Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

	nic filing (e-file). You can electronically file Form 8868 to			•		
	low except for Form 8870, Information Return for Transfe					
request	for Form 8870 must be sent to the IRS in a paper format ((see instrud	ctions). For more details on the elec	tronic filino	g of Form	
8868, vi	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-	orofits.				
Caution	If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	453-TE and	l Form 8879-	ΓE for payment
instructi	ons.					
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts	
must us	e Form 7004 to request an extension of time to file income	e tax returi	ns.			
Part I -	dentification			7		
Type or	Name of exempt organization, employer, or other filer	, see instru	ictions.	Taxpaye	ridentificatio	n number (TIN)
Print						
File by the	YAVAPAI HUMANE SOCIETY				86-032	<u> 27745 </u>
due date fo		ee instruct	ions.			
filing your return. See	1625 SUNDOG RANCH ROAD					
instructions	5.15, 15.11. 5. post 5.11.55, 5.14.5, 4.14 ±1. 55.45. 15. 4.15	reign addr	ess, see instructions.			
	PRESCOTT, AZ 86301					
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applica	tion Is For	Return	Application Is For			Return
		Code				Code
Form 99	0 or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 47	Form 4720 (individual) 03 Form 5227					10
Form 99	n 990-PF 04 Form 6069					11
Form 990-T (sec. 401(a) or 408(a) trust) 05			Form 8870			12
Form 990-T (trust other than above)			Form 5330 (individual)			13
Form 990-T (corporation)			Form 5330 (other than individual)			14
Form 10	41-A	08				
After y	ou enter your Return Code, complete either Part II or Par	t III. Part III	, including signature, is applicable	only for an	extension of	
time to f	ile Form 5330.					
If this	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
PI	an Name					
PI	an Number					
PI	an Year Ending (MM/DD/YYYY)					
Part II - A	Automatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)			
The b	ooks are in the care of JULIE ELLEGOOD					
		I ROAD	- PRESCOTT, AZ 80	5301		
Telep	hone No. 928-445-2666		Fax No.			
If the	organization does not have an office or place of business	in the Uni	ted States, check this box			
If this	is for a Group Return, enter the organization's four-digit (Group Exe	mption Number (GEN)	If this is fo	r the whole g	roup, check this
box	. If it is for part of the group, check this box		ch a list with the names and TINs o	f all memb	ers the exten	sion is for.
1 Ir	equest an automatic 6-month extension of time until $$	OVEMBE	${ m ER}$ ${ m 15}$, 20 ${ m 24}$, to fil	e the exen	npt organizati	ion return for
th	e organization named above. The extension is for the orga	anization's	return for:			
X	calendar year 20 23 or					
	tax year beginning	, 20 _	, and ending			, 20
2 If	the tax year entered in line 1 is for less than 12 months, cl	heck reaso	n: Initial return	Final retur	n	
	Change in accounting period					
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
any nonrefundable credits. See instructions.						0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
	timated tax payments made. Include any prior year overp			3b	\$	0.
_						
СБ	alance due. Subtract line 3b from line 3a. Include your pa	ıyment with	n this form, if required, by	ı		

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

Department of the Treasury Internal Revenue Service

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

ΑF	or the	e 2023 calendar year, or tax year beginning and	ending				
B c	heck if	C Name of organization		D Employer identific	cation number		
	Addres	YAVAPAI HUMANE SOCIETY					
	Name change	Doing business as		86-03277	<u>45 </u>		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1625 SUNDOG RANCH ROAD	Room/suite	E Telephone numbe 928-445-			
	termin ated			G Gross receipts \$	3,201,168.		
	Ameno	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re			
	Applic			for subordinates			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in			
T	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions		
	Vebsit		<u> </u>	H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile; AZ		
	rt I	Summary	= 10a1	01101111aaon, == 1 = [1	otato or rogar dormono,		
	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t P1}$	ROMOTE	AND PROTECT	r the		
Governance		HEALTH, SAFETY AND WELFARE OF COMPANION A					
nar	l	Check this box if the organization discontinued its operations or dispos			sets.		
Ver	3			3	6		
	l	Number of independent voting members of the governing body (Part VI, line 1b)			6		
<u>ფ</u>		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			84		
ij		Total number of volunteers (estimate if necessary)			29		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		· · ·		Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,732,196.	2,084,621.		
	l	Program service revenue (Part VIII, line 2g)		632,403.	631,712.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-53,022.	49,689.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-129,090.	-20,853.		
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,182,487.	2,745,169		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,598,967.	1,732,474.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
g		Total fundraising expenses (Part IX, column (D), line 25) 430,84	48.				
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,373,420.	1,322,257.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,972,387.	3,054,731.		
		Revenue less expenses. Subtract line 18 from line 12		210,100.	-309,562.		
OC			Ве	ginning of Current Year	End of Year		
t Assets or	20	Total assets (Part X, line 16)		8,585,067.	8,445,134.		
t As	21	Total liabilities (Part X, line 26)		325,298.	206,770.		
Net		Net assets or fund balances. Subtract line 21 from line 20		8,259,769.	8,238,364.		
	rt II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			
		Circalum of efficaci		Dete			
Sig	า	Signature of officer		Date			
Her	е	JULIE ELLEGOOD, SECRETARY					
		Type or print name and title	Ti	Date Check C			
		Print/Type preparer's name Preparer's signature	l if	PTIN			
Paid		NIKKI KURETICH NIKKI KURETICH	1/13/24 self-employ				
Prep		Firm's name WALLACE, PLESE + DREHER, LLP		Firm's EIN 8	6-0841383		
use	Only	Firm's address 500 N. JUNIPER DRIVE, SUITE 275			00/ 345 0500		
		CHANDLER, AZ 85226		Phone no. (4			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROMOTE AND PROTECT THE HEALTH, SAFETY AND WELFARE OF COMPANION
	ANIMALS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	SPAY/NEUTER & SHELTER MEDICAL CENTER - THE MAIN CAMPUS MEDICAL CENTER
	IS A FULL-SERVICE MEDICAL CLINIC THAT PROVIDES MEDICAL ATTENTION TO ALL
	RESCUED, UNWANTED, AND FOUND ANIMALS RANGING FROM BASIC CARE, SUCH AS
	EXAMS, SPAYS, NEUTERS AND VACCINATIONS, TO ADVANCED AND EMERGENCY
	SERVICES, INCLUDING SERVICES FOR MAJOR TRAUMA. THE SPAY, NEUTER AND
	WELLNESS CENTER SERVES THE QUAD CITIES BY PERFORMING MANY LOW-COST
	SPAYS, NEUTERS AND VACCINATIONS AS WELL AS ADVANCED SURGERIES ON A
	REFERRAL BASIS FROM LOCAL VETERINARIANS.
4b	(Code:) (Expenses \$1,134,716. including grants of \$) (Revenue \$\$ 129,260.
40	(Code:) (Expenses \$1,134,716. including grants of \$) (Revenue \$129,260.) ADOPTION CENTER - TO PROVIDE THE MOST HUMANE ENVIRONMENT POSSIBLE FOR
	ANIMALS PRIOR TO THEIR ADOPTION. TO ADVOCATE THROUGH OUTREACH THE
	IMPORTANCE OF ADOPTION AND THE RESPONSIBILITIES OF PROPER PET
	OWNERSHIP. TO MAINTAIN AND CONTINUE INCREASING THE NUMBER OF ANIMALS
	SAVED IN THE COMMUNITY.
	SAVED IN THE COMMUNITY.
4c	(Code:) (Expenses \$300,370. including grants of \$) (Revenue \$444,429.)
	LOST & FOUND/ANIMAL INTAKE - TO PROVIDE CARE AND TEMPORARY SHELTER FOR
	UNWANTED OR STRAY ANIMALS. TO REUNITE STRAY ANIMALS WITH THEIR FAMILIES
	BY PROVIDING THE BEST CUSTOMER CENTRIC EXPERIENCE FOR THE COMMUNITY AND
	OUR MUNICIPALITY PARTNERS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 231,970 • including grants of \$) (Revenue \$ 24,896 •)
4e	Total program service expenses 2,352,765.

Form 990 (2023) YAVAPAI HUMANE SOCIETY
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			 -
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			_V
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u> </u>		
		19		x
20a	complete Schedule G, Part III	20a		X
	·	20a 20b		 ^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_ v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

Form 990 (2023) YAVAPAI HUMANE SOCIETY

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	Х	
24 a	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			
		24a		X
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C	, , , ,	040		
	any tax-exempt bonds?	24c		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
0 _	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>02</u>		
00		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2F ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
00	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?	00		x
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Dav	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2023) YAVAPAI HUMANE SOCIETY

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

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 84		37					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		x				
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a						
ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
52		5a		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	"						
	any contributions that were not tax deductible as charitable contributions?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	-						
а	Did the energying expenientian make any toyable distributions under castian 10662	9a						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	_						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-						
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						
L	Note: See the instructions for additional information the organization must report on Schedule O.							
ь	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							
•	Enter the amount of reserves on hand	1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		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 activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Form 990 (2023) YAVAPAI HUMANE SOCIETY 86-032//45 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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 direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JULIE ELLEGOOD - 928-445-2666		_	
	1625 SUNDOG RANCH ROAD PRESCOTT AZ 86301			

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RICH MCCLISH	60.00			3,7				120 021	0	15 254
EXECUTIVE DIRECTOR	7 00		_	Х				138,931.	0.	15,354.
(2) JUDY DAHLBECK PRESIDENT	7.00	Х		х				0.	0.	0.
(3) JULIE ELLEGOOD	7.00	72						0.	0.	<u></u>
SECRETARY	7.00	х		х				0.	0.	0.
(4) PAUL REICHERT	7.00								0.1	
TREASURER		х		x				0.	0.	0.
(5) JACK SWARSBROOK	7.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) SUZANNE VERMILYA	7.00									
DIRECTOR		Х						0.	0.	0.
(7) CLAUDETTE GELB	7.00							_	_	_
DIRECTOR		Х						0.	0.	0.
		-								
			_							
		1								

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

	990 (2023) YAVAPAI I									86-03	27	745	Р	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) (E) Reportable Reportable compensation compensation from from relat		า	(F) Estimated amount of other		of				
		(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-MIS 1099-NEC)		compensation		
_														
			•											
			•											
	Subtotal								138,931.		0.	1!	5,3	54.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								138,931.		0.	1:	0. 15,354.	
2	Total number of individuals (including but no compensation from the organization								•	000 of reportable			•	1
3	Did the organization list any former officer,	•	-	•	•	•		•		•			Yes	No X
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3	х	^
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		Х
Sec 1	ction B. Independent Contractors Complete this table for your five highest contractors	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fro	m	
-	the organization. Report compensation for t (A) Name and business					ith c	or wi	thin 	the organization's tax y (B) Description of s			(C Comper		ın
	Name and Business	addicss	INC	ONE	<u>. </u>				Description of s	ICI VICCS		отпрет	isatio	
2	Total number of independent contractors (in	•	ot lin	nited	d to	thos		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation					,					Form ⁹	9 90 (2023)

86-0327745

Form 990 (2023) YAVAPAI HUMANE SOCIETY
Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanction revenue	business revenue	sections 512 - 514
တ္ တ	1	a Federated campaigns 1a					
an Tu		b Membership dues 1b					
ءَ ق		c Fundraising events 1c	16,882.				
ifts Ir A		d Related organizations 1d	•				
n ii G		e Government grants (contributions) 1e					
Sig		f All other contributions, gifts, grants, and					
k E			2,067,739.				
草草		g Noncash contributions included in lines 1a-1f	2,067,739. 28,620.				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f		2,084,621.			
<u> </u>		Total / Ida III loo I a I I	Business Code				
ø.	2	a LOST & FOUND INTAKE	541900	444,429.	444,429.		
ķ	_	b ADOPTION CENTER	812900	129,260.	129,260.		
Ser		c S/N & SHELTER MEDICAL	541900	33,127.	33,127.		
E N		d EQUINE CENTER	900099	24,896.	24,896.		
Be		e					
Program Service Revenue		f All other program service revenue	_				
		g Total. Add lines 2a-2f		631,712.			
	3	Investment income (including dividends, int	erest and	001,.11			
				49,689.			49,689.
	4	Income from investment of tax-exempt bon		- ,			- ,
	5	Royalties	a p. 0000a0				
	_	(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	es (ii) Other				
	-	assets other than inventory 7a					
		b Less: cost or other basis					
ā		and sales expenses					
en l		c Gain or (loss) 7c					
Jev		d Net gain or (loss)					
ther Revenue		a Gross income from fundraising events (not					
퓽	_	including \$ 16,882. of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 15,836.				
			8b 16,838.				
		c Net income or (loss) from fundraising event	s	-1,002.			-1,002.
		a Gross income from gaming activities. See					
			9a				
			9b				
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances	10a415,070.				
			юь439,161.				
		c Net income or (loss) from sales of inventory		-24,091.			-24,091.
"			Business Code				
Miscellaneous Revenue	11	a OTHER INCOME	900099	4,240.			4,240.
ane		b					
eve		с	_				
Mis		d All other revenue					
_		e Total. Add lines 11a-11d		4,240.			
	12	Total revenue. See instructions		2,745,169.	631,712.	0.	28,836.

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). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 138,931. 93,084. 23,618. 22,229. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,352,432. 1,165,206. 104,181. 83,045. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 128,680. 86,623. 31,728. 10,329. Other employee benefits 9 112,431. 94,861. 9,634. 7,936. 10 Payroll taxes 11 Fees for services (nonemployees): Management 1,187. 11,550. 9,913. 450. Legal 30,000. 3,082. 25,749. 1,169. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 230. 11,350. 5,078. column (A), amount, list line 11g expenses on Sch O.) 16,658. 99,169. 47,634. 146,803. Advertising and promotion 12 278,847. 53,661. 34,611. 190,575. 13 Office expenses 13,074. 9,550. 2,514. 1,010. Information technology 14 Royalties 15 182,145. 165,358. 8,136. 8,651. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 150,459. 142,141. 7,098. 1,220. Depreciation, depletion, and amortization 22 73,298. 63,139. 8,015. 2,144. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 350,272. 346,738. 843. 2,691. OPERATIONAL AND MEDICAL VETERINARY SERVICES 67,439. 67,439. 1,712. 1,712. ANIMAL TRANSPORTATION C С d All other expenses 3,054,731. 2,352,765. 271,118. 430,848. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,585,362.	1	1,067,139.
	2	Savings and temporary cash investments			720,316.	2	727,320.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			76,438.	4	109,539.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the	ese person	ıs		5	
	6	Loans and other receivables from other disqua	lified perso				
		under section 4958(f)(1)), and persons describe	ed in section	on 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			29,100.	8	30,530.
Ä	9	B			29,131.	9	102,436.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,045,499.			
	b	Less: accumulated depreciation	3,271,495.	10c	3,114,616.		
	11	Investments - publicly traded securities		452,800.	11	668,445.	
	12	Investments - other securities. See Part IV, line		2,331,227.	12	2,590,540.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			89,198.	15	34,569.
	16	Total assets. Add lines 1 through 15 (must eq			8,585,067.	16	8,445,134.
	17	Accounts payable and accrued expenses			240,805.	17	169,464.
	18	Grants payable		18			
	19	Deferred revenue		12,760.	19	8,520.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · -	00 500	23	16 642
	24	Unsecured notes and loans payable to unrelate			28,590.	24	16,643.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24). (Complete Part X	42 142		10 142
		of Schedule D		·····	43,143.		12,143.
	26			v	325,298.	26	206,770.
ý		Organizations that follow FASB ASC 958, ch	eck here	X			
JCe		and complete lines 27, 28, 32, and 33.			7,511,070.	0=	7 445 042
a <u>la</u>	27	Net assets without donor restrictions			748,699.	27	7,445,042.
Ö	28	Net assets with donor restrictions			740,033.	28	133,344.
ڃ		Organizations that do not follow FASB ASC	958, cnec	k nere			
P		and complete lines 29 through 33.				-00	
ţ	29	Capital stock or trust principal, or current fund		29			
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			8,259,769.	31	8,238,364.
ž	32	Total net assets or fund balances		1	8,585,067.	32	8,445,134.
	33	Total liabilities and net assets/fund balances			0,303,007.	33	0,443,134.

Form **990** (2023)

Pai	TEXT RECONCILIATION OF NET ASSETS				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,74		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,05	4,7	<u>31.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-30	9,5	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,25	9,7	69.
5	Net unrealized gains (losses) on investments	5	28	8,1	57.
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	8,23	8,3	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Publ Inspection

Open to Public

OMB No. 1545-0047

Name of the organization

YAVAPAI HUMANE SOCIETY Employer identification number 86-0327745

πı	Reason for Public C	inarity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck 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).)						
	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
	A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:						
	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental unit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)					
	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
X	An organization that norma	lly receives a substar	ntial part of its support for	rom a gove	ernmental i	unit or from the general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)					
Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
	An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
	or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or
	university:						
	-	•				· ·	*
		•	•				•
			(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		•					
H		· ·	•	•			_
Ш		•	•	•		•	•
							Sheck the box on
	7						_::
		•	•	•	-		
	• • • • •			majority o	or the direc	tors or trustees of the st	upporting
	¬ -	-		ion with its		d arganization(a) by bay	ina
		•					-
	-			arrie persor	iis iiiai coi	ittoi oi manage the supp	ported
	¬ • • • • • • • • • • • • • • • • • • •			in connect	tion with a	and functionally integrate	ad with
						• •	ou with,
	¬ ''' *		·				zation(s)
		•				•	` '
	•	-		-		='	
	¬ '	· ·	-				
	-					, , , , , , , , , , , , , , , , , , ,	
Ente	er the number of supported o	rganizations					
((ii) EIN				` '	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
	organ	organization is not a private found A church, convention of chi A school described in secti A hospital or a cooperative A medical research organizative, and state: An organization operated for section 170(b)(1)(A)(iv). (Cooperative) A federal, state, or local goooding and a section 170(b)(1)(A)(vi). (Cooperative) An organization that norman section 170(b)(1)(A)(vi). (Cooperative) An agricultural research orgon or university or a non-land-good university: An organization that norman activities related to its exemplication organization organized and an organization organized and an organization organized and an organization organized and an organization organized organization. You must off the supported organization organization. You must off the supported organization organization organization organization organization organization. You must off the supported organization organization. You must off the supported organization orga	organization is not a private foundation because it is: (i A church, convention of churches, or association A school described in section 170(b)(1)(A)(ii). (ii). A hospital or a cooperative hospital service organization operated in corcity, and state: An organization operated for the benefit of a colsection 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmix. An organization that normally receives a substation section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1) An agricultural research organization described or university or a non-land-grant college of agriculturies related to its exempt functions, subject income and unrelated business taxable income See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusing more publicly supported organizations described lines 12a through 12d that describes the type of Type I. A supporting organization operated, such supported organization supervised control or management of the supporting organization. You must complete Part IV, See Type III. A supporting organization supervised control or management of the supporting organization organization (s) (see instructions). Type III functionally integrated. A supporting that is not functionally integrated. A supporting that is not functionally integrated. The organizarequirement (see instructions). You must complete Part IV, See III non-functionally integrated. The organizarequirement (see instructions). You must complete Part IV, III is supported organization about the supported organization.	organization is not a private foundation because it is: (For lines 1 through 12, c A church, convention of churches, or association of churches described A school described in section 170(b)(1)A(iii). (Attach Schedule E (Form A hospital or a cooperative hospital service organization described in set A medical research organization operated in conjunction with a hospital city, and state: An organization operated for the benefit of a college or university owner section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in S An organization that normally receives a substantial part of its support for section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part An agricultural research organization described in section 170(b)(1)(A)(or university or a non-land-grant college of agriculture (see instructions). university: An organization that normally receives (1) more than 33 1/3% of its suppactivities related to its exempt functions, subject to certain exceptions; a income and unrelated business taxable income (less section 511 tax) fro See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public sa An organization organized and operated exclusively for the benefit of, to more publicly supported organizations described in section 509(a)(1) or lines 12a through 12d that describes the type of supporting organization Type I. A supporting organization operated, supervised, or controlled the supported organization(s) the power to regularly appoint or elect a organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connect control or management of the supporting organization operated its supported organization(s) (see instructions). You must complete Type III non-functionally integrated. A supporting organization operated its supported organization in received a written determination of functi	organization is not a private foundation because it is: (For lines 1 through 12, check only A church, convention of churches, or association of churches described in section A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170 and state: An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An arganization that normally receives a substantial part of its support from a governmental virus or a non-land-grant college of agriculture (see instructions). Enter the university or a non-land-grant college of agriculture (see instructions). Enter the university or a non-land-grant college of agriculture (see instructions). Enter the university or a non-land-grant college of agriculture (see instructions). Enter the university is elabeled to its exempt functions, subject to certain exceptions; and (2) no income and unrelated business taxable income (less section 511 tax) from business exection 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See: An organization organized and operated exclusively for the benefit of, to perform it more publicly supported organizations described in section 509(a)(1) or section lines 12a through 12d that describes the type of supporting organization and complete Part IV, Sections A and B. Type II. A supporting organization operated, supervised, or controlled by its supported organization (s) the power to regularly appoint or elect a majority organization. You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connect its supported organization) (s) (see instructions). You must complete	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)(ii). (Attach Schedule E (Form 990).) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in sectio city, and state: An organization operated for the benefit of a college or university owned or operated by a go section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A). A norganization that normally receives a substantial part of its support from a governmental section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjuor university or a non-land-grant college of agriculture (see instructions). Enter the name, city university. An organization that normally receives (1) more than 33 1/396 of its support from contribution activities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 501 tax) from businesses acquit See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Insies 12 a through 12d that describes the type of supporting organization and complete lines properted organization operated exclusively for the benefit of, to perform the function more publicly supporting organizations described in section 509(a)(1) or section 509(a)(2). lines 12 a through 12d that describes the type of supporting organization and complete lines 17 type II. A supporting organization operated in connection with	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 170b()(1)A(ii). A school described in section 170b()(1)A(iii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170b(1)A(iii). A medical research organization operated in conjunction with a hospital described in section 170b()(1)A(iii). Enter city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170b()(1)A(iii). (Complete Part II). A federal, state, or local government or governmental unit described in section 170b()(1)A(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170b(1)(1)A(iv). (Complete Part II). A community trust described in section 170b(1)(1)A(iv). (Complete Part III). An organization that normally receives (1) more than 33 1/39/s of its support from contributions, membership fees, an activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/39/s of its support from contributions, membership fees, an activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/39/s of its support from contributions of its support income and unrelated business taxable income (less section 504(a)) from businesses acquired by the organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Ilines 12 a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g. Type II. A supporting organization operated, supervised, or controlled by its supported organization(s), by must complete Part IV, Sections A and B. Typ

332021 12-21-23

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

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

Sec	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.")	2192776.	5394501.	2218934.	2350027.	2084621.	14240859.
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	2192776.	5394501.	2218934.	2350027.	2084621.	14240859.
	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)						2312794.
6	Public support. Subtract line 5 from line 4.						11928065.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2192776.	5394501.	2218934.	2350027.		14240859.
	Gross income from interest,	22327700	3331331		20000270		
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	33,234.	35,487.	48,428.	23,050.	49,689.	189,888.
9	Net income from unrelated business	33,234.	33,407.	10,120.	23,030.	40,000.	103,000.
9							
	activities, whether or not the						
10	Other income. Do not include gain						
10	Other income. Do not include gain						
	or loss from the sale of capital				20,328.	1 210	24,568.
	assets (Explain in Part VI.)				20,320.	4,240.	14455315.
	Total support. Add lines 7 through 10						,065,761.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	,003,701.
13		•					
Sec	organization, check this box and store ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2023 (I			olumn (f))		14	82.52 %
	Public support percentage from 2022					15	75.36 %
iva	6a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h	33 1/3% support test - 2022. If the o		•				
	and stop here. The organization qual						
172	10% -facts-and-circumstances test						
174	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	•	_	
h	10% -facts-and-circumstances test	~				7a. and line 15 is	
~	more, and if the organization meets the						. 5, 6 61
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization		-	-			······································
				,,, 110	,		

Schedule A (Form 990) 2023 YAVAPAI HUMANE SOCIETY Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction 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 or	fficers,		
	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 supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
IJ	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.	20		
u	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	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 YAVAPAI HUMANE SOCIETY			86-0327745 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organia	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

emergency temporary reduction (see instructions).

6

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

5

Schedule A (Form 990) 2023

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

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

Schedule A (Form 990) 2023

e Excess from 2023

1 art vi	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. (See instructions.)

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

YAVAPAI HUMANE SOCIETY

Employer identification number 86-0327745

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	ion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquire	red after July 25, 2006, an	d not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or ter	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enfo	rcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	•	. , , , , ,	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fi	nancial statements th	at describes the
D -	organization's accounting for conservation easements.	Aut Historical Topos	Oth C	Similar Assats
Pa	t III Organizations Maintaining Collections of		sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan-			
b	If the organization elected, as permitted under FASB ASC 958	·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e of public service,
	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 trea			provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990 Part X			\$

Par	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	asures, oi	r Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sig	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	c	ı 🗌	Loan or excl	nange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	ures, or othe	er similar a	assets		_		
	to be sold to raise funds rather than to be ma								Yes	N	10
Par	t IV Escrow and Custodial Arran		te if the	organization	answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										_
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for	contribution	s or other as	sets not i	ncluded	_	_		
	on Form 990, Part X?							L	Yes	N	Ю
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
							\vdash		Amount		
	Beginning balance										
	Additions during the year										—
е	Distributions during the year										
f	Ending balance								7		_
	Did the organization include an amount on F						y?		Yes	N	Ю
Par	If "Yes," explain the arrangement in Part XIII.										—
rai	t V Endowment Funds Complete if	(a) Current year			(c) Two year		(d) Three ye	nare back	(a) Four	voore had	<u></u>
4.	Danisaria a afronsula desarra	(a) Current year	(D) F	Prior year	(C) Two year	S DACK ((a) Three ye	ears Dack	(e) Four	years bac	<u>,r</u>
	Beginning of year balance					+					—
b	Contributions					+					
C	Net investment earnings, gains, and losses					+					—
	Grants or scholarships					+					
е	Other expenditures for facilities										
	and programs					+					—
	Administrative expenses										—
g	End of year balance		- /!:		\						—
2	Provide the estimated percentage of the curr	•	•	g, column (a)) neid as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		_%									
2-	The percentages on lines 2a, 2b, and 2c sho	•	tion tha	t ara bald an	d administar	ad for the					
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are neid an	u auminister	ed for the	;		Г	Yes N	_
	organization by: (i) Unrelated organizations?								3a(i)	100 1	<u> </u>
	(1)								3a(ii)		—
h	If "Yes" on line 3a(ii), are the related organiza	etions listed as requir							3b		—
4	Describe in Part XIII the intended uses of the								30		—
	t VI Land, Buildings, and Equipm		WITIGHT	urius.							_
	Complete if the organization answere), Part IV	/, line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o		(b) Cost	T		cumulate	а	(d) Book	value	_
	Besonption of property	basis (investr		basis (reciation	<u> </u>	(u) Bool	value	
	Land	<u> </u>	•		8,383.				128	3,383	<u>.</u>
	Buildings				4,401.	4	59,72	9.	$\frac{-2}{1,164}$		
	Leasehold improvements				0,019.		40,65		1,689		
	Equipment	I			9,897.		64,32			5,573	
	Other				2,799.		66,17			625	
	. Add lines 1a through 1e. (Column (d) must e		X. line 1					_	3,114		

Schedule D (Form 990) 2023 YAVAPAL HUM	IANE SOCIETY	86-0	1327745 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS HELD BY			
(B) ARIZONA COMMUNITY			
(C) FOUNDATION	2,590,540.	END-OF-YEAR MARKET V	ALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,590,540.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			

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

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

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	STATE WITHOLDING PAYABLE	11,850.
(3)	SUTA PAYABLE	11,850. 293.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	12,143.

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

					9-
Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,489,325.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	288,157.		
b	Donated services and use of facilities	2b			
С					
d					
е	Add lines 2a through 2d			2e	288,157.
3	Subtract line 2e from line 1			3	3,201,168.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-455,999.		
С	Add lines 4a and 4b			4c	-455,999.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	2,745,169.	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	3,510,730.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	455,999.		
е	Add lines 2a through 2d			2e	455,999.
3	Subtract line 2e from line 1			3	3,054,731.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)		5	3,054,731.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION QUALIFIES AS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND ACCORDINGLY, THERE IS NO PROVISION

FOR FEDERAL OR STATE CORPORATE INCOME TAXES. IN ADDITION, THE ORGANIZATION

QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF

THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION. REVENUE DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME

(UBTI) WOULD BE TAXABLE. IF ASSESSED, THE ORGANIZATION WOULD CLASSIFY ANY

INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION AS

ADDITIONAL INCOME TAXES IN THE STATEMENTS OF ACTIVITIES.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number YAVAPAI HUMANE SOCIETY 86-0327745 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.

YAVAPAI HUMANE SOCIETY 86-0327745 Page 2 Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events WALK FOR PICKLE FOR (add col. (a) through ANIMALS THE PETS 3 col. (c)) (event type) (event type) (total number) 22,591. 5,488. 4,639. 32,718. 1 Gross receipts 7,300. 4,943. 4,639. 16,882. 2 Less: Contributions 15,291. 545. 15,836. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 1,243. 1,400. 2,643. 6 Rent/facility costs 234. 234. **7** Food and beverages 8 Entertainment 9,997. 13,961. 1,510. 2,454. 9 Other direct expenses 16,838. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -1,002. 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo **1** Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	nedule G (Form 990) 2023 YAVAPAI HUMANE SOCIETY 86	5-0327745	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	t	
	of gaming revenue retained by the third party \$		
(c If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e	
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990) YAVAPAI HUMANE SOCIETY	86-0327745	Page 4
Part IV	(Form 990) YAVAPAI HUMANE SOCIETY Supplemental Information (continued)		

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

YAVAPAI HUMANE SOCIETY

Employer identification number 86-0327745

D	art I Questions Regarding Compensation	4//4		
	Questions negariting compensation		Yes	No
1-	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		162	NO
IC	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			
				1
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
k	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
a		4a		х
b		4.		Х
c				Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a		6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RICH MCCLISH (i)		138,931.	0.	0.	3,802.	11,552.	154,285.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u>l</u>	l

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service 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.

Inspection
Employer identification number

Name of the	Employer identification number					
	YAVAPAI	HUMANE	SOCIET	Y		86-0327745
Part I	Types of Property					

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contrib amounts reporte	ed on	(d) Method of de noncash contribu		etermin	•	S
			items contributed	Form 990, Part VIII	, line 1g					
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (ANIMAL/CLINIC S)	X	402	16,	305.	COMP	SALES			
26	Other (ANIMAL FOOD)	X	351	12,	315.	COMP	SALES			
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions						
	for which the organization completed Form 828	83, Part V, D	onee Acknowledge	ement	29					
									Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that	t it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to	be used	for				
	exempt purposes for the entire holding period?							30a		X
b	If "Yes," describe the arrangement in Part II.									
31								31		Х
	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is chec	ked,				
	describe in Part II.	. ,		`		•				
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YAVAPAI HUMANE SOCIETY

Employer identification number 86-0327745

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EQUINE CENTER - TO INTAKE AND PROVIDE SAFE AND HEALTHY HOUSING FOR EQUINES AND, ON RARE OCCASION, OTHER FORMS OF LIVESTOCK TAKEN IN FROM THE PUBLIC AND OTHER RESCUE ORGANIZATIONS. THE CENTER PERFORMS HEALTH AND BEHAVIORAL CHECKS AS WELL AS PROVIDES TRAINING, DENTALS, HOOF CARE AND VACCINES TO MAKE SURE THE EQUINE AND OTHER LIVESTOCK ARE IN THE BEST POSSIBLE CONDITION TO ADOPT TO NEW OWNERS 0. REVENUE \$ 24,896. EXPENSES \$ 231,970. INCLUDING GRANTS OF \$ FORM 990, PART VI, SECTION B, LINE 11B: BEFORE FORM 990 IS SUBMITTED TO THE INTERNAL REVENUE SERVICE, THE FORM IS PRESENTED TO THE EXECUTIVE DIRECTOR, FINANCE MANAGER, FINANCE COMMITTEE, AND BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION CONSISTENTLY MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY. IN ADDITION, THE BOARD AND EXECUTIVE DIRECTOR PERFORM AN ANNUAL REVIEW OF POTENTIAL CONFLICTS OF INTEREST AND THE ETHICS POLICY, AND COMPLETE A LEGAL DISCLOSURE WORKSHEET TO IDENTIFY AND DISCLOSE ANY POTENTIAL LEGAL ISSUES. FORM 990, PART VI, SECTION B, LINE 15: CONTRIBUTING FACTORS IN DETERMINING EXECUTIVE COMPENSATION MAY INCLUDE A COMPENSATION STUDY OR SURVEY AND CONSULTING WITH AN INDEPENDENT CONSULTANT.

EXECUTIVE COMPENSATION IS ULTIMATELY DETERMINED AND APPROVED BY THE YHS

BOARD OF DIRECTORS.

Schedule O (Form 990) 2023

Name of the organization

Final over identification number

YAVAPAI HUMANE SOCIETY	86-0327745
PAY GRADES AND CORRESPONDING SALARY RANGES ARE REVIEWED AS	A PART OF THE
ANNUAL BUDGET PROCESS.	11 111111 01 11111
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FORM 990 AND ANNUAL FINANCIAL STATEMENT	S ARE MADE
AVAILABLE ON THE ORGANIZATION'S WEBSITE. (WWW.YAVAPAIHUMAN	E.ORG)