THE OCCURRENCE OF THE

FOLLOWING:

- (A) THE EXECUTIVE DIRECTOR IS HIRED;
- (B) THE EXECUTIVE DIRECTOR'S TERM OF EMPLOYMENT IS EXTENDED OR RENEWED, OR;
- (C) THE EXECUTIVE DIRECTOR'S COMPENSATION IS MODIFIED, UNLESS SUCH

MODIFICATION OCCURS PURSUANT TO A GENERAL MODIFICATION OF COMPENSATION THAT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization HUMANE SOCIETY OF SONOMA COUNTY	Employer identification number 94-6001315
EXTENDS TO SUBSTANTIALLY ALL EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SOCIETY'S GOVERNING DOCUMENTS, TAX RETURNS AND FINANCI	AL INFORMATION
ARE KEPT IN THE MAIN OFFICE. COPIES OF THESE DOCUMENTS ARE	E AVAILABLE UPON
REQUEST. THE SOCIETY MAINTAINS A WEBSITE AND HAS PROVIDED	CONTACT
INFORMATION THEREIN. IN ADDITION, THE SOCIETY'S TAX RETURN	IS ARE AVAILABLE
ON THE GUIDESTAR WEBSITE.	

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	\mathtt{JUL}	1	, 2022, and ending	JUN	30	, 20 2
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3

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer HUMANE SOCIETY OF SONOMA COUNTY 94-6001315 LINDSAY MCCALL Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a b Total tax (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b 9a **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize DILLWOOD BURKEL & MILLAR, LLP 67099 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 68745532060 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 01/03/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print HUMANE SOCIETY OF SONOMA COUNTY 94-6001315 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 1296 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 95402 SANTA ROSA, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) LINDSAY MCCALL The books are in the care of ► PO BOX 1296 - SANTA ROSA, CA 95402 Telephone No. ► 707-542-0882 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning _JUL 1, 2022 , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 127. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

EXTENDED TO MAY 15. 2024

Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	, -	OMB No. 1545-0047
	For calendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 202	3	2022
	Go to www.irs.gov/Form990T for instructions and the latest information.	<u> </u>	LULL
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization (DEmplo	oyer identification number
B Exempt under section	Print HUMANE SOCIETY OF SONOMA COUNTY	9	4-6001315
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions.	E Group	exemption number
408(e) 220(e)	I Tyne I	(See ii	istructions)
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	1	
529(a) 529A	SANTA ROSA, CA 95402	F	Check box if
	C Book value of all assets at end of year	1 _	an amended return.
G Check organization		State	college/university
H Check if filing only			
I Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
J Enter the number of	f attached Schedules A (Form 990-T)		1
K During the tax year	, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
If "Yes," enter the r	name and identifying number of the parent corporation.		
L The books are in ca		07-	542-0882
Part I Total Un	related Business Taxable Income		
1 Total of unrelated	business taxable income computed from all unrelated trades or businesses (see		
instructions)		1	1,606.
2 Reserved		2	
3 Add lines 1 and 2		3	1,606.
4 Charitable contrib	outions (see instructions for limitation rules)	4	0.
5 Total unrelated b	usiness taxable income before net operating losses. Subtract line 4 from line 3	5	1,606.
6 Deduction for net	t operating loss. See instructions	6	0.
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro	om line 5	7	1,606.
8 Specific deduction	on (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 1	99A deduction. See instructions	9	
10 Total deductions	s. Add lines 8 and 9	10	1,000.
11 Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero	// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11	606.
Part II Tax Com	nputation		
1 Organizations ta	exable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	127.
2 Trusts taxable a	t trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 fror	m: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See in	structions	3	
4 Other tax amount	ts. See instructions	4	
5 Alternative minim	um tax (trusts only)	5	
6 Tax on noncomp	oliant facility income. See instructions	6	
7 Total. Add lines 3	3 through 6 to line 1 or 2, whichever applies	7	127.
LHA For Paperwork	Reduction Act Notice, see instructions.		Form 990-T (2022)

223701 01-16-23

Part	III Tax and Payments				r age z
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	1a		
b	OH				
c	General business credit. Attach Form 3800 (see ins				
d	Credit for prior year minimum tax (attach Form 880				
e	Total credits. Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7				127.
3	Other amounts due. Check if from: Form 425			orm 8866	
	Other (atta	ach statement)		3	
4		Check if includes tax pre			
		· · · · · · · · · · · · · · · · · · ·		4	127.
5	Current net 965 tax liability paid from Form 965-A,				0.
6a	Payments: A 2021 overpayment credited to 2022		1 1		
b	2022 estimated tax payments. Check if section 64		6b		
С			6c		
d	Foreign organizations: Tax paid or withheld at sour				
е	Backup withholding (see instructions)		6e		
f	Credit for small employer health insurance premiur				
g	Other credits, adjustments, and payments:	Form 2439	_ (((
	Form 4136 X Oth	er 6,594. To		6,594.	
7	Total payments. Add lines 6a through 6g	SEE S	STATEMENT	.27	6,594.
8	Estimated tax penalty (see instructions). Check if F	orm 2220 is attached		8	
9	Tax due. If line 7 is smaller than the total of lines 4				
10	Overpayment. If line 7 is larger than the total of lin		rpaid	10	6,467.
11	Enter the amount of line 10 you want: Credited to			Refunded 11	6,467.
Part					
1	At any time during the 2022 calendar year, did the	•	-	•	Yes No
	over a financial account (bank, securities, or other)	-			
	FinCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," enter t	he name of the for	reign country	77
_	here				X
2	During the tax year, did the organization receive a				₹ 7
	foreign trust?				X
•	If "Yes," see instructions for other forms the organi			Φ	
3	Enter the amount of tax-exempt interest received of Enter available pre-2018 NOL carryovers here	t accrued during the tax year		^P	
4	shown on Schedule A (Form 990-T). Don't reduce t		• •	•	
_	· · · · · · · · · · · · · · · · · · ·		· •		
5	Post-2017 NOL carryovers. Enter the Business Act		•		
	the amounts shown below by any NOL claimed on			st-2017 NOL carryover	-
	Business Activity C 53112		\$	19,405.	
	33112	<u> </u>	\$	15,405.	
	Did the organization change its method of account	ing? (see instructions)	[Ψ		Х
	If 6a is "Yes," has the organization described the c	, , , , , , , , , , , , , , , , , , , ,	1.PF or Form 1128	32 If "No "	
	explain in Part V	-	711,0110111111120): II 140,	
Part '					<u> </u>
	the explanation required by Part IV, line 6b. Also, p	rovide any other additional infor	mation. See instru	ctions	-
riovido	the explanation required by Fart IV, line eb. 7166, p	Tovide any other additional infor	mation. Occ motion	otionis.	
	Under penalties of perjury, I declare that I have examined this re				ue,
Sign	correct, and complete. Declaration of preparer (other than taxpa	yer) is based on all information of which pre	parer nas any knowledge	May the IRS discuss the	io roturaiti-
Here		EXECU	TIVE DIRE	the preparer shown be	
	Signature of officer	Date Title		instructions)? X	res No
	Print/Type preparer's name Pre	parer's signature	Date	Check if PTIN	
Paid		RISTINA Z	1	self- employed	
Prepa	TIOT T TATOGRADODITI TO	LLINGSWORTH	01/03/24	P02090	070 <u></u> 6
Use C	DILLUOOD DUDKE	L & MILLAR, LLP		Firm's EIN 68-04!	
		E BOULEVARD, SUI	re a		
	Firm's address SANTA ROSA,	CA 95403			7-8806
223711 0	1-16-23			Form	990-T ₍₂₀₂₂₎

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	12,271.	2,069.	10,202.	10,202.
NOL CARRYO	VER AVAILABLE THIS	YEAR	10,202.	10,202.
FORM 990-T	ОТНЕ	R CREDITS AND PA	YMENTS	STATEMENT 2
DESCRIPTION	1			AMOUNT
WITHHOLDING	OTHER THAN BACKUP	WITHHOLDING		6,594.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only B Employer identification number Name of the organization HUMANE SOCIETY OF SONOMA COUNTY 94-6001315 531120 D Sequence: Unrelated business activity code (see instructions) Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Part IV) 6 9,912. 1,882. 8,030. Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 9,912. 1,882. 13 **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 Repairs and maintenance 4 4 Bad debts Interest (attach statement). See instructions 5 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 12 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 13 Other deductions (attach statement) 14 Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

For Paperwork Reduction Act Notice, see instructions.

column (C)

Unrelated business taxable income. Subtract line 17 from line 16

Deduction for net operating loss. See instructions STMT 3 STMT

Schedule A (Form 990-T) 2022

16

17

8,030.

6,424.

1,606.

17

18

Pac	ıe	4

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on		Page Z
1				1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9 Dord	Do the rules of section 263A (with respect to property p				Yes No
Part	· · · · · · · · · · · · · · · · · · ·		-		
1	Description of property (property street address, city, s	tate, ZIP code). Check i	r a dual-use. See ins	structions.	
	В —				
	c —				
	D				
		Α	В	С	D
2	Rent received or accrued				_
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Port Lline 6	column (A)	0.
3	Deductions directly connected with the income	tillough b. Enter here a	and on Fart I, line o,	Column (A)	
4	in lines 2(a) and 2(b) (attach statement)				
	, , , , , , , , , , , , , , , , , , , ,				
5	Total deductions. Add line 4 columns A through D. En	nter here and on Part I, li	ne 6, column (B)		0.
Part '	V Unrelated Debt-Financed Income (se	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	eck if a dual-use. S	ee instructions.	
	a BLDG FOR PET GROOMER				
	B				
	D				
		A	В	С	D
2	Gross income from or allocable to debt-financed		_		
	property	18,600.			
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)	0.			
b	Other deductions (attach statement) STMT 8	3,531.			
С	Total deductions (add lines 3a and 3b,	2 524			
_	columns A through D)	3,531.			
4	Amount of average acquisition debt on or allocable	6 19,831.			
_	to debt-financed property (attach statement) STMT	6 19,831.			
5	Average adjusted basis of or allocable to debt- financed property (attach statement) STMT 7	37 212			
6	Divide line 4 by line 5	37,212. 53.292%		% %	%
7	Gross income reportable. Multiply line 2 by line 6	9,912.		70	70
8	Total gross income (add line 7, columns A through D)		I, line 7. column (A))	9,912.
-	5 (a.a.a , solaliillo , taliougil b)		, ()		- ,
9	Allocable deductions. Multiply line 3c by line 6	1,882.			
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	on Part I, line 7, col	umn (B)	1,882.
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	s (see instri	uctions)	r age o
			_			E	Exempt Contro	lled Organizat	ions	
	Name of controlled organization		2. Employer identification number			al of specified ments made that is included controlling orgation's gross inc		ed in the rganiza-	6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
<u>(4)</u>						<u> </u>				
	. Tavahla laasaa			 	ontrolled Or			of a all was a O	1	Dadinationa dinasthi
,	. Taxable Income	in	Net unrelated acome (loss) e instructions)	1	otal of specif yments mad		that is inc	of column 9 cluded in the organization's income		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Totals								0	•	0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9	9), or (17)	Orgar	nization (s	ee instruction	s)	
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (attach	set-asides statemer	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals					Add amou column 2. here and of line 9, colu	Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve	ertising	g Income (see instructio	ns)	
1	Description of exploite	ed activity:								
2	Gross unrelated busin	ess incom	e from trade or busin	ness. Enter	here and or	n Part I,	line 10, columi	n (A)	. 2	
3	Expenses directly con	nected wit	h production of unre	elated busin	ness income	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from	n unrelated	trade or business.	Subtract lin	e 3 from line	e 2. If a 🤉	gain, complete			
5	Gross income from ac									
6	Expenses attributable								6	
7	Excess exempt expen			•						
	4. Enter here and on P	Part II, line	12						7	

Schedule A (Form 990-T) 2022

Part	IX	Advertising Income					
1	Nan	ne(s) of periodical(s). Check box if reportin	g two or	more periodicals on a c	onsolidated basis		
	A [
	в						
	c [
	D						
Enter a	mour	nts for each periodical listed above in the	correspor	nding column.			
		·		A	В	С	D
2	Gro	ss advertising income					
		columns A through D. Enter here and on		e 11, column (A)			0.
а		Ç	,	, , , , , , , , , , , , , , , , , , , ,			
3	Dire	ct advertising costs by periodical					
а		columns A through D. Enter here and on		e 11, column (B)			0.
		-					
4	Adv	ertising gain (loss). Subtract line 3 from lir	ne				
		or any column in line 4 showing a gain,					
	com	plete lines 5 through 8. For any column ir	า				
	line	4 showing a loss or zero, do not complete	е				
	lines	s 5 through 7, and enter zero on line 8					
5	Rea	dership costs					
6		ulation income					
7		ess readership costs. If line 6 is less than					
	line	5, subtract line 6 from line 5. If line 5 is les	ss				
	thar	line 6, enter zero					
8		ess readership costs allowed as a					
	ded	uction. For each column showing a gain c	on				
	line	4, enter the lesser of line 4 or line 7					
а	Add	line 8, columns A through D. Enter the gr	reater of t	he line 8a, columns tot	al or zero here and	d on	
		II, line 13					0.
Part	<u>X</u>	Compensation of Officers, Dir	ectors,	and Trustees (Se	e instructions)	Г	
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
(1)						%	
(2)						%	
(3)						%	
(4)		J		•		%	
							0
Part		r here and on Part II, line 1 Supplemental Information (se		<u>.</u>			0.
Part	ΛI	Supplemental information (se	e instruct	ions)			

FORM 990-T	(A)	P	OST 2	017 NOL SCI	HEDULE		STATEMENT 3
PRIOR YEAR 2017 NOL		;	NOL D	EDUCTION		CARRYFOI POST 201	RWARD OF 17 NOL
19	,405.	-		6,424.			12,981.
		-					
990-T SCH A		POST-201	7 NET	OPERATING	LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS	SUSTAINED	PRE	LOSS VIOUSLY PPLIED		LOSS MAINING	AVAILABLE THIS YEAR
06/30/17 06/30/18 06/30/19		19,460. 12,271. 9,203.		19,460. 2,069. 0.		0. 10,202. 9,203.	0. 10,202. 9,203.
NOL CARRYOV	ER AVA	LABLE THIS	YEAR			19,405.	19,405.
					7		
SCH A (990-	T) 	SCHED	ULE A	NOL DETAIL			STATEMENT 5
		ROM ALL ENTI		INCOME			8,030. 8,030.
		RCENTAGE OF LOWED PRE-20					100.009
TAXABLE IN 80% INCOME		TTER PRE-201 ATION	8 NET	OPERATING	LOSS		8,030 6,424
POST-2017 LESSER OF		BLE 017 NET OPER	ATING	LOSS OR 8)% LIM	ITATION	19,405. 6,424.

DESCRIPTION OF DEBT-FINANCED PROPERTY BLDG FOR PET GROOMER BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH	
BEGINNING SECOND MONTH BEGINNING THIRD MONTH	AMOUNT OF OUTSTANDING DEBT
BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH	20,185. 20,121. 20,057. 19,993. 19,929. 19,864. 19,799. 19,734. 19,669. 19,604. 19,539. 19,473.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR	237,967.
AVERAGE ACQUISITION DEBT	19,831.
TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4	
FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ADJUSTED BASIS	STATEMENT 7
DESCRIPTION OF DEBT-FINANCED PROPERTY NUMBER	
BLDG FOR PET GROOMER 1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR	38,125. 36,298.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR	37,212.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART	V - OTHER	DEDUCTIONS		STATEMENT 8
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
ALLOCATED OPERATING EXPENSES - SUBTOTAL -	1	3,531. 3,531.	1.00	3,531.
TOTAL OF FORM 990-T, SCHEDULE	A, PART V,	LINE 3(B)		3,531.