

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUL~1~, 2023, and ending JUN~30~, 20 24~

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 **NEVILLE HORMUZ** Name and title of officer or person subject to tax INTERIM 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 4,748,458. 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 6a b Total tax (Form 990-T, Part III, line 4) 6b Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here 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 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 and that I have examined a copy of the 2023 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 2023 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 2023 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 2023 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. 03/02/25 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** (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service 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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **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. due date for filina vour PO BOX 1296 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 95402 SANTA ROSA, CA Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 05 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 5330 (other than individual) 07 14 Form 990-T (corporation) Form 1041-A 80 • After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ERICA MUNSEL 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. I request an automatic 6-month extension of time until MAY 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year 20 ____ or X tax year beginning JUL 1 , 20 23 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 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. 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.

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

Form 8868 (Rev. 1-2024)

EXTENDED TO MAY 15, 2025 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A I	or the	$^{ m 2023}$ calendar year, or tax year beginning $$ JUL $$ 1 $$, $$ 2 $$ 0 $$ 2 $$	3 and e	nding J	UN 30, 2024	•		
	Check if	C Name of organization			D Employer identific	cation number		
a	pplicable							
	Addres							
	Name				94-60013	15		
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address	1999	Room/suite	E Telephone number			
F	Final	DO BOX 1296	,33)	toon suite	707-542-			
	⊥return/ termin ated		al aada		G Gross receipts \$	6,438,855.		
	Amend		ai code		H(a) Is this a group re			
	∐return ∏Applic		17.					
	tion pendir	SAME AS C ABOVE	for subordinates? Yes X No H(b) Are all subordinates included? Yes No					
_	Γ -		1047(0)(1) 0	527				
			4947(a)(1) oi	527		list. See instructions		
	Nebsit	organization: X Corporation Trust Association Oth	20r	I Vaan	H(c) Group exemptio			
	art I	Summary	161	L Year (or formation: 1931 N	M State of legal domicile: CA		
1 6		<u>-</u>	mite c	OCTEM	V TC A MONDI			
ø	1	Briefly describe the organization's mission or most significant activities						
Governance		ANIMAL WELFARE ORGANIZATION THAT RE						
ern	2	Check this box if the organization discontinued its operation						
ŏ	3				3	11		
	1 '	Number of independent voting members of the governing body (Part V				11		
es		Total number of individuals employed in calendar year 2023 (Part V, lir				124		
Ę	6	Total number of volunteers (estimate if necessary)			6	218		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	//		7a	14,544.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	1	<u></u>		525.		
					Prior Year	Current Year		
Φ	8	Contributions and grants (Part VIII, line 1h)			4,445,019.	3,235,458.		
Revenue	9	Program service revenue (Part VIII, line 2g)			1,421,119.	1,484,028.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			43,207.	115,742.		
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			96,576.	-86,770.		
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A			6,005,921.	4,748,458.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.		
	I				0.	0.		
"	15				3,594,473.	3,802,357.		
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)			0.	0.		
Jen Jen	h	Total fundraising expenses (Part IX, column (D), line 25)	797.93	7.	Ţ.			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,	, ,	1,778,481.	1,932,408.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2			5,372,954.	5,734,765.		
		Revenue less expenses. Subtract line 18 from line 12			632,967.	-986,307.		
	19	nevertue less expenses. Subtract line 18 from line 12			ginning of Current Year	End of Year		
Net Assets or	200	Total assets (Dort V. line 16)			12,274,303.	11,355,005.		
SSe	20	Total assets (Part X, line 16)			2,716,351.	2,572,198.		
let /	21	Total liabilities (Part X, line 26)			9,557,952.	8,782,807.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20			9,001,904.	0,102,001.		
		Ities of perjury, I declare that I have examined this return, including accompany	ing achadulas	and statems	nto and to the heat of my	Unaviladas and balisf it is		
			•		•	kilowieuge aliu bellei, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all infor	rmation of whit	en preparer i	nas any knowledge.			
		Signature of officer			I Date			
Sig		· ·	DIDECE	ND	Date			
Her	е	NEVILLE HORMUZ , INTERIM EXECUTIVE : Type or print name and title	DIRECTO)K				
				In	lata later E	DTIN		
		Print/Type preparer's name Preparer's signature			Pate Check Check if	PTIN		
Paid		LOTASHA THOMAS LOTASHA TH		JO	3/02/25 self-employ			
	arer	Firm's name DILLWOOD BURKEL & MILLAR, L			Firm's EIN 6	8-0456752		
Use	Only	Firm's address 175 CONCOURSE BOULEVARD, SU	TTE A			00) 500 0005		
		SANTA ROSA, CA 95403			Phone no. (7	07) 577-8806		
May	the IF	RS discuss this return with the preparer shown above? See instructions	ıs			X Yes No		

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
'	TO SAVE LIVES AND BENEFIT THE WELLBEING OF PETS AND THEIR PEOPLE WITH
	KINDNESS, INNOVATION, AND LEADERSHIP.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,899,482. including grants of \$) (Revenue \$ 467,941.)
	THE SHELTER - THE SOCIETY'S SHELTER PROVIDES SAFE HAVEN AND CARE FOR
	ABANDONED, INJURED, ABUSED AND RESCUED ANIMALS. THROUGH ITS VETERINARY SERVICES, FOSTER NETWORK, SPAY AND NEUTER SERVICES, AND ENRICHMENT
	PROGRAMS, ANIMALS RECEIVE EXPERT MEDICAL CARE, SOCIALIZATION AND
	TRAINING AS THEY ARE READIED FOR ADOPTION. THE SOCIETY IS A MANAGED
	ADMISSION SHELTER WHICH EMPLOYS PET RETENTION STRATEGIES TO HELP PETS
	REMAIN IN THEIR HOMES. IN ACCORDANCE WITH THE ASILOMAR ACCORDS, WE ARE
	A "NO-KILL" ORGANIZATION WITH A 98% LIVE-RELEASE RATE.
4b	(Code:) (Expenses \$ 2,234,019. including grants of \$) (Revenue \$) (Revenue \$)
	THE HUMANE SOCIETY OF SONOMA COUNTY OPERATED THREE VETERINARY MEDICAL
	FACILITIES: SHELTER MEDICINE, THE SPAY & NEUTER CLINIC, AND THE
	COMMUNITY VETERINARY CLINIC, WHICH PROVIDES LOW COST VETERINARY SERVICES TO SONOMA COUNTY RESIDENTS WHO QUALIFY BASED ON INCOME.
	SERVICES TO SONOMA COUNTY RESIDENTS WHO QUALIFY BASED ON INCOME.
4c	(Code:) (Expenses \$
	OTHER SERVICES - THE SOCIETY PROVIDES A WIDE RANGE OF SERVICES AIMED AT
	ENHANCING THE BOND BETWEEN PEOPLE AND ANIMALS. THESE SERVICES INCLUDE
	DOG TRAINING CLASSES, SPAY/NEUTER SERVICES, AND HUMANE EDUCATION. THE
	SOCIETY ALSO OFFERED CREMATION SERVICES FOR DECEASED PETS UNTIL 6/30/24
	WHEN THE SERVICE WAS DISCONTINUED.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,447,019.
	Form 990 (2023)

Form 990 (2023) 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8				x
•	Schedule D, Part III	8		
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?			\ 3 7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	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		406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	 		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		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
-		_		_

332003 12-21-23

Form	1 990 (2023) HUMANE SOCIETY OF SONOMA COUNTY 94-600	1315	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
04	Part V, line 1	34		X
25.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	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?	330		\vdash
30		26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. a				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		 T .	<u> </u>
	Follow the complete control of the c	5	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	,		

332004 12-21-23

Form **990** (2023)

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0

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2023) 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	124						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2 b	X				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	X				
	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								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	nts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired						
	to file Form 8282?	1		7c	Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		xt?	7e 7f					
f	3 7 7 7 7 7 1								
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h	X				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
_	sponsoring organization have excess business holdings at any time during the year?								
9 Sponsoring organizations maintaining donor advised funds. Did the graph organization graphs are the product of the first the graph of the first the first the graph of									
_	a Did the sponsoring organization make any taxable distributions under section 4966?								
10				9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a							
11	Section 501(c)(12) organizations. Enter:	_100							
	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	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.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
				14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

332005 12-21-23

HUMANE SOCIETY OF SONOMA COUNTY 94-6001315 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 * Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

17	List the states with	n which a copy o	of this Form 990	is required to be filed	CA
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X Own website X Another's website X Upon request Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ERICA MUNSEL - 707-542-0882

PO BOX 1296, SANTA ROSA, CA 95402

Form **990** (2023)

332006 12-21-23

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

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (C) Position (do not check more the box, unless person is officer and a director/		than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LINDSAY MCCALL EXECUTIVE DIRECTOR	40.00			х				175 002	0.	2 762
(2) ADA NORRIS	40.00			Λ				175,902.	0.	3,762.
VETERINARIAN	40.00	1				X		131,716.	0.	5,096.
(3) PRISCILLA LOCKE	40.00					Α		131,710.	0.	3,090.
DIRECTOR OF DEVELOPMENT	40.00	1				X		123,405.	0.	8,740.
(4) KATHERINE MENARD	40.00									<u> </u>
VETERINARIAN		1				x		117,487.	0.	3,742.
(5) DWIGHT R PEARSON	40.00							•		<u>, </u>
FORMER DIRECTOR OF FINANCE				X		1		118,929.	0.	0.
(6) ERICA MUNSEL	40.00									
CURRENT DIRECTOR OF FINANCE				X				14,615.	0.	0.
(7) KATI AHO	2.00									
DIRECTOR		X						0.	0.	0.
(8) LISA BARNES	2.00									
VICE-PRESIDENT		Х		Х				0.	0.	0.
(9) SANDY CHUTE	1.00]						_	_	_
DIRECTOR		Х						0.	0.	0.
(10) JOHNNY DRAKE	1.00	1								
DIRECTOR		Х						0.	0.	0.
(11) CHRIS KITTREDGE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(12) STEVE MAASS	1.00	٠,,								0
DIRECTOR	2 00	Х						0.	0.	0.
(13) NEVILLE HORMUZ	2.00	·		37					0	0
SECRETARY (14) WHILL GEROMGREN	2 00	Х		Х				0.	0.	0.
(14) KELLY STROMGREN TREASURER	3.00	х		х				0.	0.	0.
(15) KRISTEN TRISKO	5.00	Α		Λ				0.	0.	<u> </u>
PRESIDENT	3.00	х		х				0.	0.	0.
(16) ANA SUAREZ	2.00		\vdash	-22	\vdash				0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(17) ROBERT QUAIL	1.00	<u> </u>							•	<u>··</u>
DIRECTOR		х						0.	0.	0.
										Form 990 (2022)

332007 12-21-23

(A) Name and title	(B) Average hours per	Average Position		(D) Reportable compensation	(E) Reportable compensation		(F) Estimat amount					
	week (list any hours for related organizations below line)	director			recto	Highest compensated trung	tee)	from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	col oi a	other mpensa from th rganiza and rela ganizat	ation ne tion ted
(18) SOPHIA GROSSI	2.00							0				
FORMER VICE PRESIDENT		X						0.	0.	-		0.
1b Subtotal								682,054.	0.	#	21,3	
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)						-		682,054.	0.		21,3	$\frac{0.}{40.}$
Total number of individuals (including but no compensation from the organization			_	_		_	$\overline{}$		000 of reportable	•	-	5
						_					Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si					-		-		•	3		x
4 For any individual listed on line 1a, is the su				,								
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										5		х
Section B. Independent Contractors	piete deriedan	<i>30 K</i>	<i>JI</i> 30	CIT	<i>7073</i>	<u> </u>					•	
1 Complete this table for your five highest co		-							· · · · · · · · · · · · · · · · · · ·	ation f	from	
the organization. Report compensation for t	tne calendar ye	ear e	nain	ig w	itn c	or wi	tnin	the organization's tax y	ear.		(C)	
Name and business	address	NC	ONE	3				Description of s	services		ensatio	n
2 Total number of independent contractors (ir \$100,000 of compensation from the organizer)	•	ot lin	nited	l to t	thos (ted	above) who received mo	ore than			
The state of the s										Forn	n 990	(2023)

Form 990 (2023) 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 function revenue	Unrelated business revenue	Revenuè excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
ည ည	1 a	Federated campaigns 1a					
an		Membership dues 1b					
<u>क</u> ही		Fundraising events 1c	130,760.				
ifts ır A		Related organizations 1d					
nik G		Government grants (contributions)				A	
Sis		All other contributions, gifts, grants, and					
ber her		similar amounts not included above 1f	3,104,698.				
텵		Noncash contributions included in lines 1a-1f	165,551.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		3,235,458.			
			Business Code				
Ð	2 8	COMMUNITY VET CLINIC	456199	338,979.	338,979.		
Š	k	SPAY/NEUTER	456199	334,950.	334,950.		
Program Service Revenue		HEALDSBURG CENTER	456199	296,434.	296,434.		
am	(AFTERCARE SERVICES	456199	185,971.	185,971.		
ogr	6	ADOPTIONS	456199	184,496.	184,496.		
P	f	All other program service revenue	456199	143,198.	143,198.		
		Total. Add lines 2a-2f		1,484,028.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		127,940.			127,940.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 61,051.					
	k	Less: rental expenses 6b 4,056.					
	C	Rental income or (loss) 6c 56,995.					
		Net rental income or (loss)		56,995.		14,544.	42,451.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,282,720.	6,211.				
-	k	Less: cost or other basis	V A				
une		and sales expenses	9,514.				
eve		Gain or (loss)	-3,303.	12 100			12 100
her Revenue		Net gain or (loss)		-12,198.			-12,198.
	8 8	Gross income from fundraising events (not					
Ò		including \$ 130,760. of					
		contributions reported on line 1c). See Part IV, line 18	241,060.				
	L	Part IV, line 18	205,257.				
		Net income or (loss) from fundraising events	200,207.	35,803.			35,803.
		Gross income from gaming activities. See					22,233.
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold					
		Net income or (loss) from sales of inventory		-179,955.	-179,955.		
			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS	541900	387.	387.		
ane	k						
eve	c	:					
Aisc B	c	All other revenue					
	•	Total. Add lines 11a-11d		387.			
	12	Total revenue. See instructions		4,748,458.	1,304,460.	14,544.	193,996.

332009 12-21-23

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nnlete column (Δ)	
Secu	Check if Schedule O contains a respon			ipiete coluiriii (A).	
Do r	not include amounts reported on lines 6b.	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	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			A	
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	291,881.	77,958.	187,937.	25,986.
6	Compensation not included above to disqualified		,		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,020,707.	2,481,692.	111,848.	427,167.
8	Pension plan accruals and contributions (include	.,,,	,, , , , ,		=: , = • · •
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	229,505.	177,339.	20,770.	31,396.
10	Payroll taxes	260,264.	201,107.	23,554.	35,603.
11	Fees for services (nonemployees):		= 0 = , = 0 / 0		22,0000
	Management				
b	Legal	15.			15.
	· [29,550.		29,550.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16,531.		16,531.	
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	40,588.	10,050.	1,673.	28,865.
12	Advertising and promotion	16,440.	13,886.		2,554.
13	Office expenses	21,323.	11,733.	1,293.	8,297.
14	Information technology	10,762.	9,383.	1,021.	358.
15	Royalties		- ,	,	
16	Occupancy	241,546.	213,461.	20,756.	7,329.
17	Travel		- ,	,	,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7			
20	Interest	76,762.	66,089.	7,967.	2,706.
21	Payments to affiliates		,	,	,
22	Depreciation, depletion, and amortization	359,838.	342,307.	5,478.	12,053.
23	Insurance	116,184.	90,354.	22,574.	3,256.
24	Other expenses. Itemize expenses not covered	,	,		
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	484,375.	484,214.		161.
b	MAINTENANCE & REPAIR	171,761.	132,633.	12,508.	26,620.
c	PRINTING & POSTAGE	136,526.	5,425.	397.	130,704.
d	BANK & CREDIT CARD CHAR	48,050.	22,791.	159.	25,100.
-	All other expenses	162,157.	106,597.	25,793.	29,767.
25	Total functional expenses. Add lines 1 through 24e	5,734,765.	4,447,019.	489,809.	797,937.
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

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,585,756.	1	658,584
	2	Savings and temporary cash investments	283,499.	2	828,235
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	53,697.	4	39,899
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		A	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	27,717
ĕ	9	Prepaid expenses and deferred charges	131,305.	9	123,857
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11, 273, 783.			
	b	Less: accumulated depreciation 10b 5,601,862.	5,632,014.	10c	5,671,921 3,070,855
	11	Investments - publicly traded securities	1,631,429.	11	3,070,855
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	252 622	13	222 227
	14	Intangible assets	953,603.	14	930,937
	15	Other assets. See Part IV, line 11	3,000.	15	3,000
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,274,303.	16	11,355,005
	17	Accounts payable and accrued expenses	331,684.	17	320,919
	18	Grants payable	155 660	18	101 520
	19	Deferred revenue	155,662.	19	121,532
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		-00	
Lia I	22	controlled entity or family member of any of these persons	2,229,005.	22	2,129,747
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	2,225,005.	24	Z,1ZJ,141
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,716,351.	26	2,572,198
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	6,050,358.	27	5,349,510
Bal	28	Net assets with donor restrictions	3,507,594.	28	3,433,297.
p		Organizations that do not follow FASB ASC 958, check here			
Ī		and complete lines 29 through 33.			
ğ	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	9,557,952.	32	8,782,807.
_	33	Total liabilities and net assets/fund balances	12,274,303.	33	11,355,005.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,74	8,4	58.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,73	4,7	65.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-98	6,3	07.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,557,952, 211,162,			
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,						
	coluṃn (B))	_10	8	<u>,</u> 78	2,8	07.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>					
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	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 ().				
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						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2023

Inspection
Employer identification number

				OF SONOMA CO				9	4-6001315
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.		
The	organ	ization is not a private found							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental unit	describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org				ed in conju	unction with a lar	nd-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the	e college	or
		university:							
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership t	fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its s	upport fi	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organ	ization a	fter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry	out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509	9(a)(3). C	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and 12	2g.	
а	ıL		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typic	cally by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustees	of the su	pporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b	,		anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s)), by hav	ring
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
C	;		grated. A supporting	g organization operated	in connect	tion with, a	and functionally i	ntegrate	d with,
	_	its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.		
C	i		y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported	d organiz	zation(s)
		that is not functionally int						n attentiv	reness
		requirement (see instructi							
e	•	Check this box if the orga					Type I, Type II, 1	Type III	
		functionally integrated, or		nally integrated supportir	ng organiz	ation.			
		er the number of supported of	•						
		vide the following information (i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of mo	netary	(vi) Amount of other
	,	organization	(II) LIIV	(described on lines 1-10	in your governi	ing document?	support (see instr	•	support (see instructions)
				above (see instructions))	Yes	No	1		
							+		
Tota	al								

332021 12-21-23

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	4011677.	4118055.	3092910.	4445019.	3235458.	18903119.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					A	
	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	4011677.	4118055.	3092910.	4445019.	3235458.	18903119.
	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)						701,956.
6	Public support. Subtract line 5 from line 4.						18201163.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4011677.	4118055.	3092910.	4445019.	3235458.	18903119.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	43,792.	25,335.	28,598.	61,095.	127,940.	286,760.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	85,692.	151,080.	173,331.	258,302.	92,798.	761,203.
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						19951082.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,669,619.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here	<u></u>				
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li					14	91.23 %
	Public support percentage from 2022					15	91.34 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu			. ,	•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2023

332022 12-21-23

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.)

Sed	etion A. Public Support	clow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						ļ
7a	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						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(,	(1)	(=)===	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		(h)				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u></u>
14	First 5 years. If the Form 990 is for the	•			•		. —
	check this box and stop here	- O 1 D-					
	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						7 is not
	more than 33 1/3%, check this box ar	=	-	•			
b	33 1/3% support tests - 2022. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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	2		
3	2		
3	b		
3	С		
4	а		
4	b		
4	С		
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5	9		
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9			
10)a		
10)b		
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332024 12-21-23

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organ	nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sect	super	vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
000	.1011 (o. Type if oupporting organizations		V	NI.
4	Moro	a majority of the examplation's directors or trustees during the tay year also a majority of the directors		Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
04	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
	Checi	k 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	Н	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	A ativi	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institutes Test. Answer lines 2a and 2b below.	truction		Na
2		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	ne 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.

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 t	rust or	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e 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		
Sect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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	nization (see
	inaturational	0		,

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HUMANE SOCIETY OF SONOMA COUNTY

Employer identification number 94-6001315

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		A
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor ac	lvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	se conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	ion or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fo	rm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included on line 2a	2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	<u></u>
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it I	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing o	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	rvation easements during the year
_			24.74.7(2)(2)(2)
8	Does each conservation easement reported on line 2d above s	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnot	G	ements that describes the
Pai	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Treasures or	Other Similar Assets
I al	Complete if the organization answered "Yes" on Form 9		Other Ollilliai Assets.
			et and balance about wede
та	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	,	·
	service, provide in Part XIII the text of the footnote to its finance		
D	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in f	urtherance of public service,
	provide the following amounts relating to these items.		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
_			·
2	If the organization received or held works of art, historical trea		ıcıaı gaın, provide
	the following amounts required to be reported under FASB AS	_	*
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or	Other	Similar A	ssets	(continue	ed)
3	Using the organization's acquisition, accession							,	,
	collection items (check all that apply).		•			-			
а	Public exhibition	d	Loan or exch	nange prograi	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further the	e organizatior	n's exen	npt purpose	in Part	XIII.	
5	During the year, did the organization solicit or	•	•	ū					
	to be sold to raise funds rather than to be mail						. [Yes	☐ No
Par	t IV Escrow and Custodial Arrang							ne 9, or	
	reported an amount on Form 990, Part		· ·				,	·	
1a	Is the organization an agent, trustee, custodial	n, or other intermed	iary for contributions	s or other ass	ets not	included			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar								
	-	•	-					Amount	
С	Beginning balance					1c			
d	Additions during the year								
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on For					ity?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the exp	planation has been p	provided in Pa	art XIII				
Par	t V Endowment Funds Complete if t	he organization ans	wered "Yes" on Forr	m 990, Part I\	, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two years		(d) Three year	s back	(e) Four y	ears back
1a	Beginning of year balance	1,656,893.	1,574,069.	1,974	,384.	1,499	,969.	1,4	69,458.
b	Contributions								
С	Net investment earnings, gains, and losses	203,925.	184,654.	-319	,929.	526	,571.		62,490.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	133,690.	86,000.	66	,000.	40	,000.		19,000.
f	Administrative expenses	16,531.	15,740.	14	,386.	12	,156.		12,979.
g	End of year balance	1,710,597.	1,656,893.	1,574	,069.	1,974	,384.	1,4	99,969.
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a))) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment 100	%							
С	Term endowment %	_							
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess		ion that are held an	d administere	ed for th	е			
	organization by:							Y	es No
								3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizati							3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipme	nt							
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) A	ccumulated		(d) Book	/alue
		basis (investm	ent) basis ((other)	de	preciation			
1a	Land			3,337.					,337.
	Buildings		9,06	9,201.	4,4	482,617		4,586	,584.
	Leasehold improvements		1,62	0,023.		541,147		978	,876.
	Equipment		55	3,362.		477,324	: •	76	,038.
	Other		2'	7,860.		774	: •	27	,086.
	. Add lines 1a through 1e. (Column (d) must ea		(line 10c column i	(B))				5,671	,921.

Schedule D (Form 990) 2023

	TY OF SONOMA	COUNTY 94-6001315 Page
Part VII Investments - Other Securities	5 000 D . W. W	o = B
Complete if the organization answered "Yes" o		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.		
	n Form 000 Port IV line:	11a Can Form 000 Part V line 12
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
.,, .	(b) Book value	(c) Method of Valuation. Cost of end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15
	iii oiiii ooo, i ait iv, iiile	Tid. Goot offit Goo, Fart A, Illio To.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
T - 4 - 1		

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Schedule D (Form 990) 2023

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

Schedule	D (Form 990) 2023 HUMANE SOCIETY OF SONOMA COUNTY	94-	6001315	Page 4
Part X	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 To	tal revenue, gains, and other support per audited financial statements	1	5,152,	,402.
2 An	nounts included on line 1 but not on Form 990, Part VIII, line 12:			

211,162. a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2c Recoveries of prior year grants 209,313 Other (Describe in Part XIII.) 420,475. Add lines 2a through 2d 4,731,927. Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b 16,531 Other (Describe in Part XIII.)

Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

16,531. 4,748,458. 5

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,927,547. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25:

a Donated services and use of facilities Prior year adjustments 209, Other (Describe in Part XIII.)

209,313. Add lines **2a** through **2d** 5,718,234. Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.) 16,531. 5,734,765. c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line

Part XIII Supplemental Information

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

PART V, LINE 4:

THE SOCIETY'S BOARD ALLOCATES A PORTION OF THE CUMULATIVE INVESTMENT RETURN FOR SUPPORT OF CURRENT SPAY/NEUTER OPERATIONS. THE REMAINDER IS RETAINED TO SUPPORT OPERATIONS OF FUTURE YEARS AND TO OFFSET POTENTIAL MARKET DECLINES.

PART X, LINE 2:

THE SOCIETY DETERMINES WHETHER ITS TAX POSITIONS ARE

"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY BASED ON THE TECHNICAL MERITS OF THE POSITIONS. AS OF JUNE 30, 2024, THE SOCIETY HAS REVIEWED ITS TAX POSITIONS AND HAS

CONCLUDED NO RESERVE FOR UNCERTAIN TAX POSITIONS IS REQUIRED.

Schedule D (Form 990) 2023

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	do to www.iis.gov/i ornisso for instructions and the latest information.							
Name of the organization		HUMANE SOCIETY OF SONOMA COUNTY 54-6001315						
Part I Fundrais		SOCIETY OF SONOMA			5 222 B . W. W			
required to	complete this par	 Complete if the organization answit. 	ered "Y	es" or	n Form 990, Part IV, lin	e 17. Form 990	-EZ filers are not	
		sed funds through any of the following	ng activ	rities.	Check all that apply.			
a Mail solicitations e X Solicitation of non-government grants								
 b X Internet and email solicitations c Phone solicitations f Solicitation of government grants g X Special fundraising events 								
c Phone solicitations g X Special fundraising events d In-person solicitations								
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or								
		art VII) or entity in connection with p			-	X		
		viduals or entities (fundraisers) pursu	ant to	agree	ments under which the	fundraiser is to	be	
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	to (or retained by)	
CAR DONATION SERVI	CES - 4971		Yes	No				
PACHECO BLVD, MART	INEZ, CA	VEHICLE DONATION SALES	Х		98,257.	50,79	5. 47,462.	
		4						
			1					
Total					98,257.	50,79	5. 47,462.	
		on is registered or licensed to solicit				is exempt from	registration	
-								
-								

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro		EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WAGS,		NONE	` '
				OTHER		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ine			, , ,	, ,,,		
Revenue	4	Gross receipts	366,945.	4,875.		371,820.
Re	'	Gross receipts	300,545.	4,075		371,020.
	_	Lance Contributions	130,760.			130,760.
	2	Less: Contributions	130,700.			130,700.
		Out to be a second (the side of sections 1) and (the side of sections 1)	226 105	1 075		241,060.
	3	Gross income (line 1 minus line 2)	236,185.	4,875.		241,000.
		Cook prince				
	4	Cash prizes				
	_		60 264			60 264
"	5	Noncash prizes	68,364.			68,364.
Direct Expenses	_	D 1/6 333				
per	6	Rent/facility costs				
ŭ			25 074			25 074
Je C	7	Food and beverages	25,974.			25,974.
Ö	_					
		Entertainment	100 000	000		110 010
		Other direct expenses	109,990.	929.		110,919.
						205,257.
Do	11 rt I	Net income summary. Subtract line 10 from li		000 D 1 D 1 D 10		35,803.
Г			answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	D. D. II to be Constant		I . n. T
æ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) tillough coi. (c)
Вè		_				
	1	Gross revenue		· ·		
	_					
es	2	Cash prizes				
Direct Expenses						
X	3	Noncash prizes				
Ċ.	_	D 1/6 333				
Öire	4	Rent/facility costs				
_	_	Otherwalinest surrous				
	_ 5	Other direct expenses	N 04			
	_	Well water and left and	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	∟ No	No	
	_	Di di Addis alla	5. 1 (1)			
	′	Direct expense summary. Add lines 2 through	i 5 in column (a)			
		Not associate in a superior of College Alice 7	forms the safe and one (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	Г	towthe etato(a) in unbiab the amoralization	oto gomina cativitias			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	IT "	No," explain:				
40	141	and the comment of th	and an	manife also also de la coltra del coltra de la coltra del la coltra de la coltra del la coltra del la coltra de la coltra de la coltra de la coltra del		
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
b	IT "	Yes," explain:				

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 HUMANE SOCIETY OF SONO	MA COUNTY 94-6001315 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	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gar	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization	zation receives gaming revenue? Yes No
b If "Voc " onter the amount of gaming revenue received by the organization	\$ and the amount
b If "Yes," enter the amount of gaming revenue received by the organization	and the amount
of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:	
C ii res, entername and address of the tilid party.	
Nama	
Name	
Address	
Address	
16 Coming manager information:	
16 Gaming manager information:	
Mara	
Name	
Coming response services A	
Gaming manager compensation \$	
Description of control constitution	
Description of services provided	
Director/officer Employee Independe	nt contractor
Director/officer Employee Independe	nt contractor
47. Manufatawa distribution o	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions fro	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to distributed to distributed to distributed.	other exempt organizations or spent in the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required	ha Best I lie of the selection ("") and (") and (") and (") and (")
i i i i i i i i i i i i i i i i i i i	
15b, 15c, 16, and 17b, as applicable. Also provide any additional inform	nation. See instructions.
COMPONED OF DADM I LINE OF LICE OF MEN II	TOURGE DATE BURIDDATOEDG
SCHEDULE G, PART I, LINE 2B, LIST OF TEN H	IGHEST PAID FUNDRAISERS:
/T NAME OF FUNDRALGED GAR DOMARION GERVI	ORG.
(I) NAME OF FUNDRAISER: CAR DONATION SERVI	CES
/T\ 10000000 00 0000001000 1000 000000 000	IID MARKETING CA OAFFA
(I) ADDRESS OF FUNDRAISER: 4971 PACHECO BL	VD, MARTINEZ, CA 94553
PART I, LINE 2B, COLUMN (V):	
HUMANE SOCIETY OF SONOMA COUNTY OPERATES A	CAR DONATION PROGRAM THROUGH A
COMMERCIAL FUNDRAISER FOR CHARITABLE PURPO	
VIII STATEMENT OF REVENUE INCLUDE THE NET	AMOUNTS RECEIVED BY THE

332083 09-13-23

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

HUMANE SOCIETY OF SONOMA COUNTY

Employer identification number 94-6001315

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			l
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			l
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			l
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a l		i

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISocompensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) LINDSAY MCCALL	(i)	175,902.	0.	0.	0.	3,762.	179,664.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
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.

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 94-6001315

	HUMANE SOCIE	TY OF	SONOMA COU	JNTY			94	-6001	315	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	no	Method of oncash contri			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	X	36	47,	462.	FMV				
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	3	10,	074.	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	X	15	6,	902.	FMV				
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (AUCTION PACKAGE)	X	196	82,	304.	FMV				
26	Other (SUPPLIES)	X	1		934.					
27	Other (MARKETING	X	1	6,	375.					
28	Other (EVENT SPACE)	Х	1		500.	FMV				
29	Number of Forms 8283 received by the organization	_	•						2	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledge	ementL	29				3	
									Yes	No
30a	During the year, did the organization receive by						nat it			
	must hold for at least 3 years from the date of									77
	exempt purposes for the entire holding period?	?						. 30a		X
	If "Yes," describe the arrangement in Part II.	,								37
31							31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?							32a	X	
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a	a) is ched	cked,				
	describe in Part II.									

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

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.

2023 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:

COMMUNITY RESOURCES FOR PETS.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	Employer identification number
HUMANE SOCIETY OF SONOMA COUNTY	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	AVAILABLE UPON
REQUEST. THE SOCIETY MAINTAINS A WEBSITE AND HAS PROVIDED	CONTACT
INFORMATION THEREIN. IN ADDITION, THE SOCIETY'S TAX RETURN	S ARE AVAILABLE
ON THE GUIDESTAR WEBSITE.	

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	${\tt JUL}$	1	, 2023, and ending	JUN	30	, 20 2	2
. calcifual year ====, or needs year pegining			, ====, a.r.a orraning			,	_

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

nternal Re	venue Service		(Go to www.irs.	gov/Form8879TE for the	latest information				
Name of								EIN or SSI		
	HUMANI	E SOCIE		F SONOMA				94-6	001315	
Name an	d title of officer or p	erson subject t	o tax	NEVILLE	HORMUZ EXECUTIVE DI	D ECTION				
Part I	Type of	Return ar	nd Ret	urn Informa		RECIOR				
					n 8879-TE and enter the a	nnlicable amount if	any from	the retur	n Form 8038	
					ns, enter whole dollars or					
or 10a b	pelow, and the am	nount on that	line for t	the return being	filed with this form was b	lank, then leave line	1b, 2b,	3b, 4b, 5l	b, 6b, 7b, 8b,	9b, or 10b,
whichev	/er is applicable, t e line in Part I.	olank (do not	enter -0-). But, if you en	tered -0- on the return, the	en enter -0- on the ap	oplicable l	ine below	/. Do not cor	mplete more
	Form 990 check	here		h Total reve	nue, if any (Form 990, Pa	rt VIII. column (A). lir	ne 12)		1h	
	Form 990-EZ ch		H	h Total reve	nue, if any (Form 990-EZ,	line 9)	10 12)		2h	
	Form 1120-POL		H		Form 1120-POL, line 22)					
	Form 990-PF ch		H	b Tax based	on investment income	(Form 990-PF_Part \	/ line 5)			
	Form 8868 chec		H	h Ralance d	ue (Form 8868, line 3c)	(romrodorr, rait	v, iii o o,	•	5b	
	Form 990-T che		X	h Total tax (ue (Form 8868, line 3c) Form 990-T, Part III, line 4				6b	0.
	Form 4720 chec			b Total tax (Form 4720, Part III, line 1)	<i>,</i>			7b	
	Form 5227 chec		H	b FMV of as	sets at end of tax year (F	Form 5227 Item D)			8b	
	Form 5330 chec		H	h Tay due (F	orm 5330, Part II, line 19)	om szzr, tem b)				
	Form 8038-CP		H		credit payment request					
Part I			Signati	re Authoriz	ation of Officer or F	Person Subject	to Tax	ic ZZj	100	
Inder n					of the above entity or			x with res	nect to (name	
of entity		y, i doolaro iii	ut [<u></u>]	Tam an omoci						
,	, 	d accompany	ina sch	adules and stat	ements, and, to the best of					
complet	te. I further declar	e that the am	ount in I	Part I above is t	he amount shown on the	copy of the electron	ic return.	I consent	t to allow my	
nterme	diate service prov	ider, transmit	ter, or e	lectronic return	originator (ERO) to send to	the return to the IRS	and to re	ceive fror	n the IRS (a)) an
acknow of any re	leagement of rece efund. If applicable	eipt or reason le. Lauthorize	tor rejective the U.S.	ction of the tran	smission, (b) the reason ts designated Financial A	tor any delay in prod dent to initiate an el	cessing th ectronic fi	e return c unds with	or retuna, and Idrawal (direct	(c) the date
entry to	the financial insti	tution accour	nt indica	ted in the tax p	reparation software for pa	yment of the federal	I taxes ow	ed on this	s return, and t	the
financia	l institution to del	oit the entry to	this ac	count. To revol	te a payment, I must cont	act the U.S. Treasur	y Financia	al Agent a	at 1-888-353-4	537 no
ater tria	it of taxes to rece	s prior to trie ive confidenti	paymen al inform	nation necessar	ate. I also authorize the fir y to answer inquiries and	resolve issues relate	ed to the r	avment.	I have selecte	electronic ed a
persona	ıl identification nu	mber (PIN) as	my sigi	nature for the e	ectronic return and, if app	olicable, the consent	to electro	onic funds	s withdrawal.	
	eck one box only	•								
X	I authorize D	ILLWOOD	BUR	KEL & MI	LLAR, LLP		to	enter my		7099
				ì	RO firm name				Enter five	numbers, but ter all zeros
					filed return. If I have indicate					
	-		- 4		of the IRS Fed/State prog	ram, I also authorize	the afore	ementione	ed ERO to ente	er my PIN
	on the return's	disclosure co	nsent s	creen.						
	As an officer or	person subje	ect to ta	x with respect t	o the entity, I will enter my	/ PIN as my signatui	re on the t	tax year 2	:023 electronic	cally filed
					py of the return is being f		ncy(ies) re	egulating	charities as pa	art of the
	IRS Fed/State	program, I wil	l enter n	ny PIN on the re	eturn's disclosure consent	screen.				
	of officer or person subj							Dat	te	
Part I	III Certific	ation and	Authe	ntication						
ERO's E	EFIN/PIN. Enter y	our six-digit e	electroni	c filing identifica	ation					
number	(EFIN) followed b	y your five-dig	git self-s	elected PIN.		6874553	2060			
						Do not enter	all zeros			
certify	that the above nu	umeric entry is	s mv PIN	I. which is my s	ignature on the 2023 elec	tronically filed return	n indicated	d above. I	I confirm that	I am
					Pub. 4163, Modernized					
	s Returns.				•	•			-	
ERO's sig	gnature					Date	03/0	02/25		
0 01								. – •		
			E	RO Must R	etain This Form - So	ee Instructions				
		Do N			orm to the IRS Unle		Γο Do S	0		
For Priv	acy Act and Par						<u>-</u>		Form 887	9-TE (2023)

LHA 302521 01-05-24

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service 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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 94-6001315 HUMANE SOCIETY OF SONOMA COUNTY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 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) 07 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ Form 4720 (other than individual) 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 05 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 5330 (other than individual) 07 14 Form 990-T (corporation) Form 1041-A 80 • After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ERICA MUNSEL 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. I request an automatic 6-month extension of time until MAY 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year 20 ____ or X tax year beginning JUL 1 , 20 23 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 110. any nonrefundable credits. See instructions. За 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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 110. using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

Form 8868 (Rev. 1-2024)

EXTENDED TO MAY 15, 2025

Form	990-T	E	Exempt Organization Business Income Tax Returi	1	OMB N	No. 1545-0047
			(and proxy tax under section 6033(e))			000
		For ca	lendar year 2023 or other tax year beginning $$	14_	2	023
Departm	nent of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	_		<u> </u>
Internal I	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 P 501(c)(3) (Public Inspection for Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Em	nployer ider	ntification number
R Evo	mpt under section	Print	HUMANE SOCIETY OF SONOMA COUNTY	c	4-60	01315
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	F Gro	oup exempt	tion number
	408(e) 220(e)	Туре	PO BOX 1296	(se	e instructio	ns)
=	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code	┪		
	529(a) 529A		SANTA ROSA, CA 95402	F	Chec	k box if
	020(u)	C Bo	ok value of all assets at end of year	И		nended return.
G Ch	neck organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State		/university
u 0,	icon organization	турс	6417(d)(1)(A) Applicable entity	Julio)	annvoloney
H Ch	neck if filing only to	o claim		nt amo	ount fror	 n Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding corporation			
			ed Schedules A (Form 990-T)		1	<u></u>
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes	X No
	• •		d identifying number of the parent corporation		103	110
	ne books are in car			707-	-542-	-0882
Parl			d Business Taxable Income			
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses (see instructions)	1	Т	1,525.
2				2		
3				3		1,525.
4	Charitable contril	 butions	(see instructions for limitation rules)	4		0.
5			s taxable income before net operating losses. Subtract line 4 from line 3	5		1,525.
6			ting loss. See instructions	6		
7		•	ess taxable income before specific deduction and section 199A deduction.	۲		
•	Subtract line 6 from		·	7		1,525.
8			erally \$1,000, but see instructions for exceptions)	8		1,000.
9			eduction. See instructions	9		
10			lines 8 and 9	10		1,000.
11	Unrelated busin	ess tax	table income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11		525.
Parl		putat	ion			
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	T	110.
2			rates. See instructions for tax computation. Income tax on the amount on			
			Tax rate schedule or Schedule D (Form 1041)	2		
3	Proxy tax. See in			3		
4	Other tax amoun	ts. See	instructions	4		
5				5		
6	Tax on noncomp	oliant fa	acility income. See instructions	6		
7			gh 6 to line 1 or 2, whichever applies	7		110.
Part						
1a	Foreign tax credi	t (corpo	orations attach Form 1118; trusts attach Form 1116) 1a			
b	Other credits (see	e instru	ctions) 1b			
С	General business	credit.	Attach Form 3800 (see instructions) 1c 110	,		
d	Credit for prior-ye	ear mini	mum tax (attach Form 8801 or 8827)			
е	Total credits. Ad	dd lines	1a through 1d	1e		110.
2	Subtract line 1e f	from Pa	rt II, line 7	2		0.
За	Amount due from	n Form	4255 3a			
b	Amount due from	n Form	8611 3b			
С	Amount due from	n Form				
d	Amount due from	n Form	8866 3d			
е	Other amounts d	ue (see	instructions) 3e			
f	Total amounts du	ue. Add	lines 3a through 3e	3f		0.
4	Total tax. Add lin	nes 2 ar	nd 3f (see instructions).		1	
	section 1294. E	Enter ta	x amount here	4	 	0.
5	Current net 965 t	ax liahi	lity paid from Form 965-A. Part II. column (k)	5	1	0.

Form 990-T (2023) Page 2

Part	III	Tax and Payments (continued)								<u> </u>
6 a		nents: Preceding year's overpayment credi	ited to the current year		6a					
b	-	ent year's estimated tax payments. Check	•	·····	-					
-		ies	: :		6b					
С		deposited with Form 8868			6c					
d		ign organizations: Tax paid or withheld at s			6d					
e		kup withholding (see instructions)			6e					
f		lit for small employer health insurance pren			6f					
g		tive payment election amount from Form 3		·····	6g	99,310				
9 h		nent from Form 2439			6h	33,320				
ı'					6i		7			
		er (see instructions)		·····	6j					
7		I payments. Add lines 6a through 6j					7	90	9,31	10.
8		nated tax penalty (see instructions). Check					8)	,,,,,	
9		due. If line 7 is smaller than the total of line	***************************************				9			
10		rpayment. If line 7 is larger than the total of					10	90	9,31	ΙΟ.
11		r the amount of line 10 you want: Credited		verpaid		Refunded			9,31	
Part		Statements Regarding Certain A		nation	(see instr				,,,,,	
1		ny time during the 2023 calendar year, did					,		Yes	No
•		a financial account (bank, securities, or oth	· ·						103	110
		EN Form 114, Report of Foreign Bank and		_						
	here	•	Timariolary toodarito. II 100, Circo	T the rial	no or and r	oreign country				Х
2		ng the tax year, did the organization receive	e a distribution from or was it the	grantor	of or trans	feror to a				
_				-						Х
	If "V	gn trust? es," see instructions for other forms the org	ranization may have to file							
3		r the amount of tax-exempt interest receive		^		\$				
4		r available pre-2018 NOL carryovers here	\$ Do i				arrvove	r I		
-		vn on Schedule A (Form 990-T). Don't redu					-			
5		-2017 NOL carryovers. Enter the Business				=				
		amounts shown below by any NOL claimed			-					
		Business Activity Cod				post-2017 NOI		over		
		531:		\$		•		981.		
				\$						
				\$						
				\$						
6 a	Rese	erved for future use								
b	Rese	erved for future use								
Part	V	Supplemental Information								
Provide	any a	additional information. See instructions.								
			/							
Sign	l c	Under penalties of perjury, I declare that I have examined to correct, and complete. Declaration of preparer (other than to complete.)	his return, including accompanying schedules taxpayer) is based on all information <u>of which</u>	and statem preparer ha	ents, and to the sand to the sany knowled	ne best of my knowl lge	edge and	belief, it is true,	,	
Here			1		EXECU'	LIAE	May the IF	RS discuss this	return wi	ith
пеге		D'anakana at att'ana	DIRE	CTOR				rer shown below	`	,
	;	Signature of officer	Date Title					ns)? X Ye	S	No
		Print/Type preparer's name	Preparer's signature	Date		Check	if PT	IN		
Paid					00/05	self-employed		.0400=		
Prepa	ırer		LOTASHA THOMAS	03/	02/25			012252		
Use C			KEL & MILLAR, LLP			Firm's EIN	6	8-045	5/52	<u> </u>
	-	I	RSE BOULEVARD, SUI	TTE A	A		, , , , , , , , , , , , , , , , , , , 		000	
		Firm's address SANTA ROSA	, CA 95403			Phone no.	(707	7) 577-	-880	16

Form **990-T** (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information.

	I Revenue Service Do not enter SSN numbers on this form as	it may be	made public if yo	ur organiz	ation is a 501(c)(3).		pen to Public Inspection for 01(c)(3) Organizations Only
A N	lame of the organization HUMANE SOCIETY OF SONOMA COUNTY				B Employer ide 94-600		
<u>c</u> ւ	Unrelated business activity code (see instructions) 5312	L20			D Sequence:	1	of 1
<u>E [</u>	Describe the unrelated trade or business COMMERCIAL	SPAC	E LEASE		<u> </u>		
Pa	t I Unrelated Trade or Business Income		(A) Incon	ne	(B) Expenses		(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form	ı					
	1120)). See instructions	. 4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)						
6	Rent income (Part IV)					_	
7	Unrelated debt-financed income (Part V)	7	9,	749.	2,12	6.	7,623.
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	. 8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	. 9					
10	Exploited exempt activity income (Part VIII)						
11	Advertising income (Part IX)						
12	Other income (see instructions; attach statement)						
13	Total. Combine lines 3 through 12	. 13	9,	749.	2,12	6.	7,623.
	Deductions Not Taken Elsewhere. See instrudirectly connected with the unrelated business	income)				must be
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance				I	3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions					OI-	
8			8	_		8b 9	
9	Depletion Contributions to deferred componenties plans						
10 11	Contributions to deferred compensation plans					10 11	
11 12	Employee benefit programs Excess exempt expenses (Part VIII)					12	
13	Excess exempt expenses (Part VIII) Excess readership costs (Part IX)					13	
14	Excess readership costs (Part IX) Other deductions (attach statement)					14	
15						15	0.
16	Unrelated business income before net operating loss deduction					.~	•
	column (C)	. 22311401			I	16	7,623.

For Paperwork Reduction Act Notice, see instructions.

Deduction for net operating loss. See instructions

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

18

6,098.

1,525.

Pac	ıe	4

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on .		Page Z
1	1	nod of inventory valuation		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				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter			_	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Propert	y Leased With R	leal Property)	
1	Description of property (property street address, city, s	state, ZIP code). Check i	f a dual-use. See instr	ructions.	
	A				
	В				
	c				
	D		•		
		Α	В	С	<u>D</u>
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				
_	T. I				0
3	Total rents received or accrued. Add line 2c, columns /	A through D. Enter here	and on Part I, line 6, o	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. E	ntor horo and on Part I	lino 6 column (P)		0.
Part		ee instructions)	iirle o, coldifiif (b)		
1	Description of debt-financed property (street address,		neck if a dual-use. See	e instructions	
•	A BLDG FOR PET GROOMER	3,7,5,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0			
	В				
	С				
	D \square				
		Α	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 6	4,056.			
С	Total deductions (add lines 3a and 3b,				
	columns A through D)	4,056.			
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement) STMT	4 18,965.			
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement) STMT 5	36,183.			
6	Divide line 4 by line 5	52.414%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	9,749.			
8	Total gross income (add line 7, columns A through D)	. Enter here and on Part	I, line 7, column (A)		9,749.
		0.106			
9	Allocable deductions. Multiply line 3c by line 6	2,126.	_		0 100
10	Total allocable deductions. Add line 9, columns A the				2,126.
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents Froi	m Contro	lled O	rganization	S (see instruc	tions)	Page 3
		-						lled Organization		
	 Name of controlled organization 		2. Employer identification number	incom	unrelated ne (loss) structions)	1	al of specified ments made	5. Part of colu that is included controlling org tion's gross in	in the aniza-	Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
					Controlled O					
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)	I	otal of specif yments mad		that is inc	of column 9 sluded in the organization's income	o	eductions directly onnected with ome in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A).	Enter	columns 6 and 11. here and on Part I, e 8, column (B).
Totals								0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (attach s	-asides tatement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					A 11					
					Add amou column 2 here and o	Enter n Part I,				Add amounts in column 5. Enter here and on Part I,
Totals					line 9, colu	0 •				line 9, column (B).
Part	VIII Exploited E	xempt A	Activity Income	Other T	han Adve		a Income	see instructions)	
1	Description of exploite		-				9	occ motractions		
2	Gross unrelated busin	•		ness. Enter	r here and o	n Part I.	line 10. colum	n (A)	2	
3	Expenses directly con		1							
	line 10, column (B)								3	
4	Net income (loss) from									
	lines 5 through 7								4	
5	Gross income from ac	tivity that	is not unrelated busi	iness incon	ne				5	
6	Expenses attributable								6	
7	Excess exempt expen									
	4. Enter here and on F	Part II. line	12						7	

Schedule A (Form 990-T) 2023

Part	IX	Advertising Income					
1	Nai	me(s) of periodical(s). Check box if reporting	ng two or	more periodicals on a	consolidated basis		
	Α [
	в						
	c [
	D [
Enter a	amou	ints for each periodical listed above in the	correspor	nding column.			
		·	•	A	В	С	D
2	Gro	oss advertising income					
		d columns A through D. Enter here and on		e 11, column (A)			0.
а		9	,	, , , , , , , , , , , , , , , , , , , ,			
3	Dire	ect advertising costs by periodical					
а		d columns A through D. Enter here and on	n Part I, lin	e 11, column (B)			0.
4	Adv	vertising gain (loss). Subtract line 3 from li	ne				
	2. F	For any column in line 4 showing a gain,					
	cor	nplete lines 5 through 8. For any column i	n				
	line	4 showing a loss or zero, do not complet	te				
	line	s 5 through 7, and enter -0- on line 8					
5	Rea	adership costs					
6		culation income					
7		cess readership costs. If line 6 is less than					
	line	5, subtract line 6 from line 5. If line 5 is le	ess				
	tha	n line 6, enter -0-					
8		cess readership costs allowed as a					
	dec	duction. For each column showing a gain o	on				
	line	4, enter the lesser of line 4 or line 7					
а	Add	d line 8, columns A through D. Enter the g	reater of t	he line 8a columns tota	al or -0- here and o	n	
_		t II, line 13					0.
Part	<u>X</u>	Compensation of Officers, Di	rectors,	and Trustees (s	ee instructions)		
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
1)						%	
2)						%	
3)						%	
4)						%	
							0
Part	. Ente	er here and on Part II, line 1 Supplemental Information (se					0.
rait	ΛI	Supplemental information (Se	ee instruct	cions)			
	_						

Schedule A (Form 990-T) 2023

				
FORM 990-T (A)	P	OST 2017 NOL S	SCHEDULE	STATEMENT 1
PRIOR YEAR POST 2017 NOL		NOL DEDUCTION		FORWARD OF 2017 NOL
12,981.		6,098.		6,883.
990-T SCH A	POST-201	7 NET OPERATIN	G LOSS DEDUCTION	STATEMENT 2
TAX YEAR LOSS	SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18 06/30/19	12,271. 9,203.	8,493 0		3,778. 9,203.
NOL CARRYOVER AVA	ILABLE THIS	YEAR	12,981.	12,981.
SCH A (990-T)	SCHED	ULE A NOL DETA	AIL	STATEMENT 3
TAXABLE INCOME F				7,623. 7,623.
THIS ENTITIES PE THIS ENTITIES AL				100.009
TAXABLE INCOME A 80% INCOME LIMIT		8 NET OPERATIN	IG LOSS	7,623 6,098
POST-2017 AVAILA LESSER OF POST-2		ATING LOSS OR	80% LIMITATION	12,981. 6,098.

DESCRIPTION OF DEBT-FINANCED PROPERTY BLDG FOR PET GROOMER BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING THEORY BEGINNING THEORY BEGINNING TOTAL MONTH BEGINNING TOTAL MONTH BEGINNING TWELFTH MONTH TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR AVERAGE ACQUISITION DEBT TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4 FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ADJUSTED BASIS ACTIVITY NUMBER	STATEMENT 4
BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING SEVENTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR AVERAGE ACQUISITION DEBT TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4 FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ADJUSTED BASIS	AMOUNT OF OUTSTANDING DEBT
NUMBER OF MONTHS IN YEAR AVERAGE ACQUISITION DEBT TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4 FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ADJUSTED BASIS ACTIVITY	19,329. 19,264. 19,198. 19,132. 19,065. 18,999. 18,933. 18,866. 18,799. 18,732. 18,664. 18,597.
TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4 FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ADJUSTED BASIS ACTIVITY	227,578. 12
FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ADJUSTED BASIS ACTIVITY	18,965.
AVERAGE ADJUSTED BASIS ACTIVITY	
	STATEMENT 5
	
BLDG FOR PET GROOMER 1	TUUOMA
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR	36,151. 36,215.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR	36,183.

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

FORM 990-T (A) PART	V - OTHER	DEDUCTIONS		STATEMENT 6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
ALLOCATED OPERATING EXPENSES - SUBTOTAL -	1	4,056. 4,056.	1.00	4,056.
TOTAL OF FORM 990-T, SCHEDULE	A, PART V,	LINE 3(B)		4,056.

General Business Credit

Go to www.irs.gov/Form3800 for instructions and the latest information.

OMB No. 1545-0895

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return You must include all pages of Form 3800 with your return.

нп	MANE SOCIETY OF SONOMA COUNTY	9	4-600	1315
	Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (BEAT). Are you both (a) a	•		,
^	corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "applicable taxpayer" within the m			
	agation FOA/a) for the DEATS Can instructions		Yes	X No
Pa	art I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (1	MT)		110
	Go to Part III before Parts I and II. See instructions.			
1	Non-passive credits from Part III, line 2: combine column (e) with non-passive amounts from column			
-	(g). See instructions	1		
2	Passive credits from Part III, line 2: combine column (f) with passive amounts			
	in column (g). See instructions			
3	Enter the applicable passive activity credits allowed for 2023. See instructions	3		
4	Carryforward of general business credit to 2023. See instructions for statement to attach			
	Check this box if the carryforward was changed or revised from the original reported amount			
5	Carryback of general business credit from 2024. See instructions	5		
6	Add lines 1, 3, 4, and 5	6		
Pa	art II Allowable Credit			
7	Regular tax before credits:			
	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or			
	1040-NR, line 16; and Schedule 2 (Form 1040), line 2.			
	 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 1; 			
	or the applicable line of your return.	7		110.
	● Estates and trusts. Enter the sum of the amounts from Form 1041,			
	Schedule G, lines 1a and 1b, plus any Form 8978 amount included on			
	line 1d; or the amount from the applicable line of your return.			
8	Alternative minimum tax:			
	● Individuals. Enter the amount from Form 6251, line 11.			
	● Corporations. Enter the amount from Form 4626, Part II, line 13.	8		0.
	● Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.			
9	Add lines 7 and 8	9		110.
	a Foreign tax credit 10a			
b	Certain allowable credits (see instructions)			
C	Add lines 10a and 10b	10c		
				440
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11		110.
		10		
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	10.		
13	Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) over			
	\$25,000. See instructions			
14	Tentative minimum tax:			
	Individuals. Enter the amount from Form 6251, line 9.			
	• Corporations. Enter -0			
	Estates and trusts. Enter the amount from Schedule I			
	(Form 1041), line 52.			
	Enter the greater of line 13 or line 14			110.
	Subtract line 15 from line 11. If zero or less, enter -0-			TT0.
17	Enter the smaller of line 6 or line 16	17		
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or			
	reorganization.		Га	2 200 (2023)

314401 01-11-24

Form 3800 (2023) Page 2

Pa	art II Allowable Credit (continued)		<u> </u>
Not	e: If you are not required to report any amounts on line 22 or line 24 below, skip lines 18 through 25 and enter -0- on li	ne 26.	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of Part III, column (e), with the sum of the non-passive activity credit amounts in Part IV, line 3, column (e) plus column (f)	22	
23	Passive activity credit from line 3 of Part III, column (f) plus the sum of the passive activity credit amounts in Part IV, line 3, column (e) plus column (f)		
24	Enter the applicable passive activity credit allowed for 2023. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	110.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	110.
30	Enter the general business credit from line 5 of Part III: combine column (e) with non-passive amounts in column (g). See instructions	30	99,420.
31	Reserved	31	
32	Passive activity credits from line 5 of Part III: combine column (f) with passive amounts in column (g). See instructions 32	-	
33	Enter the applicable passive activity credits allowed for 2023. See instructions	33	
34	Carryforward of business credit to 2023. Enter the amount from line 5 of Part IV, column (f), and line 6 of Part IV, column (g). See instructions for statement to attach Check this box if the carryforward was changed or revised from the original reported amount	34	
35	Carryback of business credit from 2024. Enter the amount from line 5 of Part IV, column (e). See instructions	35	
36	Add lines 30, 33, 34, and 35	36	99,420.
37	Enter the smaller of line 29 or line 36	37	110.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36; see instructions) as indicated below or on the applicable line of your return. • Individuals. Schedule 3 (Form 1040), line 6a.		
	 Corporations. Form 1120, Schedule J, Part I, line 5c. Estates and trusts. Form 1041, Schedule G, line 2b. 	38	110.

Page 3

Part III Current Year General Business Credits (GBCs) (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V.

1a Form 3468, Part II	
c Form 6765	
c Form 6765	
d Form 3468, Part III e Form 8826 f Form 8835, Part II g Form 7210 h Form 8820 i Form 8874	
f Form 8835, Part II	
g Form 7210	
h Form 8820	
i Form 8874	
	_
j Form 8881, Part J	
,	
k Form 8882	
I Form 8864 (diesel)	
m Form 8896	
n Form 8906	
o Form 3468, Part IV	
p Form 8908	
q Reserved (45Z)	
r Form 8910	
s Form 8911, Part II	
t Form 8830	
u Form 7213, Part II	
v Form 3468, Part V	
w Form 8932	
x Form 8933	
y Form 8936, Part II	
z Reserved	
aa Form 8936, Part V	
bb Form 8904	
cc Form 7213, Part I	
dd Form 8881, Part II	
ee Form 8881, Part III	
ff Form 8864, line 8	
gg Reserved (1gg)	
hh Reserved (1hh)	
ii Reserved (1ii)	
jj Reserved (1jj)	
zz Other credits	
2 Add lines 1a through 1zz	

Part III Current Year General Business Credits (GBCs) (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 42 through 47, enter the number of items you have for that line in column (c) and complete Part V. (continued)

	lines 4a throu	ıgh 4z, enter the num	ber of	items you have t	for that line in co	olumn (c) and cor	mplete Part V.	(continued)		
C	(a) urrent year credits from:	(b) Elective payment or transfer registration number	(c) # items	(d) Pass-through or transfer credit entity EIN	(e) Credits from non-passive activities	(f) Credits from passive activities	(g) Credit transfer election amount (enter amounts transferred out as a negative amount)	(h) Gross elective payment election amount	(i) Net elective payment election amount	(j) Combine columns (e), (f), and (g), less column (i)
3	Form 8844									
4	Specified credits:									
а		PJ00124001N0			99,420.			99,420.	99,310.	110.
b	Form 5884				•				,	
c	Form 6478									
d										
е										
f	Form 8846									
g	Form 8900									
h	Form 8941									
i	Form 6765 ESB credit									
i	Form 8994									
k	Form 3468, Part VII									
1	Reserved (4I)									
m	Reserved (4m)									
z	Other specified credits									
5	Add lines 4a through 4z				99,420.			99,420.	99,310.	110.
6	Add lines 2, 3, and 5				99,420.			99,420.	99,310.	
					3					Form 3800 (2023)

Breakdown of Aggregate Amounts on Part III for Facility-by-Facility, Multiple Pass-Through Entities, etc. Part V (see instructions) (e) (i)
Carryover of passive activity credit **(b)** Elective payment or (c) Pass-through or (d) Current year credits (h) Net elective Current year credits (g) (f) (a) from passive activity Gross elective Line number Credit transfer transfer registration transfer credit from non-passive before passive payment election payment election from Part III election amount allowable in number activities activity entity EIN amount amount current year credit limitation 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

Investment Credit

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to your tax return. Go to www.irs.gov/Form3468 for instructions and the latest information.

Identifying number

	MANE SOCIETY OF SONOMA COUNTY	94-6001315
Pai	rt I Facility Information (see instructions)	
Α	Check this box if you have petitioned for provisional emission rates and have also received written approval from a	
	third-party verifier or a letter from the IRS	X
1	Description of the facility COMMERICAL BUILDING	
	D TO 01 0 4 0 0 1 M 0	
2 a	IRS-issued registration number for the facility: PJ00124001N0	
b	Type of facility (solar, geothermal, etc.): SOLAR	
3	Location of facility, including coordinates (latitude and longitude).	
а	Address of the facility (if applicable): 5345 SEBASTOPOL ROAD SANTA ROSA, CA 95407	
h	Coordinates (if applicable). Latitude: Longitude:	
b		(minus) sign in the first box.
4	Date construction began (MM/DD/YYYYY): 06/01/2024	
5	Date placed in service (MM/DD/YYYY): $06/19/2024$	
6	Is the facility part of an expansion of an existing closed-loop biomass or open-loop biomass facility?	X No
7	Does the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal of the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal of the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal of the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal of the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal of the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal of the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal of the project produce and the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent the project proj	energy?
а	X Yes.	
b	□ No.	
С	Not applicable, the facility doesn't produce electricity.	
8	Does the project satisfy the prevailing wage and apprenticeship requirements?	
а	Yes, and sections 48C(e)(5) and (6) apply, and it was declared as provided per Notice 2023-18.	
b	Yes, and either (i) section 48(a)(9)(B)(ii) applies if construction began before January 29, 2023; or (ii) sections	48(a)(10) and
	(11) apply.	
C	☐ No.	
d o	X Not applicable.	
9	Does the property qualify for a domestic content bonus credit per section 45(b)(9)(B)? Yes, and section 48(a)(9)(B) is satisfied (10% bonus). Attach the required information.	
a b	Yes, and section 46(a)(9)(B) is satisfied (2% bonus). Attach the required information.	
c	X No.	
10	Does the project qualify for an energy community bonus credit per section 48(a)(14)?	
а	Yes, and section 48(a)(9)(B) is satisfied (10% bonus).	
b	Yes, and section 48(a)(9)(B) is not satisfied (2% bonus).	
С	X No.	
11	Does the project qualify as a solar or wind facility in connection with low-income communities bonus credit per sect	ion 48(e)(2)?
а	Yes, and the facility is located in a low-income community per section 45D(e) (10% bonus).	
b	Yes, and the facility is located on Indian land per section 2601(2) of P.L. 102-486 (10% bonus).	
С	Yes, and the facility is part of a qualified low-income residential building project facility per section 48(e)(2)(B)	
d	Yes, and the facility is part of a qualified low-income economic benefit project facility per section 48(e)(2)(C) (•
e	If "Yes" to 11a, 11b, 11c, or 11d, enter your 48(e) Control Number:	
f	X No.	
12	Enter the nameplate capacity or storage capacity.	erant (da)
a b	Solar energy property or facility nameplate capacity: kilowatt (kW) direct cur Small wind energy property or facility nameplate capacity: kW	rent (ac)
C	Wind energy property or facility nameplate capacity: kW	
d	X Energy storage power capacity rating kW, and energy storage capacity, if a	pplicable, associated with
-	the energy property or facility: 144,690 kWh (hour)	11
е	Solar or wind nameplate capacity is 5MW ac or more	
f	Not applicable.	
For F	Paperwork Reduction Act Notice, see separate instructions.	Form 3468 (2023)

P	arl	Facility Information (see instructions)	cont	inued)			
13		Enter the nameplate capacity, alternating current (ac) fo		lectricity generating ener	gy pro	operties or facilities in kW.	
	а	X Solar energy property:13	<u> 30.</u>				
	b	Wind energy property:					
	С	Other:					
	d	Not applicable.					
14		Are you claiming the investment credit as a lessee base	d on a	a section 48(d) (as in effe	ct on	November 4, 1990) election?	Yes X No
		If "Yes," complete lines 14a through 14e. If you acquire	d mor	e than one property as a	lesse	e, attach a statement showir	ng the
		information below separately reported for each property	/ .				
		Name of lessor:					
		Address of lessor:					
		Description of property:					
		Amount for which you were treated as having acquired					\$
D		Income inclusion amount reported for tax year under Ret II Qualifying Advanced Coal Project Cre	egulat	ons section 1.50-1	ifica	tion Project Credit	\$
	art					tion Project Gredit	
		on A - Qualifying Advanced Coal Project Credit Unde	r Sec	tion 48A (see instruction	18)		
1		Enter the qualified investment in integrated gasification combined cycle property placed in service during the					
		tax year for projects described in section 48A(d)(3)(B)(i)	1a				
		Multiply line 1a by 20% (0.20)			1b		
9		Enter the qualified investment in advanced coal-	i		III		
_		based generation technology property placed in					
		service during the tax year for projects described in					
		section 48A(d)(3)(B)(ii)	2a				
		Multiply line 2a by 15% (0.15)			2b		
3		Enter the qualified investment in advanced coal-	I				
		based generation technology property placed in		1			
		service during the tax year for projects described in					
		section 48A(d)(3)(B)(iii)	За				
		Multiply line 3a by 30% (0.30)			3b		
Se		n B - Qualifying Gasification Project Credit Under S					
4	а	Enter the qualified investment in qualified gasification					
		property placed in service during the tax year for					
		which credits were allocated or reallocated after					
		October 3, 2008, and that includes equipment that					
		separates and sequesters at least 75% of the					
		project's carbon dioxide emissions	4a				
	b	Multiply line 4a by 30% (0.30))		4b		
5		Enter the qualified investment in property other than					
		in 4a above placed in service during the tax year	5a				
_		Multiply line 5a by 20% (0.20)			5b		
6		Enter the applicable unused investment credit from coo	•	` ' '	6	_	
P		Add lines 1b, 2b, 3b, 4b, 5b, and 6. Report this amount : III Qualifying Advanced Energy Project (see instructions)	
		Enter the qualified investment in advanced energy	Ji eu	it Officer Section 40) 0		
•		project property placed in service during the tax year	1a				
		If you checked the box in Part I, line 8a, and it's					
		consistent with your 48C application per Notice					
		2023-18, enter 30%. If you checked the box in Part I,					
		line 8c, enter 6%	1b	%			
		Multiply line 1a by line 1b		•	1c		
		Enter your 48C Allocation control number					
		Is the facility in a section 48C energy community censu	s trac	? Yes No)		
2		Enter the applicable unused investment credit from coo					
		instructions)	-		2		
3_		Add lines 1c and 2. Report this amount on Form 3800,				3	
							Form 3468 (2023)

_	art IV Advanced Manufacturing Investment	Cre	dit Under Section 4	18D	(see instructions)		t t t = t = t ugo
1	a Check the box below that applies to your advanced						
	manufacturing investment project.						
	Semiconductor manufacturing facility						
	Semiconductor equipment manufacturing facility						
	b Enter the basis in qualified property as part of an						
	advanced manufacturing facility, placed in service						
	during the tax year	1b					
	c Multiply line 1b by 25% (0.25)			1c			
2	Enter the applicable unused investment credit from coo	perat	ives (see				
	instructions)			2			
3	Add lines 1c and 2. Report this amount on Form 3800,	Part II	I, line 1o			3	
Pa	art V Reserved for Future Use						
1_	Reserved for future use					1	
	art VI Energy Credit Under Section 48						
	ction A - Geothermal Energy Credit (see instructions)						
1	a Enter the basis of property using geothermal energy						
	placed in service during the tax year	1a					
	b If you checked the box in Part I, line 7a or 8b, enter						
	30%. If you checked the box in Part I, line 7b or 8c,						
	enter 6%	1b	%				
	c Multiply line 1a by line 1b			1c			
	d If you checked the box in Part I, line 9a, enter 10%. If						
	you checked the box in Part I, line 9b, enter 2%.						
	Otherwise, go to line 1f	1d	<u>%</u>				
	e Multiply line 1a by line 1d			1e			
	f If you checked the box in Part I, line 10a, enter 10%.						
	If you checked the box in Part I, line 10b, enter 2%.	1f	0/				
	Otherwise, go to line 2		%				
2	g Multiply line 1a by line 1f			1g		2	
	Add lines 1c, 1e, and 1g tion B - Solar Energy Credit (see instructions)						
	a Enter the basis of property using solar illumination						
3	(including electrochromic glass) or either solar energy						
	property or solar facility placed in service during the						
	tax year	За	331,400.				
	b If you checked the box in Part I, line 7a or 8b, enter	- Ou	002/2001	-			
	30%. If you checked the box in Part I, line 7b or 8c.						
	enter 6%	3b	30%				
	c Multiply line 3a by line 3b			3с	99,420.		
Cai	ution: Property described under section 48(a)(3)(ii) does no				, , , ,		
	lity in connection with low-income community bonus cred						
con	npleting Section B for a section 48(a)(3)(ii) property, skip lin	nes 3c	I through 3j, and				
go i	to line 3k.		.				
•	d If you checked the box in Part I, line 11a or 11b, enter						
	10%. If you checked the box in Part I, line 11c or 11d,						
	enter 20%. However, if you checked the box in Part I,						
	line 11f; or Part I, line 12e (in relation to lines 11a,						
	11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j						
	and enter -0- (zero), and then go to line 3k	3d	%				
	e Enter the nameplate capacity you were allocated in						
	the allocation letter	3е	105.				
	f If the entry on Part I, line 12a, equals the entry on line						
	3e, multiply line 3a by line 3d and go to line 3j.						
	Otherwise, continue to line 3g	3f					
	g If the entry on Part I, line 12a, is more than the entry						
	on line 3e, divide line 3e by Part I, line 12a	3g					
	h Multiply line 3d by line 3d	3h					

Form 3468 (2023)						Page 4
Part VI Energy Credit Under Section 48 (con	tinued)					
Section B - Solar Energy Credit (see instructions) (continue	ed)					
i Multiply line 3a by line 3h	3i					
j If Part I, line 12a, is more than the entry on line 3e, ent	er the amou	nt from line				
3i. Otherwise, enter the amount from line 3f	······		3 <u>j</u>			
k If you checked the box in Part I, line 9a, enter 10%. If						
you checked the box in Part I, line 9b, enter 2%.						
Otherwise, go to line 3m	3k		%			
I Multiply line 3a by line 3k	······		31			
m If you checked the box in Part I, line 10a, enter 10%.						
If you checked the box in Part I, line 10b, enter 2%.						
Otherwise, go to line 4	3m		%			
n Multiply line 3a by line 3m			3n			
4 Add lines 3c, 3j, 3l, and 3n					4	99,420.
Section C - Qualified Fuel Cell Property (see instructions)						
5 a Enter the basis of property using qualified fuel cell property placed in service during the tax year that was acquired after 2005 and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after 2005 and before October 4, 2008	5a			O		
b Multiply line 5a by 30% (0.30)	5b					
c Enter the applicable kilowatt capacity of property on						
line 5a (see instructions)	5c					
d Multiply line 5c by \$1,000	5d					
e Enter the smaller of line 5b or line 5d			. <u>5е</u>			
f Enter the basis of property using qualified fuel cell						
property placed in service during the tax year that is						
attributable to periods after October 3, 2008	5f		47			
g If you checked the box in Part I, line 7a or 8b, enter						
30%. If you checked the box in Part I, line 7b or 8c, enter 6%	5g		%			
h Multiply line 5f by line 5g	5h					
i If you checked the box in Part I, line 9a, enter 10%. If						
you checked the box in Part I, line 9b, enter 2%.						
Otherwise, go to line 5l	5i		%			
j Multiply line 5f by line 5i	5j	7				
k Reserved for future use			5k			
I If you checked the box in Part I, line 10a, enter 10%.						
If you checked the box in Part I, line 10b, enter 2%.						
Otherwise, go to line 5n	5I		%			
m Multiply line 5f by line 5l	5m					
n Add lines 5h, 5j, and 5m	5n					
Enter the applicable kilowatt capacity of property on						
line 5f (see instructions)	5o					
p Multiply line 5o by \$3,000	5p					
q Enter the smaller of line 5n or line 5p			5q			
6 Add lines 5e and 5q					6	
Section D - Qualified Microturbine Property (see instruction						
7 a Enter the basis of property using microturbine property						
placed in service during the tax year that was acquired						
after 2005, and the basis attributable to construction,						
reconstruction, or erection by the taxpayer after 2005	7a					
b If you checked the box in Part I, line 7a or 8b, enter 10%. If						
you checked the box in Part I, line 7b or 8c, enter 2%	7b		%			
c Multiply line 7a by line 7b	7c		, 0			
d If you checked the box in Part I, line 9a, enter 10%. If						
you checked the box in Part I, line 9b, enter 2%.						
Otherwise, go to line 7g	7d		%			

Page 5 Form 3468 (2023)

	rt VI Energy Credit Under Section 48 (con	tinue	ed)				r ago -
Sect	ion D - Qualified Microturbine Property (see instruction	ns) (c	ontinued)				
	Multiply line 7a by line 7d	7e					
f	Reserved for future use			7f			
g	If you checked the box in Part I, line 10a, enter 10%.						
	If you checked the box in Part I, line 10b, enter 2%.						
	Otherwise, go to line 7i	7g	%				
h	Multiply line 7a by line 7g	7h					
i	Add lines 7c, 7e, and 7h			7i			
j	Enter the applicable kilowatt capacity of property on						
	line 7a (see instructions)	7j					
k	Reserved for future use	7k					
ı	Multiply line 7j by \$200			71			
8	Enter the smaller of line 7i or line 7l					8	
Sect	ion E - Combined Heat and Power System Property(see ir	structions)				
Caut	ion: You can't claim this credit if the electrical capacity	of the	property is more than 50	mega	awatts or has a mechanic	cal ene	ergy
capa	city of more than 67,000 horsepower or an equivalent co	ombin	ation of electrical and me	chani	cal energy capabilities.		
9 a	Enter the basis of property using combined heat and						
	power system placed in service during the tax year	9a					
b	If the electrical capacity of the property is measured in:						
	 Megawatts, divide 15 by the megawatt capacity. 						
	Enter 1.0 if the capacity is 15 megawatts or less.						
	 Horsepower, divide 20,000 by the horsepower. 						
	Enter 1.0 if the capacity is 20,000 horsepower or less	9b					
	Multiply line 9a by line 9b	9с					
d	If you checked the box in Part I, line 7a or 8b, enter						
	30%. If you checked the box in Part I, line 7b or 8c,						
	enter 6%	9d	%				
е	Multiply line 9c by line 9d	 i		9е			
f	f If you checked the box in Part I, line 9a, enter 10%. If						
	you checked the box in Part I, line 9b, enter 2%.						
	Otherwise, go to line 9h	9f	%				
_	Multiply line 9c by line 9f		1	9g		-	
h	If you checked the box in Part I, line 10a, enter 10%.						
	If you checked the box in Part I, line 10b, enter 2%.						
	Otherwise, go to line 10	9h	%				
	Multiply line 9c by line 9h			9i	<u> </u>		
10	Add lines 9e, 9g, and 9i					10	
	ion F - Qualified Small Wind Energy Property (see ins	truction	ons) T		Τ		T
11 a	Enter the basis of property using small wind energy						
	property placed in service during the tax year that						
	was acquired after October 3, 2008, and before 2009						
	and the basis attributable to the construction,						
	reconstruction, or erection by the taxpayer after	۔ مما					
	October 3, 2008, and before 2009	11a					
	Multiply line 11a by 30% (0.30)	11b	•	44-			
	Enter the smaller of line 11b or \$4,000	 I		11c			
d	Enter the basis of property using small wind energy						
	property placed in service during the tax year that is						
-	attributable to periods after 2008	11d					
е	If you checked the box in Part I, line 7a or 8b, enter						
	30%. If you checked the box in Part I, line 7b or 8c,						
	enter 6% Multiply line 11d by line 11e	11e	%	11f			
T	IVIDIO DIVIDITE I TO DV III E I TE			1 17	i		1

Part VI Energy Credit Under Section 48 (continued) Section F - Qualified Small Wind Energy Property (see instructions) (continued) g If you checked the box in Part I, line 11a or 11b, enter 10%. If you checked the box in Part I, line 11c or 11d. enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 11m 11g and enter -0- (zero), and then go to line 11n h Enter the nameplate capacity you were allocated in the allocation letter 11h i If the entry on Part I, line 12b, equals the entry on line 11h, multiply line 11d by 11g and go to line 11m. Otherwise, continue to line 11j 11i j If the entry on Part I, line 12b, is more than the entry on line 11h, divide line 11h by Part I, line 12b 11j k Multiply line 11g by line 11j 11k I Multiply line 11d by line 11k _____ m If Part I, line 12b, is more than the entry on line 11h, enter the amount from line 11l Otherwise, enter the amount from line 11i 11m n If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 11p | 11n o Multiply line 11d by line 11n 110 **p** If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 12 **q** Multiply line 11d by line 11p 11a Add lines 11c, 11f, 11m, 11o, and 11q Section G - Waste Energy Recovery Property (see instructions) 13 a Enter the basis of property using waste energy recovery placed in service during the tax year 13a **b** If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% 13b c Multiply line 13a by line 13b d If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 13f 13d e Multiply line 13a by line 13d 13e f If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 14 13f g Multiply line 13a by line 13f Add lines 13c, 13e, and 13g Section H - Geothermal Heat Pump Systems (see instructions) 15 a Enter the basis of property using geothermal heat pump systems placed in service during the tax year 15a b If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, c Multiply line 15a by line 15b 15c d If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 15f e Multiply line 15a by line 15d 15e f If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. 15f Otherwise, go to line 16

Page 7 Form 3468 (2023)

Part VI Energy Credit Under Section 48 (con	tinue	ed)				3
Section H - Geothermal Heat Pump Systems (see instruction	ons) (d	continued)				
g Multiply line 15a by line 15f			15g			
16 Add lines 15c, 15e, and 15g					16	
Section I - Energy Storage Technology Property (see instr						
17 a Enter the basis of property using energy storage						
technology placed in service during the tax year	17a					
b If you checked the box in Part I, line 7a or 8b, enter						
30%. If you checked the box in Part I, line 7b or 8c,						
enter 6%	17b	%				
c Multiply line 17a by line 17b			17c			
Caution: For lines 17d through 17j, the energy storage techn	ology	property must be		\		
installed in connection with a solar or wind energy property u						
48(a)(3)(A)(i), or 48(a)(3)(A)(vi) that qualifies for the low-income	comm	nunity bonus credit				
under section 48(e) to also qualify for the bonus credit. If the		•				
technology property is not installed in connection with such s		-				
property, then skip lines 17d through 17j, and go to line 17k.		.				
d If you checked the box in Part I, line 11a or 11b, enter						
10%. If you checked the box in Part I, line 11c or 11d,						
enter 20%. However, if you checked the box in Part I,						
line 11f; or Part I, line 12e (in relation to lines 11a,						
11b, 11c, or 11d), you don't qualify for the bonus						
credit. In that situation, enter 0% here, go to line 17j						
and enter -0- (zero), and then go to line 17k	17d	%				
e Enter the nameplate capacity you were allocated in the						
allocation letter for the solar or wind energy property in						
connection with the energy storage technology	17e					
f If the relevant entry on Part I, line 12a, line 12b, or						
line 12c, equals the entry on line 17e, multiply line						
17a by line 17d and go to line 17j. Otherwise,						
continue to line 17g	17f					
g If the relevant entry on Part I, line 12a, line 12b, or						
line 12c, is more than the entry on line 17e, divide						
line 17e by Part I, line 12a, line 12b, or line 12c	17g					
h Multiply line 17d by line 17g	17h					
i Multiply line 17a by line 17h	17i					
j If the entry for the solar or wind energy property in con	nectio	n with the energy				
storage technology on Part I, line 12a, line 12b, or line						
entry on line 17e, enter the amount from line 17i. Other	wise,	enter the amount				
from line 17f			17j			
k If you checked the box in Part I, line 9a, enter 10%. If						
you checked the box in Part I, line 9b, enter 2%.						
Otherwise, go to line 17m	17k	%				
I Multiply line 17a by line 17k			171			
m If you checked the box in Part I, line 10a, enter 10%.						
If you checked the box in Part I, line 10b, enter 2%.						
•	17m	%				
n Multiply line 17a by line 17m			17n			
18 Add lines 17c, 17i, 17l, and 17n					18	

Pa	art VI Energy Credit Under Section 48 (cont	tinued)			
Sec	tion J - Qualified Biogas Property (see instructions)				
19	a Enter the basis of property using biogas placed in				
	service during the tax year	19a			
	b If you checked the box in Part I, line 7a or 8b, enter				
	30%. If you checked the box in Part I, line 7b or 8c,				
	• • • • • • • • • • • • • • • • • • • •	19b %	á		
	c Multiply line 19a by line 19b		19c		
	d If you checked the box in Part I, line 9a, enter 10%.		.00		
	If you checked the box in Part I, line 9b, enter 2%.				
		19d %	6		
	e Multiply line 19a by line 19d		19e		
	f If you checked the box in Part I, line 10a, enter 10%.	i I	196		
	If you checked the box in Part I, line 10b, enter 2%.				
	-	19f %			
	, , , , , , , , , , , , , , , , , , , ,				
	g Multiply line 19a by line 19f		19g	20	
20	Add lines 19c, 19e, and 19g			20	
	tion K - Microgrid Controllers Property (see instructions	IS)			
21	a Enter the basis of property using microgrid controllers	04-			
	· · · · · · · · · · · · · · · · · · ·	21a			
	b If you checked the box in Part I, line 7a or 8b, enter				
	30%. If you checked the box in Part I, line 7b or 8c,				
		21b 9			
	c Multiply line 21a by line 21b	I	21c		
	d If you checked the box in Part I, line 9a, enter 10%. If				
	you checked the box in Part I, line 9b, enter 2%.				
		21d 9/	<u>ó</u>		
	e Multiply line 21a by line 21d	·······	21e		
	f If you checked the box in Part I, line 10a, enter 10%.				
	If you checked the box in Part I, line 10b, enter 2%.				
	Otherwise, go to line 22	21f %	_		
	g Multiply line 21a by line 21f		21g		
22	Add lines 21c, 21e, and 21g			 22	
Sec	tion L - Qualified Investment Credit Facility Property (s	(see instructions)			
23 a	Enter the basis of property using investment credit				
	facility property placed in service during the tax year	23a			
k	If you checked the box in Part I, line 7a or 8b, enter				
	30%. If you checked the box in Part I, line 7b or 8c,				
		23b %	ó		
c	: Multiply line 23a by line 23b		23c		
Cau	tion: For property other than that described under section	on 45(d)(1), the property			
doe	s not qualify for the wind facility in connection with low-inc	come community bonus			
crec	lit under section 48(e). Skip lines 23d through 23j, and go	to line 23k.			
c	I If you checked the box in Part I, line 11a or 11b, enter				
	10%. If you checked the box in Part I, line 11c or 11d,				
	enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a,				
	11b, 11c, or 11d), you don't qualify for the bonus				
	credit. In that situation, enter 0% here, go to line 23j				
		23d %	ó		
e	Enter the nameplate capacity you were allocated in				
	the allocation letter	23e			
f	If the entry on Part I, line 12c, equals the entry on line				
	23e, multiply line 23a by 23d and go to line 23j.				
	Otherwise, continue to line 23g	23f			
ç	If the entry on Part I, line 12c, is more than the entry				
		23g			
ŀ		23h			
-		23i			

Page 9 Form 3468 (2023)

	t VI Energy Credit Under Section 48 (cor	tinue	ed)				r ago -
Secti	on L - Qualified Investment Credit Facility Property	(see ir	structions) (continued)				
	If Part I, line 12c, is more than the entry on line 23e, er						
_	23i. Otherwise, enter the amount from line 23f			23j			
k	If you checked the box in Part I, line 9a, enter 10%. If						
	you checked the box in Part I, line 9b, enter 2%.						
	Otherwise, go to line 23m	23k	%				
ı	Multiply line 23a by line 23k			23i			
m	If you checked the box in Part I, line 10a, enter 10%.						
	If you checked the box in Part I, line 10b, enter 2%.						
	Otherwise, go to line 24	23m	%				
n	Multiply line 23a by line 23m			23n			
24	Add lines 23c, 23j, 23l, and 23n				4	24	
Secti	on M - Clean Hydrogen Production Facilities as Ene						
Caut	ion: If you choose to treat specified clean hydrogen pro	ductio	n property as energy pro	perty,	you cannot also take the	e cred	it
unde	r section 45V or 45Q.						
25 a	Enter the basis of property placed in service during						
	the tax year for the facility that is designed and						
	reasonably expected to produce qualified clean						
	hydrogen per section 45V(b)(2)(A)	25a					
b	If you checked the box in Part I, line 8b, enter						
	6%. If you checked the box in Part I, line 8c,						
	enter 1.2%	25b	%				
С	Multiply line 25a by line 25b		······	25c			
d	Enter the basis of property placed in service during						
	the tax year for the facility that is designed and						
	reasonably expected to produce qualified clean						
	hydrogen per section 45V(b)(2)(B)	25d		7			
е	If you checked the box in Part I, line 8b, enter						
	7.5%. If you checked the box in Part I, line 8c,						
	enter 1.5%	25e	%				
f	Multiply line 25d by line 25e			25f			
g	Enter the basis of property placed in service during						
	the tax year for the facility that is designed and						
	reasonably expected to produce qualified clean						
	hydrogen per section 45V(b)(2)(C)	25g					
h	If you checked the box in Part I, line 8b, enter		_				
	10%. If you checked the box in Part I, line 8c,		Į.				
	enter 2%	25h	%				
i	Multiply line 25g by line 25h	 T	 I	25i			
j	Enter the basis of property placed in service during						
	the tax year for the facility that is designed and						
	reasonably expected to produce qualified clean						
	hydrogen per section 45V(b)(2)(D)	25j					
k	If you checked the box in Part I, line 8b, enter						
	30%. If you checked the box in Part I, line 8c,						
	enter 6%	25k	%				
ı	Multiply line 25j by line 25k	1	I	251			
m	Reserved for future use	25m					
n	Reserved for future use	25n					
0	Reserved for future use	1		250			
р	Reserved for future use	25p					
q	Reserved for future use			25q			
26	Add lines 25c, 25f, 25i, and 25l					26	i .

Page 10

Pa	rt VI Energy Credit Under Section 48 (con	tinued)								
Sect	ion N - Totals and Credit Reduction for Tax-Exempt I	Bonds (see instructions)								
27	Add Part VI, lines 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22,									
	24, and 26	99,420	<u>.</u>							
28	If proceeds of tax-exempt bonds were not used to									
	finance your facility, skip line 29, and go to line 30.									
29 a	Divide. Sum, for the tax year and all prior tax									
	years, of all proceeds of tax-exempt									
	bonds (within the meaning of section									
	103) used to finance the qualified facility	29a								
	Aggregate amount of additions to the									
	capital account for the qualified facility,									
	for the tax year and all prior tax years,		4							
	as of the close of the tax year									
b	Multiply line 27 by line 29a	29b								
С	Multiply line 27 by 15% (0.15)	29c								
d	Enter the smaller of line 29b or line 29c	29d								
е		29e								
30	If proceeds of tax-exempt bonds were used to finance	•	30 99,	120						
0.4	amount from line 29e. Otherwise, enter the amount fro	±20•								
31	Enter the applicable unused investment credit from con									
20	instructions)		31	32	99,420.					
32 Pai	Add lines 30 and 31. Report this amount on Form 3800 t VII Rehabilitation Credit Under Section 4			32	JJ, 1 20.					
1 a										
C	b If "Yes" to line 1a, then provide the prior NPS number c Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the									
·	tax year in which paid (or, for self-rehabilitated property, when capitalized). This election applies to the current tax year and to									
	all later tax years. You may not revoke this election without IRS consent									
d	Enter the dates for the 24- or 60-month measuring period.									
-	Beginning date:	ou.								
	End date:									
е	Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding									
	period, if later)\$									
f	Enter the amount of the qualified rehabilitation expend									
	period on line 1d above	,		\$						
g	Enter the amount of qualified rehabilitation expenditures	1g								
h	For pre-1936 buildings under the transition rule, multip	ly line 1g by 10% (0.10)	1h							
i	For certified historic structures under the transition rule	e, multiply line 1g by								
	20% (0.20)		1i							
j	For certified historic structures with expenditures paid	or incurred after 2017								
	and not under the transition rule, multiply line 1g by 4%	6 (0.04)	1j							
	Note: This credit is allowed for a 5-year period beginning	ng in the tax year that								
	the qualified rehabilitated building is placed in service.									
k	If you completed line 1i or 1j, enter the assigned NPS p	project number or the								
	pass-through entity's employer identification number									
	and the date the NPS approved the Request for Certifi	cation of Completed								
	Work									
2	Enter the applicable unused investment credit from co		2							
3	Add lines 1h, 1i, 1j, and 2. Report this amount on Form	1 3800, Part III, line 4k		3						