** PUBLIC DISCLOSURE COPY **

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.

Inspection

A I	For the	\pm 2023 calendar year, or tax year beginning ± 0011 , ± 2023 and ± 2023	ل ending	UN 30, 2	024									
В	Check if applicable	C Name of organization		D Employer id	dentific	ation number								
	Addres change	woods humane society, inc.												
	Name change	Doing business as		95-20	5858	37								
	Initial return Final	875 OKI AHOMA AVENITE	Room/suite	E Telephone number (805)543-9316										
	⊥return/ termin ated			G Gross receipts \$		4,643,873.								
	Ameno	j , , , , , , , , , , , , , , , , , , ,		H(a) Is this a g										
	Applic			for suborc										
	pendir	SAME AS C ABOVE		H(b) Are all subord										
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1 ` ′		st. See instructions								
	Websit			H(c) Group exe										
K	orm of	organization: X Corporation Trust Association Other	L Year			State of legal domicile: CA								
	art I	Summary												
•	1	Briefly describe the organization's mission or most significant activities: PREVE												
ğ		BY PROVIDING CARE AND MEDICAL TREATMENT FOR	OR ABA	ANDONED A	NIMA	LS UNTIL								
rna	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.													
ŏ.	3					10								
		Number of independent voting members of the governing body (Part VI, line 1b)				10								
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)				86								
ΞĘ	6	Total number of volunteers (estimate if necessary)				628								
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			1 1	0.								
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	7b	Current Year								
		Contributions and grants (Part VIII line 1b)		2,655,9	69	3,385,548.								
ne	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		793,4		911,455.								
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		253,8		318,011.								
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-51,3		-48,694.								
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,651,9		4,566,320.								
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-,,-	0.	0.								
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.								
w	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,299,6	17.	2,171,139.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		-	0.	0.								
ē	. b	Total fundraising expenses (Part IX, column (D), line 25) 279, 11	L5.											
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,076,4	24.	2,374,248.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,376,0		4,545,387.								
		Revenue less expenses. Subtract line 18 from line 12		-724,0	80.	20,933.								
Net Assets or	3		Ве	ginning of Current	-	End of Year								
sets	20	Total assets (Part X, line 16)		14,874,3	-	15,794,094.								
A	21	Total liabilities (Part X, line 26)		217,5		280,994.								
	22	Net assets or fund balances. Subtract line 21 from line 20		14,656,8	17.	15,513,100.								
	art II	Signature Block				Construction and the Port State								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			-	knowledge and belief, it is								
uue	,	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	icii preparei	Thas any knowledge	5.									
Sig	n	Signature of officer		I Date										
Her		EMILY L'HEUREUX, CHIEF EXECUTIVE OFFICER												
1101	•	Type or print name and title												
		Print/Type preparer's name Preparer's signature	1	Date 0	heck	PTIN								
Paid	d	KIMBERLYN SPILLER, CPA		if	elf-employed	P01491937								
	parer	Firm's name CALIBER AUDIT & ATTEST, LLP	1	Firm's E		-2350873								
	Only	Firm's address 805 AEROVISTA PLACE, SUITE 103												
		SAN LUIS OBISPO, CA 93401		Phone r	10. (80	5) 805-0242								
May	y the IF	RS discuss this return with the preparer shown above? See instructions				X Yes No								

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PREVENTION OF CRUELTY TO ANIMALS BY PROVIDING CARE AND MEDICAL TREATMENT FOR ABANDONED ANIMALS UNTIL THEY CAN BE PLACED IN A GOOD HOME.
	HOME:
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
4 e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 3 , 883 , 734 •

Form 990 (2023) WOODS HUMANE SOCIETY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	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,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? f "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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	, , ,	12a	Х	
h	Schedule D, Parts XI and XII	124		
b		12b		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-21
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			₩
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	and the second s	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2023) WOODS HUMANE SOCIETY, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
24	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	•	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
•	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 1	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	

332004 12-21-23

	990 (2023) WOODS HUMANE SOCIETY, INC. 95-2058	587	Р	age 5
Pai	rt 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 86			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such 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	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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 sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		

If "Yes," complete Form 4720, Schedule O.

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

excess parachute payment(s) during the year?

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see the instructions and file Form 4720, Schedule N.

Form **990** (2023)

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16

If "Yes," complete Form 6069.

WOODS HUMANE SOCIETY, INC. 95-2058587 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records MARK TEMPLIN - (805)543-9316

875 OKLAHOMA AVENUE, SAN LUIS OBISPO, CA 93405

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	not c , unles	ss per	ition more son is	than s botl	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee Highest compensated employee		Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NEIL TRENT CEO - FORMER	40.00						х	178,893.	0.	4,815.
(2) EMILY L'HEUREUX	40.00						25	170,033.	•	4,013.
CEO		1		x				147,005.	0.	7,908.
(3) JULIA BIXBY	40.00							•		•
DIRECTOR OF OPERATIONS				Х				134,246.	0.	7,326.
(4) AMANDA HEFNER	40.00									
DIRECTOR OF VET SERVICES				Х				102,233.	0.	7,946.
(5) JO CAMPBELL	2.00	1							_	_
PRESIDENT		Х		Х				0.	0.	0.
(6) LISA ADAMS	2.00	ļ		l						•
VICE PRESIDENT	2 00	Х		Х				0.	0.	0.
(7) KANDY NOEL	2.00	٠,,		,,					_	•
TREASURER (8) BRUNO GIBERTI	2.00	X		Х				0.	0.	0.
SECRETARY	2.00	х		х				0.	0.	0.
(9) AUTUMN CLARK	1.00	^		^				0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(10) CORY KARPIN	1.00	1							•	
DIRECTOR		Х						0.	0.	0.
(11) JEN MELTON	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SCOTT BLOOM	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MARCIA TORGERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) TY GREEN	1.00									
DIRECTOR		Х					<u> </u>	0.	0.	0.
		1								
	•			•	•	•	•	•		Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not cl	Posi			one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss per	son i	s both	an an	compensation	compensation	ו ו		ount	of
		week (list any					174140		from the	from related organizations	.		other pensa	tion
		hours for	direct				p		organization (W-2/1099-MI				om th	
		related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	altrus	nal tr		loyee	comp		1099-NEC)				d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizati	ons
		11110)	ءَ	Ë	10 l	Ke	± €	임						
									562,377.		0.	2'	7,9	95.
	continuation sheets to Part VII								0.		0.		7 0	0.
	lines 1b and 1c)								562,377.		0.		7,9	95.
	per of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				5
compensar	tion from the organization												Yes	No
3 Did the ord	ganization list any former officer,	director truste	ee k	ev e	mnl	ove	e or	hial	hest compensated empl	lovee on	ſ			
	"Yes," complete Schedule J for si											3	х	
	dividual listed on line 1a, is the su										···			
and related	d organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		[4	Х	
	rson listed on line 1a receive or a													
	o the organization? If "Yes." com	plete Schedule	J f	or su	ıch r	oers	on .					5		X
-	ependent Contractors													
	this table for your five highest cor										ensat	ion fro	m	
tne organiz	zation. Report compensation for t	ne calendar ye	ear e	nain	ig w	itn c	or wi	tnin		ear.		10	٠,	
	(A) Name and business	address	NO	ONE	?				(B) Description of s	ervices	С	(C omper		n
					_			\dashv	·			•		
-								_						
								\dashv						
2 Total numb	per of independent contractors (ir	ncluding but p	ot lin	niter	t to t	thos	e lie	ted	above) who received mo	ore than				
	of componentian from the organization	•	J. 1111			(.ou	asovoj wilo icocivcu III	or o trial i				

Form 990 (2023) WOODS H
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a respor	nse (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
ts ts	1	а	Federated campaigns		1a						
ra Mu		b	Membership dues		1b						
Ω, Ä		С	Fundraising events				339,304.				
ar ji			-								
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contri	ibutio	ons) 1e		10,100.				
i Si		f	All other contributions, gifts,	grant							
t te			similar amounts not included	abov	e 1f	3,	036,144.				
무		g	Noncash contributions included in	lines 1	a-1f 1g \$		7,967.				
ರ್ಣ		h	Total. Add lines 1a-1f					3,385,548.			
							Business Code				
9	2		S/N CLINIC			_	900099	480,582.	480,582.		
e <u>Š</u>		b	PLACEMENTS			_	900099	353,473.	353,473.		
Segre		С	TRAINING K9			_	900099	42,883.	42,883.		
eve		d	INTAKE FEES			_	900099	19,257.	19,257.		
Program Service Revenue			OTHER PROGRAM			_	900099	15,260.	15,260.		
ď		f	All other program service	rever	nue						
		g						911,455.			
	3		Investment income (include	ling (dividends, in	tere	st, and				
			other similar amounts)					318,011.			318,011.
	4		Income from investment of	f tax	-exempt bor	nd p	roceeds				
	5		Royalties								
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)		/\\						
	7	а	Gross amount from sales of		(i) Securiti	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
her Revenue			and sales expenses	7b							
eve			Gain or (loss)	7c							
Ä	_		Net gain or (loss)			·····					
Othe	8	а	Gross income from fundraisir including \$ 339		ents (not 04 of						
			contributions reported on								
			Part IV, line 18			8a	28,859.				
		b	Less: direct expenses			8b	77,553.				
		С	Net income or (loss) from	fund	raising even	ts_		-48,694.			-48,694.
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ng activities						
	10	а	Gross sales of inventory, I	ess r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	of inventor	y					
S							Business Code				
e go	11	а				_					
Miscellaneous Revenue		b									
cell ev		С				_					
Mis		d	All other revenue								
_		е	Total. Add lines 11a-11d					4 566 333	011 155		0.60 04.5
	12		Total revenue. See instruction	ns				4,566,320.	911,455.	0.	269,317.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 602,308. 477,357. 76,446. 48,505. 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) 1,216,693. 1,034,189. 121,669. 60,835. Other salaries and wages 7 Pension plan accruals and contributions (include 41,671. 49,024. 4,902. 2,451. section 401(k) and 403(b) employer contributions) 16,885. 143,518. 8,442. 168,845. Other employee benefits 9 134,269. 114,129. 13,427. 6,713. 10 Payroll taxes 11 Fees for services (nonemployees): 66,457. 53,165. 6,646. 6,646. Management 5,801. 4,641.580. 580. Legal 24,520. 20,842. 3,678. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 36,410. 36,410. Advertising and promotion 12 16,393. 8,197. 6,557. 13 Office expenses 59,146. 50,274. 8,872. Information technology 14 15 Royalties 179,731. 189,190. 9,459. 16 Occupancy 983. 836. 147. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19,528. 19,528. Conferences, conventions, and meetings 19 1. 1. 20 Payments to affiliates 21 235,335. 200,035. 35,300. Depreciation, depletion, and amortization 22 128,219. 108,986. 19,233. 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.) 1,164,723. SPAY/NEUTER/RABIES EXPE 1,164,723. SUPPLIES 145,000. 139,204. 5,796. 23,359. 116,795. POSTAGE AND PRINTING 93,436. 73,802. 62,802. 7,345. 3,655. d ALL OTHER EXPENSES 91,945.59,905. 22,237. 9,803. e All other expenses _ 4,545,387. 3,883,734. 382,538. 279,115. 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)

Par	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	768,617.	1	817,285
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	17,782.	4	11,098
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	10,795.	8	15,928
ğ	9	Prepaid expenses and deferred charges	8,495.	9	27,400
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,751,275			
	b	Less: accumulated depreciation 10b 2,994,793	4,962,271.	10c	4,756,482
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	9,074,133.	12	10,128,985
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	32,295.	15	36,916
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,874,388.	16	15,794,094
	17	Accounts payable and accrued expenses	15,971.	17	27,693
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
န	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	001 600		050 001
		of Schedule D	201,600.		253,301
	26	Total liabilities. Add lines 17 through 25	217,571.	26	280,994
,		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.	12 000 524		14 000 000
lan	27	Net assets without donor restrictions	13,222,734.		14,090,000
B	28	Net assets with donor restrictions	1,434,083.	28	1,423,100
ŭ		Organizations that do not follow FASB ASC 958, check here			
F F		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	14 656 015	31	15 510 100
Š	32	Total net assets or fund balances	14,656,817.	32	15,513,100
	33	Total liabilities and net assets/fund balances	14,874,388.	33	15,794,094

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		66,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,5	45,3	87.
3	Revenue less expenses. Subtract line 2 from line 1	3		20,9	33.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,6	56,8	17.
5	Net unrealized gains (losses) on investments	5	8	35,3	50.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	15,5	13,1	.00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	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?		2	b 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?		2	c 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?		3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	_	
			Fo	rm 990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

		WOOD	S HUMANE S	OCIETY,	INC.				9	5-2058587	
Pai	tΙ	Reason for Public (Charity Status.	(All organizatio	ns must c	omplete th	nis part.) S	ee instruction	S.		
The o	organ	ization is not a private found									
1		A church, convention of ch	•		•	•	•)(A)(i).			
2		A school described in sect					` ` ` `	, ,,			
3		A hospital or a cooperative					(b)(1)(A)(ii	i).			
4		A medical research organiz							(iii). Enter	the hospital's name.	
		city, and state:		,					(/-	,	
5		An organization operated for	or the benefit of a col	lege or univers	itv owned	or operate	ed by a go	vernmental ur	nit describe	ed in	_
		section 170(b)(1)(A)(iv). (C		9	,		, 9-				
6		A federal, state, or local gov		nental unit desc	cribed in	section 17	70(h)(1)(A)	(v)			
	X	An organization that norma	_						e general i	nublic described in	
•		section 170(b)(1)(A)(vi). (C	•	itiai part or its	заррог п	om a gove	on in Critary		c general i	public acsoribed in	
8		A community trust describe	•	4VAVvi) (Com	nloto Dor	+ II \					
		•			-	•	ad in coniu	notion with a	land grant	collogo	
9		An agricultural research org	-				-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see irist	ructions).	Enter the i	name, city	, and state of	trie college	e Of	
40		university:		there 00 1 /00/ a	£ :4						
10		An organization that norma									
		activities related to its exen	· ·		-					-	ι
		income and unrelated busin		(less section 5	i i tax) iro	m busines	sses acquii	rea by the org	anization a	arter June 30, 1975.	
		See section 509(a)(2). (Con	•		and the same			20/-1/41			
11	\equiv	An organization organized a	•	-	-	•					
12		An organization organized a	=	•		•			•		
		more publicly supported or	•							neck the box on	
		lines 12a through 12d that	• •		-				-		
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·			•	-				
		the supported organization				majority o	or the direc	tors or trustee	es of the su	upporting	
		organization. You must o	-			.:		al aa.a.:ai:	-(-\ ll		
b		Type II. A supporting org	· · · · · · · · · · · · · · · · · · ·					-		-	
		control or management o				ame perso	ns mai coi	itroi or manag	je trie supp	Jorted	
_		organization(s). You mus				in connect	المناسمة	and franctional		مانيد ام	
C		Type III functionally inte			-				y integrate	eu witti,	
4		its supported organization Type III non-functionally			-				tad argani	zation(a)	
d		that is not functionally int		0 0	•			• •	•	` '	
		requirement (see instructi		,		•		-	an allenin	veriess	
_		Check this box if the orga	•	•		•			I. Typo III		
е		functionally integrated, or						Type I, Type I	i, type iii		
f	Ente	er the number of supported o				ig organiz	ation.				
ď		ride the following information	•	d organization							_
		i) Name of supported	(ii) EIN	(iii) Type of org	anization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	<u></u>
		organization		(described on I above (see inst		in your governi Yes	No	support (see in	structions)	support (see instructio	ns)
				40000 (000 11100	raction o _{jj}						
											_
								ı		i	

332021 12-21-23

Schedule A (Form 990) 2023 WOODS HUMANE SOCIETY, INC. 95-2058587 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2092039.	2821018.	2253699.	2665969.	3385548.	13218273.
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	2092039.	2821018.	2253699.	2665969.	3385548.	13218273.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1203285.
	Public support. Subtract line 5 from line 4.						12014988.
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2092039.	2821018.	2253699.	2665969.	3385548.	13218273.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	229,244.	59,892.	171,042.	253,850.	318,011.	1032039.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14250312.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						04 21
	Public support percentage for 2023 (I			olumn (f))		14	84.31 %
	Public support percentage from 2022					15	86.32 %
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-			-		Ш
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-	•			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2023

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						

332023 12-21-23

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
4		
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cool	suppo	orted organizations played in this regard.	3		
Seci	ion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	· .	l
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
1-		hese activities constituted substantially all of its activities.	2a		
a		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	OL-		
2		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	เบเฟ กะ	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	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						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see				
	instructions).	- -		·				

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number Name of the organization 95-2058587 WOODS HUMANE SOCIETY INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

WOODS HUMANE SOCIETY, INC.

95-2058587

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 559,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ <u>152,192.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 140,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 70,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WOODS HUMANE SOCIETY, INC.

95-2058587

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26		 	Schedule R (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** WOODS HUMANE SOCIETY, INC. 95-2058587 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

WOODS HUMANE SOCIETY, INC.

Employer identification number 95-2058587

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds 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 v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's						Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	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	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	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 footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, d	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic 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						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

Schedule D (Form 990) 2023

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

	t III Organizations Maintaining Co	ollections of Art	. Historical Tre	asures, or Oth	ner Si		S (contin	
3	Using the organization's acquisition, accession						'	aca)
Ŭ	collection items (check all that apply).	in, and other records	s, officer any of the r	onowing that make	o oigi iii	iodrit doc or ito		
а	Public exhibition	d	I can or excl	nange program				
b	Scholarly research	e		lange program				
C	Preservation for future generations	Č						
4	Provide a description of the organization's co	llections and evolain	how they further th	e organization's e	vemnt	nurnose in Par	+ YIII	
5	During the year, did the organization solicit or						t AIII.	
3	to be sold to raise funds rather than to be ma					_	Yes	No
Par	t IV Escrow and Custodial Arrang							NO
	reported an amount on Form 990, Par		e ii tile organization	answered res	JII I OII	11 990, 1 211 10,	iii le 3, 0i	
12	Is the organization an agent, trustee, custodia		iany for contribution	e or other assets r	not incl	uded		
Ia							Yes	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a					∟	165	
D	ii res, explain the arrangement in Fart Alli a	and complete the ion	owing table.				Amount	
_	Beginning balance					1c	, arroarre	
						1d		
	Additions during the year					1e		
•	Distributions during the year					1f		
20	Ending balance Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				-	∟	162	
Par								
	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Prior year	(c) Two years back		Three years back	(e) Four	years back
10	Beginning of year balance	1,258,909.	1,160,141.	1,351,010	+ ` '	30,655	+ ` ′	30,637.
		1,200,505.	1,100,111.	1,001,010		1,265,066		
b	Contributions Net investment earnings, gains, and losses	131,396.	104,320.	-184,235	;	72,367		936.
d	Grants or scholarships	131,330.	101,320.	101,235		72,307	1	
	Other expenditures for facilities							
е	. '							
	and programs	-18,977.	-5,552.	-6,634		-17,078		-918.
	Administrative expenses	1,371,328.	1,258,909.	1,160,141	_	1,351,010		30,655.
g	End of year balance	•			-•	1,331,010	•	30,033.
2	Board designated or quasi-endowment	ent year end balance	%	Tielu as.				
b	Permanent endowment 100	%						
·	The percentages on lines 2a, 2b, and 2c shou							
32	Are there endowment funds not in the posses	•	tion that are held an	d administered for	r tha			
Ja	organization by:	ssion of the organiza	tion that are new an	d administered for	uic		Γ	Yes No
	43						3a(i)	X
	(m) = 1 · · · · · · · · · · · · · · · · · ·						3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organizations:	tions listed as require	l 0 -ll- l - D0				01.	
<i>1</i>	Describe in Part XIII the intended uses of the	•					30 _	
Par	t VI Land, Buildings, and Equipme		villetti turius.					
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part	X. line	10.		
	Description of property	(a) Cost or ot		<u> </u>		mulated	(d) Book	· valuo
	pescription of property	basis (investm			depred		(u) DOOR	value
10	Land	· · ·	,	2,425.			5.2	2,425.
	Land				43	7,821.	4 533	3,210.
	Buildings		0,51	_,	, = 5	.,021•	±,555	,, , , , , , ,
			61	5,063.	55	6,972.	5.9	3,091.
u	Equipment		11	2 756		<u> </u>	111	756

Schedule D (Form 990) 2023

4,756,482.

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

Schedule D (Form 990) 2023 WOODS HUMAN	IE SOCIETY, INC	95-2058587 ·	Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11b. 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 valuation	ue
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CASH - INVESTED	223,418.	END-OF-YEAR MARKET VALUE	
(B) MUTUAL FUNDS	9,571,767.	END-OF-YEAR MARKET VALUE	
(C) EXCHANGE TRADED FUNDS	333,800.	END-OF-YEAR MARKET VALUE	
(D)	300,0001		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	10,128,985.		
Part VIII Investments - Program Related.	10,120,505		
Complete if the organization answered "Yes"	on Form 990 Part IV line	I1c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation	
·	(b) Book value	(c) Welfied of Valuation. Cost of end of year market value	<u></u>
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(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	11d. See Form 990, Part X, line 15.	
	Description	(b) Book valu	ie
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (B))		
Part X Other Liabilities) (D))		-
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		(b) Book valu	ie
(1) Federal income taxes			
(2) ACCRUED EXPENSES		253,3	301.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

9	5 –	20	۱5	Я١	5 ጸ	7	Page 4

Pai	rt XI Reconciliation of Revenue per Audited Financial St	atements With R	evenue per Re	turn	,
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,418,670.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	835,350.		
b	Donated services and use of facilities	2b	17,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	852,350.
3	Subtract line 2e from line 1			3	4,566,320.
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			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1.	2.)		5	4,566,320.
			_		
Pa	rt XII Reconciliation of Expenses per Audited Financial S		Expenses per R	eturi	n
Pa	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	Expenses per R		n
Pai	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements	line 12a.	Expenses per R	eturi 1	4,581,137.
	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	line 12a.	Expenses per R		n
1	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	line 12a	Expenses per R		n
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per R		n
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per R		n
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	35,750.		4,581,137.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	35,750.	1 2e	4,581,137. 35,750.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	35,750.	1	4,581,137.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	35,750.	1 2e	4,581,137. 35,750.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	35,750.	1 2e	4,581,137. 35,750.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	35,750.	1 2e	35,750. 4,545,387.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	35,750.	1 2e	4,581,137. 35,750.

| 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'S ACTIVITIES ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA FRANCHISE TAX CODE. SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAX EXPENSE. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION. MANAGEMENT IS NOT AWARE OF ANY TRANSACTIONS THAT WOULD IMPACT THE ORGANIZATION'S TAX-EXEMPT STATUS. FOR THE YEAR ENDED JUNE 30, 2024, MANAGEMENT OF THE ORGANIZATION IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE ACCOUNTED FOR IN THE FINANCIAL STATEMENTS UNDER THE PRINCIPLES OF THE INCOME TAXES TOPIC OF THE FASB (ASC). THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES, IF ANY

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 95-2058587 WOODS HUMANE SOCIETY, INC. 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. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations X Solicitation of government grants X Phone solicitations X Special fundraising events X 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.

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TAILS	WINE4PAWS	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue						
Revenue	1	Gross receipts	200,525.	86,239.	81,399.	368,163.
	2	Less: Contributions	171,666.	86,239.	81,399.	339,304.
	3	Gross income (line 1 minus line 2)	28,859.			28,859.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	5,050.			5,050.
irect Ex	7	Food and beverages	18,560.			18,560.
	Ω	Entertainment				
	9	Other direct expenses	20 400	11,565.	3,886.	53,943.
	10	Direct expense summary. Add lines 4 through	· ·		•	77,553.
	11	Net income summary. Subtract line 10 from li				-48,694.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T			Γ
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
3eve						
	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	Ŭ		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		·				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
		· <u> </u>				
	_					
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 WOODS HUMANE SOCIETY, INC. 95-2	20585	587	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Enter the hame and address of the person who propares the organization organization organization.			
	Name			
	- Name			
	Address			
	Address			
45.	Does the examination have a contract with a third party from whom the examination receives coming revenue?		Yes	No
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	— '	162	NO
Ľ	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	\	Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. line	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	,,
	, , , , , , , , , , , , , , , , , , ,			

Schedule G	G (Form 990)	WOODS	HUMANE	SOCIETY,	INC.	95-2058587	Page 4
Part IV	G (Form 990) Supplemental Inform	mation 💪	ontinued)				
		100	ontinaca)				
		_					
-							

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

WOODS HUMANE SOCIETY, INC.

Part I Questions Regarding Compensation

Employer identification number 95-2058587

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	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:			
	The organization?	6a		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NEIL TRENT	(i)	178,893.	0.	0.	4,815.	0.	183,708.	0.
CEO - FORMER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EMILY L'HEUREUX	(i)	147,005.	0.	0.	4,815.	3,093.	154,913.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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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 O (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WOODS HUMANE SOCIETY, INC.	95-2058587
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
THEY CAN BE PLACED IN A GOOD HOME.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE AUDIT COMMITTEE REVIEWS THE AUDIT REPORT. THE BOARD REV	TIEWS THE 990.
THE AUDIT COMMITTEE IS MADE UP OF A COMBINATION OF BOARD AN	ND NON-BOARD
MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
OFFICERS OF THE ORGANIZATION REVIEW THE CONFLICT OF INTERES	ST STATEMENTS.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S SAI	LARY AND VOTE ON
ANY INCREASE IN SALARY. THE BOARD THEN DOCUMENTS IN THE MIN	NUTES THE
INCREASES.	
FORM 990, PART VI, SECTION C, LINE 18:	
INFORMATION IS AVAILABLE UPON REQUEST. THE FORM 990 IS AVAI	LABLE ON THE
ORGANIZATION'S WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES AVAILABLE UPON REQUEST. THE FORM 990 IS AVAILABLE ON	N THE
ORGANIZATION'S WEBSITE.	

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

Schedule O (Form 990) 2023