Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u> </u>	01 111	e 2023 calefidat year, or tax year beginning	enung					
	heck if	C Name of organization		D Employer identifi	cation number			
_	¬Addre	VANCOUVER HUMANE SOCIETY AND SOCIETY F						
H	_]chang □Name	THE PREVENTION OF CRUELTY TO ANIMALS	мотом	91-07591	2.4			
\vdash	_]chang □Initial	~						
\vdash	return □Final	1100 NF 192ND AVE	Room/suite	E Telephone numbe 360-693-				
_	⊒return/ termin ated			G Gross receipts \$ 14,722,072.				
Г	Ameno	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re				
F	Applic tion	·		for subordinates				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in				
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	7 ` <i>'</i>	list. See instructions			
	Vebsit			H(c) Group exemption				
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1897	M State of legal domicile: WA			
	art I	Summary						
•	1	Briefly describe the organization's mission or most significant activities: ANIMA	AL RES	CUE, REHABI	LITATION,			
Governance		VETERINARY CARE, REHOMING AND ADOPTION SE	RVICES	S IN SW WASH	INGTON.			
r	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:				
ove	I			3	20			
ত প্ৰ		Number of independent voting members of the governing body (Part VI, line 1b)			20			
es	I	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			170			
Activities &	l	Total number of volunteers (estimate if necessary)			1028			
Act	I			7a	0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	0 . Current Year			
		Contributions and grants (Dort VIII line 1h)		6,119,121.	10,338,755.			
ne	l	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		1,861,229.	1,918,014.			
Revenue	I	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		96,699.	117,753.			
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-181,343.	291,601.			
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,895,706.	12,666,123.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
G	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,735,979.	5,444,799.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
be	b	Total fundraising expenses (Part IX, column (D), line 25) 846,62	28.					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,300,763.	2,328,124.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,036,742.	7,772,923.			
	19	Revenue less expenses. Subtract line 18 from line 12		858,964.	4,893,200.			
Net Assets or			Ве	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		16,228,883.	20,943,981.			
at Age	21	Total liabilities (Part X, line 26)		2,625,864.	2,357,106.			
Ž,	rt II	Net assets or fund balances. Subtract line 21 from line 20		13,603,019.	18,586,875.			
			and atatam	anta and to the heat of m	/ knowledge and belief it is			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh			/ knowledge and beller, it is			
uue,	COLLEC	t, and complete. Decial ation of preparer (other than officer) is based on all illiornation of wh	iicii preparei	ilas ally kilowieuge.				
Sigi	•	Signature of officer		Date				
Sigi Her		ANDREA BRUNO, PRESIDENT						
He	C	Type or print name and title						
		Print/Type preparer's name Preparer's signature	T	Date Check	PTIN			
Paid	l	ROBERT M. PRILL ROBERT M. PRILL		if self-employ	P00236613			
	arer	Firm's name HOFFMAN, STEWART & SCHMIDT, PC			3-0743240			
-	Only	Firm's address 3 CENTERPOINTE DRIVE, SUITE 300						
		LAKE OSWEGO, OR 97035-8663		Phone no. 50	3-220-5900			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			
					- OOO (2222)			

	VANCOUVER HUMANE SOCIETY AND SOCIETY FOR
Form	1990 (2023) THE PREVENTION OF CRUELTY TO ANIMALS 91-0759124 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE ANIMAL RESCUE, REHABILITATION, VETERINARY CARE, REHOMING
	AND ADOPTION SERVICES IN SOUTHWEST WASHINGTON.
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
Ü	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.
7	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.
4-	0.404.500
4a	(Code:) (Expenses \$2, 424, 538 · including grants of \$) (Revenue \$246, 312 · ANIMAL SHELTER - THE ORGANIZATION OFFERS SHELTER TO UNWANTED,
	, ,
	ABANDONED, LOST AND HOMELESS ANIMALS FROM CLARK AND SKAMANIA COUNTIES
	AS WELL AS OTHER ANIMALS IN NEED THAT ARE BROUGHT IN. ALL ANIMALS
	RECEIVE DAILY FOOD, WATER, MEDICATION, VACCINES, FLEA PREVENTATIVE,
	ENRICHMENT ACTIVITY, DRY AND CLEAN SHELTER AND, IF NEEDED, HUMANE
	EUTHANASIA.
4b	(Code:) (Expenses \$1, 255, 317. including grants of \$) (Revenue \$1, 126, 297.
	CLINIC - THE ORGANIZATION'S VETERINARY CLINIC PROVIDES VITAL CARE TO
	SHELTER ANIMALS INCLUDING SPAY AND NEUTER SURGERIES AND MINOR AND MAJOR
	MEDICAL SERVICES. THE CLINIC IS STAFFED BY PROFESSIONAL VETERINARIANS,
	TECHNICIANS, AND ASSISTANTS AND IS EQUIPPED TO FACILITATE SURGERIES,
	X-RAYS, AND DENTAL PROCEDURES.
40	(Code:) (Expenses \$ 807,808 · including grants of \$) (Revenue \$ 545,405 ·
	ADOPTION AND POPULATION MANAGEMENT- THE ORGANIZATION PROVIDES QUALITY
	ADOPTION SERVICES TO THE SOUTHWEST WASHINGTON COMMUNITY. THE
	PET-MATCHING PROGRAM MATCHES PETS WITH POTENTIAL ADOPTERS ENSURING THE
	ANIMAL AND PEOPLE ARE A GOOD FIT. ALL ANIMALS ADOPTED ARE VACCINATED,
	TREATED FOR PARASITES, LICENSED OR ISSUED AN IDENTIFICATION TAG, AND
	SPAYED OR NEUTERED PRIOR TO ADOPTION. IN ADDITION, EACH ADOPTER IS
	PROVIDED ANIMAL BEHAVIOR INFORMATION AND ACCESS TO ONLINE RESOURCES.
	THE ORGANIZATION ALSO PROVIDES DAILY MONITORING OF ITS POPULATION
	ENSURING THE BEST PATHWAY AND OUTCOME FOR EACH ANIMAL. THE
	ORGANIZATION PROCESSES THE IN-TAKE OF ALL ANIMALS, FACILITATES
	TRANSPORT OF ANIMALS FROM OTHER OVERBURDENED SHELTERS WHEN THERE IS
	CAPACITY, AND TRANSFERS ANIMALS OUT TO OTHER SHELTER AND RESCUE
4d	Other program services (Describe on Schedule O.)

) (Revenue \$

Total program service expenses

1,696,457. including grants of \$

6,184,120.

Form 990 (2023) THE PREVENTI
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		_X_
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		3,	
	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, 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,		37	
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	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		v	
	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	40	v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
O	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			
	, 10	111		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ıJ		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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."			
		19	х	
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	, , , , · · ii 100, 00mploto 00modale i, i di to i dillu ii			

Form 990 (2023) THE PREVENTION OF (
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
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		<u> </u>
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule 0	38	X	Щ_
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	Ь

O23) THE PREVENTION OF CRUELTY TO ANIMALS

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	150			
	filed for the calendar year ending with or within the year covered by this return	2a 170			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	<u> </u>
3а			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	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 Ac	counts (FBAR).			
5a			5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				,,
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	~			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services o		7a		X
b			7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			,,
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•			
_			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
_ b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
10	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
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	114			
_	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			
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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		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	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Ves " complete Form 6069				

91-0759124

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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.

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
		1 1	2.0		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent		20					
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct sup	ervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed	d?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?	-	-	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code	<u></u>					
	(This deciron b requests information about policies not required by the internal re	evenue ooue	··/		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such c							
-		•		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay 501010 111111	9 1110 1011111	- iu				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			12.0				
ŭ	on Schedule O how this was done	,		12c	Х			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approv			17				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		dent					
_				15a	х			
	The organization's CEO, Executive Director, or top management official			15b	X			
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130				
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a						
104				16a		Х		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev			iua		-25		
D			pation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?			16h				
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b				
17	List the states with which a copy of this Form 990 is required to be filed OR, WA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (so	action 501(a)(3)a	only	availak	ماد		
10	for public inspection. Indicate how you made these available. Check all that apply.	u 030°1 (36	.5.1011 50 1 (6)(3)5	Ji iiy)	uvanal	JIC		
		'n an C-b!	(a, O)					
10			•	finan	sial			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	ornilot of Inte	aest policy, and	ııı ıdi i(vial			
00	statements available to the public during the tax year.	oko opal	ordo					
20	State the name, address, and telephone number of the person who possesses the organization's boundaries ${\tt TIM}$ GWYNN - $360-693-4746$	oks and reco	פטוע					
	1100 NE 192ND AVE., VANCOUVER, WA 98684							
	TTOO TIE TOUTH TITES, VILLOUS VILL, NIV DOOLE							

THE PREVENTION OF CRUELTY TO ANIMALS

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

91-0759124

Page 7

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

Form 990 (2023)

- 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.

Check this box if neither the organization nor any related or (A) (B)						ipen	Sate	(D)	(E)	(F)
Name and title	Average	(C) Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trust	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	m pe n		1099-NEC)	1033 (420)	and related
	below	idual 1	Institutional trustee	la la	Key employee	Highest compensated employee	ler	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) ANDREA BRUNO	40.00									
PRESIDENT				Х				180,400.	0.	5,876.
(2) MARGERET WIXSON	40.00									
VP VETERINARY SERVICES						X		124,116.	0.	1,862.
(3) DARBY KNOX	40.00								_	
VP DEVELOPMENT AND COMMUNITY ENGAGEM						X		114,600.	0.	8,813.
(4) TIM GWYNN	40.00									
VP OF FINANCE				Х				94,307.	0.	10,493.
(5) MATT ABLEIDINGER	2.00									
CHAIR		Х		Х				0.	0.	0.
(6) KELLY WALSH	2.00									•
VICE CHAIR		Х		Х				0.	0.	0.
(7) SHERYL BATEMAN	2.00			l					•	•
TREASURER	0.00	Х		Х				0.	0.	0.
(8) ERIC OLMSTED	2.00	7,7		,,					0	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(9) NAOMI CARMAGO	1.00	7.7		7,7					0	0
DIRECTOR	1.00	Х		Х				0.	0.	0.
(10) JANN DAVIS DIRECTOR	1.00	х						0.	0.	0.
(11) JASON FISH	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(12) KARA FOX-LAROSE	1.00	Λ						0.	0.	<u>U•</u>
DIRECTOR	1.00	Х						0.	0.	0.
(13) GEORGE FRANCISCO	1.00	21						0.	0.	
DIRECTOR	1.00	Х						0.	0.	0.
(14) SCOTT HIGGINS	1.00	25						0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(15) JASON HUDSON	1.00							•	.	
DIRECTOR		х						0.	0.	0.
(16) TOM LEAPTROTT	1.00								3.	
DIRECTOR		х						0.	0.	0.
(17) VINCENT MARRELLA	1.00								, -	
DIRECTOR		х						0.	0.	0.

332007 12-21-23 Form **990** (2023)

For **Pa**

VANCOUVER	HUMANE	SOCIETY AND	SOCIETY FOR	₹	
m 990 (2023) THE PREVE	NTION O	F CRUELTY TO	ANIMALS	91-0759	124 Page 8
rt VII Section A. Officers, Directors, Trust	ees, Key Emp	oloyees, and Highest Co	ompensated Employe	es (continued)	
(A)	(B)	(C)	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one	Reportable	Reportable	Estimated
	hours per	(do not check more than one	compensation	componention	amount of

(A)	(B)							(D)	(E)	(F)
Name and title	ne and title Average hours per week			heck ss per	son is	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	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
(18) ROWENA LUSBY-CAPLICE	1.00									
DIRECTOR		Х						0.	0.	0.
(19) DONNA MASON DIRECTOR	1.00	Х						0.	0.	0.
(20) CHUCK MICHAEL	1.00									
DIRECTOR		Х						0.	0.	0.
(21) PATTI MOLLER DIRECTOR	1.00	х						0.	0.	0.
(22) PATRICIA NIERENBERG	1.00	Λ						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(23) KYLE SCIUCHETTI DIRECTOR	1.00	x						0.	0.	0.
(24) JAMES SIKORA DIRECTOR	1.00	х						0.	0.	0.
1b Subtotal								513,423.	0.	27,044.
c Total from continuation sheets to Part of Total (add lines 1b and 1c)								0. 513,423.	0.	0. 27,044.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3_		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

\$100,000 of compensation from the organization

compensation from the organization

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but n	ot limited to those listed	I above) who received more than	

3

Form 990 (2023) THE PRE
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		Check if Concadic C Contains a response of	Thoto to uny inte	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ي ق	c	Fundraising events 1c	223,851.				
ifts	c	Related organizations 1d	,				
nis,	e	Government grants (contributions) 1e	839,537.				
Sir	f	All other contributions, gifts, grants, and	·				
k či	-	similar amounts not included above 1f	9,275,367.				
草草	c	Noncash contributions included in lines 1a-1f 1g \$	1,957,077.				
Sor	h	Total. Add lines 1a-1f		10,338,755.			
<u> </u>			Business Code				
ø.	2 a	CONTRACT SERVICES	900099	1,126,297.	1,126,297.		
Program Service Revenue	_ b	100000000000000000000000000000000000000	900099	545,405.	545,405.		
Ser	c		900099	246,312.	246,312.		
E S	c			·	•		
Be	e						
Prc		All other program service revenue					
		Total. Add lines 2a-2f		1,918,014.			
	3	Investment income (including dividends, interes					
		other similar amounts)		116,621.			116,621.
	4	Income from investment of tax-exempt bond pr		·			,
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	3,050.				
	b	Less: cost or other basis	,				
<u>o</u>	_	and sales expenses 7b	1,918.				
enc		Gain or (loss) 7c	1,132.				
her Revenue		Net gain or (loss)	,	1,132.			1,132.
er		Gross income from fundraising events (not		·			,
₽	•	including \$ 223,851. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	604,675.				
	b	Less: direct expenses 8b	325,074.				
		Not income on (local) from front incoming a consta	, , , , , , , , , , , , , , , , , , , ,	279,601.			279,601.
		Gross income from gaming activities. See					
		Part IV, line 19 9a	15,000.				
	h	Less: direct expenses 9b	3,000.				
		A1 1 1		12,000.			12,000.
		Gross sales of inventory, less returns		·			,
		and allowances 10a	1,725,957.				
	b	Less: cost of goods sold 10b	1,725,957.				
		Net income or (loss) from sales of inventory	. ,	0.			
			Business Code				
snc	11 a	ı					
nec Jue	b						
ella	~ c						
Miscellaneous Revenue		All other revenue					
Σ	-	Total. Add lines 11a-11d					
		Total revenue See instructions		12 666 123	1 918 014.	0.	409 354.

Part IX Statement of Functional Expenses

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

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total 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				
	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	310,543.	102,452.	161,521.	46,570.
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	4,125,023.	3,291,340.	329,277.	504,406.
8	Pension plan accruals and contributions (include	, , , , , , , , , , , , , , , , , , , ,	. ,	,	
-	section 401(k) and 403(b) employer contributions)	74,433.	63,988.	3,219.	7,226.
9	Other employee benefits	74,433. 479,660.	63,988. 391,655.	37.948.	50.057.
10	Payroll taxes	455,140.	366,108.	3,219. 37,948. 42,156.	7,226. 50,057. 46,876.
11	Fees for services (nonemployees):		200,2000	,	
	Management				
b					
	Legal				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
e	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	,	208,663.	54,851.	00 172	54 340
40	column (A), amount, list line 11g expenses on Sch O.)	21,053.	14,527.	99,472.	54,340. 6,093.
12	Advertising and promotion	150,353.	85,980.	19,051.	45,322.
13	Office expenses	130,333.	03,300.	19,031.	45,544.
14	Information technology				
15	Royalties	435,731.	435,731.		
16	Occupancy	433,731.	433,731.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	246 512	246 512		
22	Depreciation, depletion, and amortization	246,513.	246,513.		
23	Insurance				
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.)	F00 F00	F00 F00		
а	ANIMAL FOOD, SUPPLIES,	582,593.	582,593.	0.4.000	20.064
b	FACILITY, AUTO AND MAIN	412,630.	358,174.	24,392.	30,064.
С	EXCISE TAXES AND FEES	138,011.	87,013.	8,932.	42,066.
d	OTHER MISCELLANEOUS	65,765.	65,765.	45 55 4	40.000
е	All other expenses	66,812.	37,430.	15,774.	13,608.
25	Total functional expenses. Add lines 1 through 24e	7,772,923.	6,184,120.	742,175.	846,628.
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)				
					Form 990 (2022)

Form 990 (2023)
Part X Balance Sheet

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,530,363.	1	1,617,796.
	2	Savings and temporary cash investments	1,543,031.	2	1,675,180.
	3	Pledges and grants receivable, net	587,698.	3	4,600,782.
	4	Accounts receivable, net	243,048.	4	132,665.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	115,382.	8	131,500.
Ř	9	Prepaid expenses and deferred charges	51,565.	9	58,988.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 9,706,122.			
	b	Less: accumulated depreciation 10b 2,837,672.	6,890,495.	10c	6,868,450.
	11	Investments - publicly traded securities	3,095,644.	11	3,094,119.
	12	Investments - other securities. See Part IV, line 11		12	25,466.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	0 101 650	14	0 720 025
	15	Other assets. See Part IV, line 11	2,171,657.	15	2,739,035.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,228,883.	16	20,943,981.
	17	Accounts payable and accrued expenses	375,608.	17	395,691.
	18	Grants payable		18	6,250.
	19	Deferred revenue		19	0,230.
	20	Tax-exempt bond liabilities		20	
	21 22	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, trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities				22	
Lia	23			23	
	24	Unsecured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,250,256.	25	1,955,165.
	26	Total liabilities. Add lines 17 through 25	2,625,864.	26	2,357,106.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	9,415,552.	27	14,474,836.
Bal	28	Net assets with donor restrictions	4,187,467.	28	4,112,039.
pu		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ret	32	Total net assets or fund balances	13,603,019.	32	18,586,875.
	33	Total liabilities and net assets/fund balances	16,228,883.	33	20,943,981.

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR

Form	1 990 (2023) THE PREVENTION OF CRUELTY TO ANIMALS	91-0	759124	Pa	ae 12
	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,660	5,1	23.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,772	2,9	23.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,893	3,2	00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,603		
5	Net unrealized gains (losses) on investments	5	9 (0,6	56.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,580	5,8	<u>75.</u>
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>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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	<u> </u>	
	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				
	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	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization VANCOUVER HUMANE SOCIETY AND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 91-0759124 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

THE PREVENTION OF CRUELTY TO ANIMALS

91-075912<u>4 Page 2</u> 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
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2545418.	4428448.	4947859.	4432782.	5693846.	22048353.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2545418.	4428448.	4947859.	4432782.	5693846.	22048353.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						819,913.
6	Public support. Subtract line 5 from line 4.						21228440.
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·			Г		T
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	2545418.	4428448.	4947859.	4432782.	5693846.	22048353.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	17,595.	3,709.	38,507.	60,032.	116,621.	236,464.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						00004045
	Total support. Add lines 7 through 10						22284817.
	Gross receipts from related activities,	•	,				,119,861.
13	First 5 years. If the Form 990 is for the	-		•			
<u> </u>	organization, check this box and stor						
	etion C. Computation of Publi			. (6)			05 26 %
	Public support percentage for 2023 (I					14	95.26 % 92.91 %
	Public support percentage from 2022					15	
юа	33 1/3% support test - 2023. If the content have The experience qualifies						
h	stop here. The organization qualifies 33 1/3% support test - 2022. If the o						
D							
17^	and stop here. The organization qual						
11 d	10% -facts-and-circumstances test	_					
	and if the organization meets the facts- meets the facts-and-circumstances te						
L	10% -facts-and-circumstances test	•	•			7a and line 15 is	
b	more, and if the organization meets the	_					10 /0 OI
	organization meets the facts-and-circu				· ·		
12	Private foundation. If the organization				•		
.0	i inate roundation, il the organizatio	n ala not oneon a l	JON OIT III IO 10, 102	., 100, 11a, 01 1/D	, or look tries box at	ia soo ii isti uotioi k	<u> </u>

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		,	T	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
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.)						
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2023 (I	, (,,		(//		15	%
	Public support percentage from 2022 ction D. Computation of Inves					16	%
				10 l (f)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	ni dia not check a	box on line 14, 19a	a, or 190, check th	iis box and see ins	structions	

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.
- 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
			1,10
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
ule	A (Forn	n 990)	2023

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Pa	rt IV Supporting Organizations (continued)			J
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
· a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	struction	s)	
2	Activities Test. Answer lines 2a and 2b below.)., u o i, o i	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR

Schedule A (Form 990) 2023 THE PREVENTION OF CRUELTY TO ANIMALS 91-0759124 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test a	as a qualifying trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organi	zations must complete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructi	ions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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	1 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 no	on-functionally integrate	ed Type III supporting oras	anization (see

Schedule A (Form 990) 2023

instructions).

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Par	rt V Type III Non-Functionally In	tegrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	tion D - Distributions					Current Year
1	Amounts paid to supported organizations to		1			
2	Amounts paid to perform activity that direct					
	organizations, in excess of income from act	2				
3	Administrative expenses paid to accomplish	S	3			
4	Amounts paid to acquire exempt-use assets	,			4	
5	Qualified set-aside amounts (prior IRS appro	val required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). Se	•			6	
7	Total annual distributions. Add lines 1 thre	ough 6.			7	
8	Distributions to attentive supported organize	ations to which th	ne organization is responsive)		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2023 from Section	C, line 6			9	
10	Line 8 amount divided by line 9 amount				10	
Secti	tion E - Distribution Allocations (see instruc	tions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section	C, line 6				
2	Underdistributions, if any, for years prior to	2023 (reason-				
	able cause required explain in Part VI). Se	e instructions.				
3	Excess distributions carryover, if any, to 202					
a	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instru	ctions)				
	Remainder. Subtract lines 3g, 3h, and 3i fro	m line 3f.				
4	Distributions for 2023 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
С	Remainder. Subtract lines 4a and 4b from li	ne 4.				
5	Remaining underdistributions for years prior	to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For	or result greater				
	than zero, explain in Part VI. See instruction					
6	Remaining underdistributions for 2023. Sub					
	and 4b from line 1. For result greater than z					
	Part VI. See instructions.	, ,				
7	Excess distributions carryover to 2024. A	dd lines 3j				
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
b	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR

91-075<u>9124 Page 8</u> THE PREVENTION OF CRUELTY TO ANIMALS Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

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

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

91-0759124

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 990 or 990-EZ		$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	, 0	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

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

Schedule B (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

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 91-0759124

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easements during the year
	Door cook concernation accompant reported on line 2d above	a satisfy the requirements of section 170/h	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8	Does each conservation easement reported on line 2d above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	note to the organization's illiancial statem	ents that describes the
Pai	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items.	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
b	Assets included in Form 990, Part X		

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR

Schedule D (Form 990) 2023 THE PREVENTION OF CRUELTY TO ANIMALS 91-0759124 Page 2

Par	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	n, and other records	, check any of the fo	ollowing that make	significant	use of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exch	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma					[Yes	☐ No
Par	rt IV Escrow and Custodial Arrang						ne 9, or	
	reported an amount on Form 990, Par		-					
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo				ility?	<u></u>	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been p	provided in Part XIII				
Par	Trick to the complete if the complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	1,925,756.	2,256,271.	1,326,610.	8	312,761.		669,292.
b	Contributions			752,500.		514,948.		81,600.
С	Net investment earnings, gains, and losses	171,735.	-330,515.	177,161.		22,445.		74,913.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs					23,544.		13,044.
f	Administrative expenses							
g	End of year balance	2,097,491.	1,925,756.	2,256,271.	1,3	326,610.	1	812,761.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a))) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment 95.7700	%						
С	Term endowment 4.2300 g	%						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for t	he		_	
	organization by:						<u>`</u>	Yes No
	(i) Unrelated organizations?						3a(i)	X
							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Pai	rt VI Land, Buildings, and Equipme							
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or ot		1 , ,	Accumulat	II.	(d) Book	value
		basis (investm	· ·	· ,	epreciation	1		
	Land			7,765.				,765.
	Buildings				204,0			,774.
	Leasehold improvements	I		1,555.	27,4			,117.
d	Equipment			0,461.	606,1	65.		,296.
	Other		•	5,498.				,498.
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part	(line 10c column i	(R))			6,868	,450.

Schedule D (Form 990) 2023

			AND SOCIETY FOR	
Schedule D (Forn		ION OF CRUELT	Y TO ANIMALS	91-0759124 Page 3
	restments - Other Securities	5 000 B + IV II	141 O E 000 B 1 V II 10	
	nplete if the organization answered "Yes"			
	f security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial deri				
(2) Closely held	equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	et aqual Form 000 Port V line 10 cel (P))			
	st equal Form 990, Part X, line 12, col. (B)) restments - Program Related.			
	nplete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
	Description of investment	(b) Book value	(c) Method of valuation: Cost	
	, Description of investment	(b) Book value	(b) Wellied of Valuation. Cost	or or year market value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	st equal Form 990, Part X, line 13, col. (B))			
	ner Assets			
	mplete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description	, ,	(b) Book value
(1) RIGHT	C OF USE ASSET	·		1,899,498.
		RECEIVABLE		839,537.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, line 15, col	I. (B))		2,739,035.
Part X Oth	ner Liabilities	- 1-1/		
Con	nplete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
1.	(a) Description of liability			(b) Book value
	ncome taxes			
	ATING LEASE LIABILITIE	ES		1,955,165.
(3)				
(4)				
(5)				

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

1,955,165.

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

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR

Schedule D (Form 990) 2023

THE PREVENTION OF CRUELTY TO ANIMALS

91-0759124 Page 4

Par	Reconciliation of Revenue per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, lin		levenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	12,806,779.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , -
a	Net unrealized gains (losses) on investments	2a	90,656.		
b	Donated services and use of facilities		90,656. 50,000.		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 4 - 1			
e	Add lines 2a through 2d			2e	140.656.
3	Subtract line 2e from line 1			3	140,656. 12,666,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			1	
C				4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,666,123.
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		n
1 0.1	Complete if the organization answered "Yes" on Form 990, Part IV, lin				•
1				1	7,822,923.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				.,
a	Donated services and use of facilities	2a	50,000.		
b			30,000	1	
	Prior year adjustments Other lesses			1	
c d	Other losses Other (Describe in Part XIII.)			1	
e e	,			2e	50 000
3	Add lines 2a through 2d			3	50,000. 7,772,923.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				7 7 7 7 2 7 3 2 3 4
	Investment expenses not included on Form 990, Part VIII, line 7b	42			
a	Other (Describe in Part XIII.)			1	
b		·		10	0
с 5				4c 5	7,772,923.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information	3.)		<u> </u>	7,772,323
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Part IV lines 1h a	nd 2h: Part V line 4	· Part \	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			, , , ,	λ, πιο Σ, τ αιτ λί,
	and 15, and tarry, into 24 and 15.7 less complete the part to provide an	y additional inform	acioi i.		
PAF	RT V, LINE 4:				
ТО	FURTHER SUPPORT THE EXEMPT PURPOSE OF T	HE ORGANI	ZATION.		
PAF	RT X, LINE 2:				
1621	IACEMENT DODG NOT DELIEUT THE CROSSITGATI				7 77
MAI	AGEMENT DOES NOT BELIEVE THE ORGANIZATI	ON HAS AN	Y UNCERTAL	N 17	AX
DΩ	SITIONS.				
FOR	SITIONS:				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization VANCOUVER HUMANE SOCIETY AND SOCIETY FOR Employer identification number THE PREVENTION OF CRUELTY TO ANIMALS 91-0759124 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

91-0759124 Page 2

	(_
Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000	
		outions 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				s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
					NONE	(add col. (a) through		
			GALA/AUCTION			col. (c))		
Ф			(event type)	(event type)	(total number)	(-)		
eu			505 000	000 646		000 -06		
Revenue	1	Gross receipts	605,880.	222,646.		828,526.		
			00 000	122 051		222 051		
	2	Less: Contributions	90,800.	133,051.		223,851.		
	2	Gross income (line 1 minus line 2)	515,080.	89,595.		604,675.		
	3	Gross income (line i militus line 2)	313,000.	05,555.		004,075		
	4	Cash prizes						
	ľ							
	5	Noncash prizes	110,264.	21,869.		132,133.		
ses								
Direct Expenses	6	Rent/facility costs	23,088.			23,088.		
Ä								
ect	7	Food and beverages	88,033.			88,033.		
ā			10 000	1 000		12 000		
		Entertainment	12,000. 51,134.	1,000. 17,686.		13,000. 68,820.		
		Other direct expenses	2: : : :	•		325,074.		
		Direct expense summary. Add lines 4 through	. ,			279,601.		
11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than								
		\$15,000 on Form 990-EZ, line 6a.		,,				
4)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
〗			(a) birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
	1	Gross revenue			15,000.	15,000.		
	_							
ses	2	Cash prizes						
Sens	2	Noncash prizes			3,000.	3,000.		
Direct Expenses	3	Noncasii piizes			3,000.	3,000.		
ect	4	Rent/facility costs						
盲								
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	☐ No	X No			
						2 222		
	7	Direct expense summary. Add lines 2 through	5 in column (d)			3,000.		
	_					12 000		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			12,000.		
a	Fn	ter the state(s) in which the organization condu	cts gaming activities. W	Α				
		No," explain:				X Yes No		
-	_	• • -						
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes X No		
b	lf "	Yes," explain:						
	_							

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR

Sch	edule G (Form 990) 2023 THE PREVENTION OF CRUELTY TO ANIMALS 91-0	759124	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	X No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13ь 100	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	THE CLUZDIA		
	Name TIM GWYNN		
	1100 NE 102ND AVENUE VANCOUVED WA 00604		
	Address 1100 NE 192ND AVENUE - VANCOUVER, WA 98684		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ves	X No
ısa	boes the organization have a contract with a third party from whom the organization receives gaming revenue?	1es	_Z <u>Z</u> _ NO
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
U	of gaming revenue retained by the third party \$		
_	If "Yes," enter name and address of the third party:		
·	in 103, Cited Hame and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	X Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ 12,000. rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part		N- 401-
га	(, (, (, (, (, (, (,	: III, IInes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR Schedule G (Form 990) THE PREVEN Part IV Supplemental Information (continued) THE PREVENTION OF CRUELTY TO ANIMALS 91-0759124 Page 4

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

 $Employer\ identification\ number \\ 91-0759124$

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 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 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. X Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 X 7 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

91-0759124

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation				
(1) ANDREA BRUNO	(i)	172,900.	7,500.	0.	5,382.	494.	186,276.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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VANCOUVER HUMANE SOCIETY AND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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.

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 91-0759124

Par	LI	ιyp	es of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d) Method of de noncash contribu		•	S
1	Art - V	Vorks	of art			·					
2			cal treasures								
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4			publications								
5			d household goods								
6			her vehicles								
7			planes								
8											
9			Publicly traded								
10			Closely held stock								
11			Partnership, LLC, or								
40	trust i										
12			Miscellaneous								
13			onservation contribution -								
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15			- Residential								
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<u>28</u> 29	Other		Forms 8283 received by the organiz				, / <u>/ </u>	I II V			
29			rorms 6263 received by the organization completed Form 828	-			29				
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			or at least 3 years from the date of t						20-		Х
	exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.								30a		
		,	o	olicy that so	auires the review	of any nonetanders	d contribu	tions?	24	х	
31			ganization have a gift acceptance p	•	· ·	•			31	Λ	
32a	contri		ganization hire or use third parties o		•				20-		х
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				olumn (a) far	a type of property	for which column	(a) is aba	skod			
33			ization didn't report an amount in co	וווווווו (C) לסו	a type of property	TOT WHICH COLUMN	(a) is che	uneu,			
	uc3011	INC III	Part II.								

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

Schedule M (Form 990) 2023

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR

Schedule M	(Form 990) 2023	THE PREV.	ENTION	OF CR	OELTY	TO ANI	MALS	91	L-0759.	L24	Page 2
Part II	Supplemental is reporting in Part this part for any add	Information. I, column (b), the ditional informati	Provide the number of con.	information ontribution	required b s, the numb	y Part I, lines per of items i	s 30b, 32b, received, or	and 33, and v a combinatio	whether the n of both. A	organizatio	on ete

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

VANCOUVER HUMANE SOCIETY AND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 91-0759124

FORM 990, ITEM C, DOING BUSINESS AS: HUMANE SOCIETY FOR SW WASHINGTON FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PARTNERS WHEN THE ANIMAL ISN'T AN ADOPTION CANDIDATE AT ITS LOCATION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE ORGANIZATION OPERATES A RETAIL STORE IN VANCOUVER, WASHINGTON THAT SELLS PREDOMINATELY DONATED ITEMS TO THE PUBLIC. VOLUNTEERS ASSIST BY HELPING IN ALL AREAS OF THE THRIFT STORE OPERATIONS. THE ORGANIZATION ALSO PROVIDES FREE AND LOW-COST SERVICES TO LOW-INCOME PET OWNERS IN THE COMMUNITY. THESE INCLUDE WELLNESS CLINICS FOR THE PETS OF THE HOUSELESS, FREE PET FOOD, FUNDING FOR EMERGENCY MEDICAL TEMPORARY EMERGENCY BOARDING, AND LOW-COST CAT SPAY/NEUTER. THE CARE, ORGANIZATION ALSO OFFERS EDUCATIONAL INFORMATION TO THE COMMUNITY ALONG WITH A VARIETY OF VOLUNTEER ACTIVITIES. EXPENSES \$ 1,696,457. REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. A COMPLETE COPY OF THE FINAL FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF FINANCE AND THE FINANCE COMMITTEE PRIOR TO FILING THE RETURN. THE RETURN WILL BE PROVIDED TO THE BOARD OF DIRECTORS BY EMAIL PRIOR TO SUBMISSION.

Schedule O (Form 990) 2023 Page 2 VANCOUVER HUMANE SOCIETY AND SOCIETY FOR Name of the organization **Employer identification number** 91-0759124 THE PREVENTION OF CRUELTY TO ANIMALS THE EXECUTIVE BOARD ANNUALLY REVIEWS AND UPDATES ANY POTENTIAL COFLICTS OF INTEREST. THE CONFLICT OF INTEREST POLICY IS DISCUSSED WITH ALL NEW BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE BOARD REVIEWS THE SALARY OF THE PRESIDENT BASED ON WORK PERFORMANCE, ACHIEVEMENT OF PREDETERMINED GOALS, COMPARABLE SALARY DATA, AND RELATED INFORMATION. THE PRESIDENT OF THE ORGANIZATION IS RESPONSIBLE FOR ESTABLISHING THE SALARIES FOR OTHER KEY EMPLOYEES WITH GUIDANCE FROM THE EXECUTIVE BOARD. FORM 990, PART VI, SECTION C, LINE 18: ONCE THE FORM 990 IS SUBMITTED TO THE IRS, IT WILL BE POSTED TO THE ORGANIZATION'S WEBSITE. UPON REQUIEST, FORM 990 IS ALSO MAILED VIA USPS OR SENT VIA EMAIL. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUEMENTS AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES THE ANNUAL

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES THE ANNUAL

AUDIT PROCESS. THE COMMITTEE CONDUCTED A REQUEST FOR PROPOSAL FOR

AUDIT AND TAX SERVICES FOR THE YEAR ENDED DECEMBER 31, 2023, AND A NEW

AUDIT FIRM WAS SELECTED AS PART OF THIS PROCESS.