efile	e GR	RAP	ніс р	rint - DO NOT PROCESS	As Filed Data -			DLM	1: 93	493310007757
Form	00	2		Return of Org	anization E	xempt From	Income	Тах	0	MB No 1545-0047
Form ¹	っこ	70	,	Under section 501(c), 527		-				2016
-20				foundations)	al security numbers of		-			
-			e Treasur Service		t Form 990 and its ir				C	Open to Public Inspection
A Fe	or th	e 2	016 ca	lendar year, or tax year begin	ning 01-01-2016	, and ending 12-3	1-2016			
B Che □ Ad				C Name of organization PALM VALLEY ANIMAL CENTER				D Employer ı	dentıf	ication number
			-	FKA HUMANE SOCIETY OF THE UPPE	R VALLEY			74-181991	,0	
Ini Fin		eturn		Doing business as						
Detur	n/teri			Number and street (or P O box if ma	ail is not delivered to str	eet address) Room/su	ite	E Telephone n	umber	
			urn ending	2501 WEST TRENTON				(956) 686-	1141	
				City or town, state or province, coun EDINBURG, TX 78539	try, and ZIP or foreign p	oostal code				
			Ļ	F Name and address of principal	officer			G Gross receip		,987,932
				F Name and address of principal	romcer			a group returi dinates?	ו for	🗆 Yes 🗹 No
							H(b) Are al	subordinates		
I Ta:	(-exe	mpt	status	✓ 501(c)(3) □ 501(c)() ◀(Insert no) 4947	(a)(1) or 527	includ If "No	ed? ," attach a list	(see	
J W	ebsit	te: I		conline com	,			exemption nu	•	•
K Form	n of o	organ	lization	Corporation Trust Assoc	ciation 🔲 Other Þ		L Year of forma	tion 1974 M	State	of legal domicile TX
Pa	rt I		Sumn	nary						
	1	Brie	fly desc	ribe the organization's mission or	r most significant act	ivities				
сe		HUN	1ANE H	REATMENT OF ANIMALS						
nan										
Governance	, ,	Ch	eck this	box > If the organization dis	continued its operati	ons or disposed of m	ore than 25%	of its net asse		
				f voting members of the governme				of its net asse	3	12
×5	4	Nu	mber of	f independent voting members of			4	12		
Activities &		5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)							5	0
cti				ber of volunteers (estimate if nec				•	6	500
٩				lated business revenue from Part				•	7a 7b	19,343
	D	Ne	t unreia	ited business taxable income from	1 Form 990-1, line 34	+		or Year		18,343 Current Year
_	8	Co	ntributi	ons and grants (Part VIII, line 1h))			723,755	; 	732,314
enneveR				ervice revenue (Part VIII, line 2g				1,991,429		2,112,405
ŚŃĊŁ	10	Inv	estmer	nt income (Part VIII, column (A),	lines 3, 4, and 7d)			494,825		44,029
	11	Oth	ner reve	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, a	nd 11e)		117,913		251,077
				nue—add lines 8 through 11 (mus				3,327,922	\square	3,139,825
				d sımılar amounts paıd (Part IX, c					_	0
				aid to or for members (Part IX, co other compensation, employee be					<u> </u>	0
SGS				hal fundraising fees (Part IX, colur	· · ·				<u> </u>	0
Expenses				using expenses (Part IX, column (D), lu						
Ă				enses (Part IX, column (A), lines	· · ·			2,791,371	,	3,320,688
	18	⊤ot	al expe	nses Add lines 13–17 (must equ	al Part IX, column (A	(), line 25)		2,791,371		3,320,688
	19	19 Revenue less expenses Subtract line 18 from line 12								-180,863
× or							Beginning	of Current Year		End of Year
Net Assets or Fund Balances	20	Tot	al asse	ts (Part X, line 16)				4,870,827	,	6,517,637
Ϋ́́Ψ	21	⊤ot	al habi	ities (Part X, line 26)				20,052		1,847,725
ž 2	22	Net	t assets	or fund balances Subtract line 2	1 from line 20 .			4,850,775		4,669,912
Par				ture Block						
				rjury, I declare that I have examı , ıt ıs true, correct, and complete						
any k	nowl	edge	e							

Sign			Sıgnatu	re of officer						
Here	•			SLEY Executive Dir						
				print name and title	Draws					
Dair				int/Type preparer's name remiah Donovan	Preparer's signature Jeremiah Donovan					
Paic Prej		or	Fir	m's name 🕨 CARR RIGGS & INGRAM	_I 1 LLC					
Use			Fir	m's address ▶ 4100 N 23rd Street						
	-	·• J	1							

May the IRS discuss this return with the preparer shown above? (see instruction For Paperwork Reduction Act Notice, see the separate instructions.

McAllen, TX 785044105

Form	990 (2016)					Page 2
Par	t IIII Statement	t of Program Servic	e Accomplis	hments		
			nse or note to a	any line in this Part III 🔒		<u> </u>
1	,	organization's mission				
HUM.	ANE TREATMENT OF A	ANIMALS				
2	Dud the surround to a					
2	-			vices during the year which	were not listed on	🗆 Yes 🗹 No
	•	or 990-EZ? lese new services on Sch				
3				changes in how it conducts	any program	
•	-		-			🗌 Yes 🗹 No
		ese changes on Schedul				
4	Describe the organi Section 501(c)(3) a	zation's program service	accomplishmer	to report the amount of gr	est program services, as measu ants and allocations to others, th	red by expenses ne total
4a	(Code) (Expenses \$	3,104,303	including grants of \$) (Revenue \$	2,112,405)
	See Addıtıonal Data					
	-					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program serv	rices (Describe in Schedu	ıle O)			
	(Expenses \$	•	uding grants of	\$) (Revenue \$)
4e	Total program ser	rvice expenses Þ	3,104,3	03		

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 \mathfrak{B} .	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
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		No
	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🛸	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
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 ⁷ If "Yes," complete Schedule D, Part IV 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😒	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 😒	11b		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
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 \Im	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 😒	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 ⁹ <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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	Yes	
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	Yes	0 /2015
		F	orm 99	0 (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i>	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	28a		No
	IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M \cdot .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $$.	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99	0 (2016)

Form	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 11			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
L	this return	2b		No
U	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb	Yes	
4a	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		No
b	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		50		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			<u> </u>
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
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? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Form **990** (2016)

FOITIN	990 (2	2016)			Page o
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	ines
		Check if Schedule O contains a response or note to any line in this Part VI			\checkmark
Se	ction	A. Governing Body and Management			1
	<u> </u>			Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 12			
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 12			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4		he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	• Did th	he organization become aware during the year of a significant diversion of the organization's assets?	- 4 5		No
6		he organization have members or stockholders?	6		No
		he organization have members, stockholders, or other persons who had the power to elect or appoint one or more	-		
	mem	bers of the governing body?	7a		No
	perso	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b		No
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing			
а	-	joverning body?	8 a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8 b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		1
				Yes	No
		he organization have local chapters, branches, or affiliates?	10a		No
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, pranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has t form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Dıd ti	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were conflı	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Dıd tl	he organization have a written whistleblower policy?	13		No
14	Dıd tl	he organization have a written document retention and destruction policy?	14	Yes	
15	Dıd ti perso	he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	r officers or key employees of the organization	15b	Yes	
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
Ь	ın joli	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b		
Se	ction	C. Disclosure	L		·
17		he States with which a copy of this Form 990 is required to be filed			
18	Sectio availa	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection Indicate how you made these available. Check all that apply			
		Dwn website 🛛 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	-	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20

State the name, address, and telephone number of the person who possesses the organization's books and records CHARLOTTE STONE 2501 W TRENTON RD EDINBURG, TX 78539 (956) 686-1141

	If "Yes" to line 15a or 15b, describe the p
16a	Did the organization invest in, contribute

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours	Positio tha pers	n (da an on on is	(C) o not e bo both) t ch ox, ι h ar		ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Dr Steve Bentsen Director	1 00 0 00	x						0	0	0
(2) AMANDA GOMEZ Director	1 00	x						0	0	0
(3) JON SIGRIST Director	1 00	x						0	0	0
(4) ADELLE BOTTOM	0 00	x						0	0	0
Director (5) Jim Spence Treasurer	0 00 1 00	×						0	0	0
(6) BRENT BALDREE Vice President	1 00	x						0	0	0
(7) JOSEPH HOLAND Director	1 00	x						0	0	0
(8) BARBARA GUERRA Director	1 00 0 00	x						0	0	0
(9) DANIEL GALVAN Director	1 00 0 00	x						0	0	0
(10) SONNY HILDRETH Director	1 00 0 00	х						0	0	0
(11) DR BRUCE GRAY Director	1 00	x						0	0	0
(12) BRANDON WALLACE Past President	1 00	x						0	0	0
(13) CARLOS YZAGUIRRE President	1 00	x						0	0	0
(14) JOHN KING Director	1 00 0 00	x						0	0	0
(15) Keely Lewis Secretary	1 00 0 00	x						0	0	0
(16) CHARLES L MEYER Director	1 00	x						0	0	0
(17) F NEAL RUNNELS Director	1 00	x						0	0	0
					-	•				Form 990 (2016)

Part VII Section A. Officers, Direct	ore Tructoos K	av Em	nlov			d Hia	ho	ct Companyat	d Employees	(cont	inued)	Page 8
(A) Name and Title	(B) Average hours per week (list any hours	Position than construction is b	on (d	(C o no ox, u an of) ot ch unle ficei	eck mo ss pers r and a	ore	(D) Reportable compensation from the organization (W	(E) Reportabl compensati from relate	e Ion ed	(F Estim amount o comper from	ated of other isation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	- 2/1099-MISC)) (Ŵ- 2/109 MISC)	9-	organızat relai organız	ted
(18) BRANDON HAUSENFLUCK	1 00	x							0	0		C
Director	0 00									Ŭ		
(19) RON KILBY	1 00	x							0	о		C
Director	0 00											
(20) TIM OUSLEY Executive Dir	40 00			×					0	0		C
				-								
								l				
1b Sub-Total c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	rt VII, Section A											
 2 Total number of individuals (including of reportable compensation from the compensation) 	but not limited to						ceıv	red more than \$1	00,000			
											Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			key	emp •	loye •	e, or h	nighe	est compensated	employee on	3		No
4 For any individual listed on line 1a, is organization and related organizations individual									n the	4		No
5 Did any person listed on line 1a receiv services rendered to the organization?									vidual for	5		No
Section B. Independent Contracto	ors										1	
Complete this table for your five higher from the organization Report compen	est compensated in	•								mpen	sation	
Name a	(A) nd business address							Desc	(B) ription of services		(C Comper	
CORPORATE SOLUTIONS								PAYROLL LE			comper	193,847
1406 DOVE MCALLEN, TX 78504												

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

Form	990	(2016)

	/	
Part VIII	Statement of	Revenue

Page 9	

	Check if Schedule O contains a	a response (or note to any	line in th	us Part VIII				🗆
				A) Total re		Relat exe fund	B) red or mpt stion enue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a Federated campaigns .	1a	1		I				
ints Inte	b Membership dues	1b							
513 N01	c Fundraising events	1c							
S. (Ar	d Related organizations	1d							
lar lar	e Government grants (contributions)	1e							
imi s, l		Ie							
ution ier Si	 f All other contributions, gifts, grants, and similar amounts not included above 	1f	732,314						
Contributions, Gitts, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$								
an Co	h Total.Add lines 1a-1f		. ►	7	732,314				
١۴	-		Business	Code					
พล	2a ADOPTIONS			900099	2	56,804	256,	804	
Ę.	b CLAIMS			900099		45,193	45,	193	
IC e	C Fees & Contracts Gov Agencies			900099	1,73	39,392	1,739,	392	
er v	d MISC FEES AND CHARGES			900099	!	51,869	51,	869	
μ	e RABIES			900099		19,147	19,	147	
Program Service Revenue	f All other program service revenue								
द्व	g Total. Add lines 2a-2f	. 🕨	2,1	12,405					
	3 Investment income (including divid	ends. intere	est, and other	1					Т
	sımılar amounts)	•	►	<u> </u>	44,029				44,029
	4 Income from investment of tax-exe		proceeds 🕨 🕨		0				
	5 Royalties		. >		334				334
	(I) Real	(II) Personal	-					
	6a Gross rents								
	b Less rental expenses								
	c Rental income or (loss)								
	d Net rental income or (loss)		• • •	1	0				
	(ı) Securit		(II) Other						
	7a Gross amount from sales of assets other than inventory								
	b Less cost or other basis and sales expenses			-					
	C Gain or (loss)			ļ					
	d Net gain or (loss)		•	ļ	0				
an	8a Gross income from fundraising even (not including \$	of							
Other Revenue	See Part IV, line 18	a	315,196						
г Н	b Less direct expenses c Net income or (loss) from fundrais	b ing events		J	217,978				217,978
the	9a Gross income from gaming activiti	-	••••	1					· · · ·
Ó	See Part IV, line 19	J							
		а	783,654						
	b Less direct expenses	Ь	750,889		22.765			10.24	12 422
	c Net income or (loss) from gaming	activities .	• •	1	32,765			19,34	3 13,422
	LOaGross sales of inventory, less returns and allowances .	а							
	b Less cost of goods sold	b							
	c Net income or (loss) from sales of				0				
-	Miscellaneous Revenue	Βι	isiness Code	-					
	11a								
	Ь								+
									ļ
	c						Γ		
	d All other revenue								
	e Total. Add lines 11a-11d				0				
	12 Total revenue. See Instructions						2 4 4 5 4		
			·		3,139,825		2,112,405	19,34	3 275,763

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			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraısıngexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0		5 1	
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
ä	a Management	265,000	135,000	70,000	60,000
I		0			
	Accounting	0			
c		0			
	Professional fundraising services See Part IV, line 17	0			
1	Investment management fees	0			
9	JOther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,908	16,745	11,163	
12	Advertising and promotion	6,799	6,799		
13	Office expenses	78,306	70,475	7,831	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	148,341	140,924	7,417	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	59,559	59,559		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	232,880	221,236	11,644	
23	Insurance	38,760	31,008	7,752	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a LEASED EMPLOYEES	1,646,794	1,616,536	26,155	4,103
	b Medical and Euthanasia Exp	274,937	274,937		
	c Veterinary Expense	122,282	122,282		
	d Shelter supplies & equip	101,441	101,441		
	e All other expenses	317,681	307,361	6,624	3,696
25	Total functional expenses. Add lines 1 through 24e	3,320,688	3,104,303	148,586	67,799
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here 🕨 🗋 if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			118,309	1	187,377
	2	Savings and temporary cash investments .		[1,319,792	2	0
	3	Pledges and grants receivable, net		. [3	0
	4	Accounts receivable, net		[4	0
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations				5	0
	6	II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio				5	
s		contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L				6	0
ssets	7	Notes and loans receivable, net				7	0
Ass	8	Inventories for sale or use	• •	· _		8	0
~	9	Prepaid expenses and deferred charges	· •	· · _	76	9	202
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,719,907			
	b	Less accumulated depreciation	10b	1,557,866	2,698,180	10c	5,162,041
	11	Investments—publicly traded securities .			701,273	11	1,128,804
	12	Investments—other securities See Part IV, line	11 .			12	0
	13	Investments—program-related See Part IV, line	e 11 .	· [19,938	13	27,703
	14	Intangible assets	[13,259	14	11,510	
	15	Other assets See Part IV, line 11		[15	0
	16	Total assets.Add lines 1 through 15 (must equ	al line :	34)	4,870,827	16	6,517,637
	17	Accounts payable and accrued expenses			6	17	4
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		F		20	
(A	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ab		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela	ted thu	rd parties		23	1,827,675
	24	Unsecured notes and loans payable to unrelated	l third p	parties	20,046	24	20,046
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D		to related third parties,		25	
	26	Total liabilities.Add lines 17 through 25 .			20,052	26	1,847,725
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets	58), ch and 34	neck here ► 🗹 and 4.	4,652,572	27	4,471,709
als	28	Temporarily restricted net assets	_	-		28	
1 B	29	Permanently restricted net assets	•	· · · · · ·	198,203	29	198,203
nne		Organizations that do not follow SFAS 117	(ASC 0	158)	,200		
or	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds	rough			20	
				••••		30	
Assets	31	Paid-in or capital surplus, or land, building or ed				31	
	32	Retained earnings, endowment, accumulated in	lome, c	or other tunas	4 050 775	32	4 660 040
Net	33	Total net assets or fund balances	•••	\cdots	4,850,775	33	4,669,912
	34	Total liabilities and net assets/fund balances .	•		4,870,827	34	6,517,637 Form 990 (2016)

Form	990 (2016)				Page 12
Par	t XI Reconcilliation 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		3,	,139,825
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,	,320,688
3	Revenue less expenses Subtract line 2 from line 1	3			180,863
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,	,850,775
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,	,669,912
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both	na			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate ba consolidated basis, or both	asıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	gle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed	Зb		

Additional Data

 Software ID:
 16000303

 Software Version:
 2016v3.0

EIN: 74-1819910

Name: PALM VALLEY ANIMAL CENTER FKA HUMANE SOCIETY OF THE UPPER VALLEY

Form 990 (2016)

Form 990, Part III, Line 4a: PROVIDED ADOPTION SERVICES, MEDICAL TREATMENT, HUMANE TREATMENT OF LOST/STRAY ANIMALS

efil	e GR/	APHIC prin	1t - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493310007757
SCI	HED			Public (Charity Statu	s and Put	lic Supp	ort -	OMB No 1545-0047
(For	m 99		Con		rganization is a sect				2016
990I	EZ)				4947(a)(1) nonexe ► Attach to Form 9				2010
		the Treasury	► Inf	ormation abou	ıt Schedule A (Form			ictions is at	Open to Public Inspection
Nam	e of th	ne organiza			<u>www.ms.g</u>	<u> </u>		Employer identific	
		ANIMAL CENT SOCIETY OF T	er He upper vali	_EY				74-1819910	
	rt I				us (All organization			See instructions.	
	rganiz		•		it is (For lines 1 thro				
1					sociation of churches of			(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	edule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperat	ive hospital serv	vice organization descr	ibed in section	170(b)(1)(A)(iii).	
4			esearch orga and state _	nızatıon operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operate (iv). (Comple		t of a college or univer	sity owned or op	erated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	\checkmark			mally receives ((vi). (Complete	a substantial part of it: Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	ribed in sectior	170(b)(1)(A)(vi)	(Complete Part I	[)		
9					escribed in 170(b)(1) ee instructions Enter t				ege or university or a
10		from activit	ies related to income and	o its exempt fun unrelated busin	(1) more than 331/3% ctions—subject to cert ess taxable income (le implete Part III)	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11					exclusively to test for	public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations o	l exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	tion 509(a)(2). See section 509(a	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup		ervised or controlled ii ation vested in the san and C.				
С					supporting organization ons) You must com j				ted with, its
d		functionally	integrated	The organizatio	d. A supporting organi n generally must satisf ' t IV, Sections A and	fy a distribution i			
e					ved a written determin integrated supporting		RS that it is a Ty	ре I, Туре II, Туре II	[functionally
f	Enter	the number	of supported	organizations					
g				on about the su	pported organization(·			
organization Is the organization listed in Amount of Amount (described on lines your governing document? monetary support support				(vi) Amount of other support (see ınstructions)					
						Yes	No		

Total

Schedule A (Form 990 or 990-EZ) 2016

Page **2**

P	art II Support Schedule for (Complete only if you ch						
	III. If the organization fa						
S	ection A. Public Support						
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not	2,553,996	2,960,844	2,861,749	2,715,184	2,844,719	13,936,492
	include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid						0
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to						0
_	the organization without charge						
4	Total. Add lines 1 through 3	2,553,996	2,960,844	2,861,749	2,715,184	2,844,719	13,936,492
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						0
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						
•	from line 4						13,936,492
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ►	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
7		2,553,996	2,960,844	2,861,749	2,715,184	2,844,719	13,936,492
8	Gross income from interest,	2,000,000					
-	dividends, payments received on	29,103	43,947	37,383	34,584	44,363	189,380
	securities loans, rents, royalties and	29,105	43,547	57,505	54,504	++,505	109,500
	income from similar sources						
9	Net income from unrelated business activities, whether or not the		8,875		2,653	19,343	30,871
	business is regularly carried on		-,		_,		,
10	- ,						
	or loss from the sale of capital	94,281	155,262	133,487	575,501	231,400	1,189,931
11	assets (Explain in Part VI) Total support. Add lines 7 through						
	10						15,346,674
12	Gross receipts from related activities,	etc (see instructio	ns)	•	•	12	
13	First five years. If the Form 990 is for	or the organization'	s first, second, thir	d, fourth, or fifth	tax vear as a sect	ion 501(c)(3) organ	nization,
	check this box and stop here	-					,
S	ection C. Computation of Public	c Support Perce	entage				
	Public support percentage for 2016 (In			umn (f))		14	90 810 %
	Public support percentage for 2015 Sc					15	91 480 %
	33 1/3% support test—2016. If the			n line 13, and line	14 is 33 1/3% or		
	and stop here. The organization qual					,	
ŀ	33 1/3% support test—2015. If th				nd line 15 is 33 1/.	3% or more, check	
	box and stop here. The organization	n qualifies as a publ	icly supported ora;	anization			
17a	10%-facts-and-circumstances tes				13, 16a, or 16b,	and line 14	
	is 10% or more, and if the organizatio	on meets the "facts-	-and-circumstance:	s" test, check this	box and stop her	e. Explain	
	in Part VI how the organization meets	the "facts-and-circ	umstances" test T	he organization qi	ualifies as a public	ly supported	
	organization						
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organi: Explain in Part VI how the organization						
		si meets the racts		s test me organ	ization quaimes a:	s a publiciy	▶□
	supported organization Private foundation. If the organizati	on did not chock a	hox on line 13, 14	a 166 17a ar 17	h check this hav	and see	
τg	instructions	оп ини пот спеск а	box on line 15, 16	a, 100, 1/a, 01 1/	D, CHECK UNS DOX		
	IDSTRUCTIONS						

Part IIII 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.)

C .	ction A Public Support	quality under t		below, please co	inplete Fait II.	1	
	ection A. Public Support Calendar year						
	(or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	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						
	organization'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						
F	Amounts included on lines 2 and 3						
U	received from other than disgualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
	ection B. Total Support			1	1	1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9							
10a	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
4.2	regularly carried on Other income Do not include gain or			+			
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, ti	hird, fourth, or fift	h tax year as a se	ection 501(c)(3) of	
	check this box and stop here						▶□
S	ection C. Computation of Public						
15	Public support percentage for 2016 (lin	e 8, column (f) d	ivided by line 13,	column (f))		15	
16	Public support percentage from 2015 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest	ment Income	Percentage				
17							
18							
	331/3% support tests—2016. If the			on line 14 and lir	e 15 is more that		e 17 is not
та9							
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2015. If the	-					
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	ganization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	
	Schedule A (Form 990 or 990-EZ) 2016						

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

Section A. All Supporting Organizations

			Yes	No	
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	1			
	In section 509(a)(1) or (2)	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a			
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				
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	Зb			
Ľ	If "Yes," explain in Part VI what controls the organizations was used exclusively for section 170(c)(2)(B) purposes?	3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below				
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a			
U	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b			
с	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections Solice(2) and Sol(2)(1) or (2)2 if "Voc " organization Bast VI what controls the organization used to onsure that all support	10			
	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 (b) and (c) 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 of nemoved, (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)				
Ь	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?	5b			
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c			
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? <i>If "Yes," provide detail in Part VI.</i>	6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ)	_			
		7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8			
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 .	9a			
Ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	98			
2	organization had an interest? If "Yes," provide detail in Part VI.	9 b			
с	Did a disqualified person (as defined in 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.				
10~	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9c			
100	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10-			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		<u> </u>	
D	the organization had excess business holdings in the tax year (ose schedule C, Point 4720, to determine whether				

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the а governing body of a supported organization?
- b A family member of a person described in (a) above?
- A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI С

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint o elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa **VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) 1

The organization satisfied the Activities Test Complete line 2 below

3

- b The organization is the parent of each of its supported organizations Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) С

2 Activities Test Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of 3a the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2016

3b

	Yes	No
11a		
11b		
11 c		

		Yes	No
or			
or art			
	1		
	2		

Yes

1

No

Т

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1 Net short-term capital gain
- 2 Recoveries of prior-year distributions
- з Other gross income (see instructions)
- Add lines 1 through 3 4
- 5 Depreciation and depletion
- 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)

7	Other	expenses	(see instructions)	
	Other	CAPCINGCO .	(See maduucions)	

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	

- a Average monthly value of securities
- **b** Average monthly cash balances
- c Fair market value of other non-exempt-use assets

Section B - Minimum Asset Amount

- d Total (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- Subtract line 2 from line 1d 3
- Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- з Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

(B) Current Year

(optional)

(A) Prior Year

1a

1b

1c 1d

2

3

4

5

6

7 8

Schedule A (Form 990 or 990-EZ) 2016

			Fage 7			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions			Current Year			
1 Amounts paid to supported organizations to accompli	sh exempt purposes					
 Amounts paid to perform activity that directly further excess of income from activity 	s exempt purposes of supported	organizations, in				
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organizat	ions				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval requi	red)					
6 Other distributions (describe in Part VI) See instructi	ons					
7 Total annual distributions. Add lines 1 through 6						
8 Distributions to attentive supported organizations to details in Part VI) See instructions	which the organization is respor	isive (provide				
9 Distributable amount for 2016 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
	1	1	1			
Section E - Distribution Allocations (see	(i)	(ii)	(iii)			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
 Applied to underdistributions of prior years 			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Support Schedule Other Income Explanation	Other income includes net revenues from fundrasing events, bingo activities, and a gain on sale of securities and an easement

Schedule A (Form 990 or 990-F7) 2016

efile GRAPHIC p	rint - DO NOT PROCESS	As Filed Data -				DLN: 93493310007757
SCHEDULE D (Form 990)	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.					OMB No 1545-0047
Department of the Treasury						2016 Open to Public
Internal Revenue Service	Information about Schedule	D (Form 990) and	its instructions is at			
Name of the organ PALM VALLEY ANIMAL O	CENTER				• •	dentification number
FKA HUMANE SOCIETY Part I Organi	izations Maintaining Donor	Advised Funds	or Other Similar F		4-1819910	
	ete if the organization answere				accounts.	
1 Total number	at end of year	(a) Donor ad	vised funds		(b) Funds a	nd other accounts
2 Aggregate val	ue of contributions to (during					
year) 3 Aggregate val	ue of grants from (during year)					
4 Aggregate val	ue at end of year					
	ation inform all donors and donor rganization's property, subject to			lonor advis	ed	🗌 Yes 🗌 No
used only for ch	ation inform all grantees, donors, naritable purposes and not for the ermissible private benefit?				r purpose	🗌 Yes 🗌 No
Part II Conse	rvation Easements. Comple	te if the organizati	on answered "Yes" (on Form 9	90, Part I	
1 Purpose(s) of c	onservation easements held by th	e organization (chec	< all that apply)			
Preservati	on of land for public use (e g , rec	creation or education) Preservatio	on of an his	storically im	portant land area
Protection	of natural habitat		Preservation	on of a cert	ified histori	c structure
Preservati	on of open space					
easement on th	2a through 2d If the organization le last day of the tax year	held a qualified cons	ervation contribution ir	n the form	-	vation at the End of the Year
	conservation easements			2		
-	estricted by conservation easemer		luded in (e)	2	-	
d Number of cons	ervation easements on a certified ervation easements included in (c in the National Register			2 oric 2	_	
3 Number of constax year ►	servation easements modified, tra	nsferred, released, e	xtinguished, or termina	ated by the	organizatio	on during the
4 Number of state	es where property subject to cons	ervation easement is	located ►			
	ization have a written policy regaint of the conservation easements		nitoring, inspection, ha	andling of v	violations,	🗌 Yes 🗌 No
6 Staff and volun	teer hours devoted to monitoring,	inspecting, handling	of violations, and enfo	orcing cons	ervation ea	sements during the year
7 Amount of expe ► \$	enses incurred in monitoring, insp	ecting, handling of vi	olations, and enforcing	ı conservat	ion easeme	nts during the year
and section 170		.,	·	·		🗌 Yes 🗌 No
balance sheet,	scribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to th				
	izations Maintaining Collected end of the organization answered end of the organization and the org			or Other	Similar A	Assets.
1a If the organizat art, historical tr	ion elected, as permitted under S easures, or other similar assets h XIII, the text of the footnote to i	FAS 116 (ASC 958), eld for public exhibiti	not to report in its reve on, education, or resea	arch in furt		
b If the organizat historical treasure	ion elected, as permitted under S ures, or other similar assets held f nts relating to these items	FAS 116 (ASC 958),	to report in its revenue	e statemen		
5	ded on Form 990, Part VIII, line 1				▶ \$	
(ii)Assets included	l ın Form 990, Part X				► \$	
	tion received or held works of art, nts required to be reported under				– al gaın, pro	vide the
a Revenue includ	ed on Form 990, Part VIII, line 1				►\$_	
b Assets included	ın Form 990, Part X				▶ \$	

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

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

d Equipment .

e Other .

. .

Sche	dule D	(Form 990) 2016											Page 2
Par	t III	Organizations Ma	aintaining Col	lections of A	Art, Histo	ical T	reas	ures, oi	^r Other	Similar A	ssets (cont	inued)	
3) the organization's acqu s (check all that apply)	usition, accession	n, and other re	cords, check	any of	the fo	ollowing t	hat are a	a significant i	use of its col	ection	
а		Public exhibition			d		Loar	or excha	ange prog	grams			
b		Scholarly research			e		Othe	er					
С		Preservation for future	generations										
4	Provid Part >	de a description of the c XIII	organization's col	lections and ex	plain how th	ney furt	her th	e organız	ation's e	xempt purpo	ose in		
5		ig the year, did the orga s to be sold to raise fun								nılar	🗌 Yes	<u>п</u>	0
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			n Form 99	0, Part	IV,	ıne 9, oı	r reporte	ed an amou	unt on Forn	n 990,	Part
1a		e organization an agent, ded on Form 990, Part X		an or other inte	ermedıary fo	r contri	butior	ns or othe	er assets	not	🗌 Yes	□ n	0
b	If "∀e	es," explain the arrange	ment in Part XIII	and complete	the followin	a tabla		1		۵	mount		_
c		nning balance		and complete	the following	y table			1c	-	anounc		_
d	-	ions during the year							1d				_
е		butions during the year							1e				_
f		ig balance							1f				_
2 a		he organization include a	an amount on Fo	rm 990. Part X	. line 21, fo	r escrov	v or cu	ı ustodıal a	iccount li	ability?			_
b		es," explain the arranger	ment ın Part XIII	Check here If	the explana	tion has	s beer	n provideo	d ın Part	×III			0
Pa	rt V	Endowment Fund	is. Complete if							-			
1_	Paging			(a)Current ye	ear (b)	Prior yea	r	(c)Two y	ears back	(d)Three ye	ars back (e)	Four year	rs back
	-	ing of year balance .	• • •	10	8,203	200	0,000						
		outions	s and losses	19	0,203		1.797						
		vestment earnings, gain or scholarships											
	Other e	expenditures for facilitie											
f		ograms Istrative expenses .											
		year balance	•••	19	8,203	198	3,203						
-		de the estimated percer							_				
2 a		de the estimated percer d designated or quasi-er	-	ent year end ba	alance (line	rg, colu	mn (a	i)) neia a	5				
		anent endowment ►	100 000 %										
b		orarily restricted endow											
С		percentages on lines 2a,		ld equal 100%									
3a	Are t	here endowment funds i		•		at are h	eld ar	nd admini	istered fo	or the			
	-	nization by									2-(1)	Yes	No
		nrelated organizations		• • •		• •	• •	• •			3a(i) 3a(ii)	+	No No
b	• •	elated organizations . es" on 3a(ii), are the rela		is listed as reg	ured on Sch	edule R	· ·	• •			3a(11)	+	No
4		ribe in Part XIII the inte	-										
Pa	rt VI	Land, Buildings, a Complete of the org			Form 990	Part	TV lu	ne 11a	See For	m 990 Pa	rt X line 1())	
	Descri	ption of property	(a) Cost or oth (investme	ner basıs (I	b)Cost or othe	/		1		depreciation		ook value	9
12	Land					3	64,196						364,196
	Buildin	-					12,894			666,396			3,946,498
		old improvements					83,909			259,309			224,600
		nent					92,069			138,764			53,305

1,066,839

Total. Add lines 1a through 1e (Co	olumn (d) must equal Form 9	90, Part X, column (B), line 1	10(c)) 🕨

573,442

5,162,041

493,397

	Form 990) 2016			Page 3
Part VII	Investments—Other Securities. Complete if the organization See Form 990, Part X, line 12.	ation ansi	wered 'Yes' on Form 990	, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book value		of valuation year market value
(1)Financial (2)Closely-he (3)Other	derivatives			·
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organi See Form 990, Part X, line 13.	zation an	swered 'Yes' on Form 99	0, Part IV, line 11c.
	(a) Description of investment (b)	Book value	(c) Method Cost or end-of-	d of valuation year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Fo (a) Description	orm 990, Pa	art IV, line 11d See Form 9	90, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "			► o or 11f
	See Form 990, Part X, line 25.			e of 111.
1. (1) Federal Ir	(a) Description of liability icome taxes	(D) E	Book value	
(2)				
(2)				
(4) (5)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)			

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 3,159,825 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a а Donated services and use of facilities 2h 20.000 h c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII) Add lines 2a through 2d . . . 20.000 е 2e 3 Subtract line **2e** from line **1** 3 3.139.825 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 4h h Add lines **4a** and **4b** 4c С Total revenue Add lines **3** and **4c**. (This must equal Form 990, Part I, line 12) 5 5 3.139.825 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 3.340.688 1 1 2 Amounts included on line 1 but not on Form 990. Part IX, line 25 Donated services and use of facilities 20.000 2a а b Prior year adjustments . . . 2h 2c Other losses С Other (Describe in Part XIII) 2d d . Add lines 2a through 2d . . . 20,000 е 2e 3 Subtract line **2e** from line **1** . . . 3 3,320,688 4 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 . . 4a а Other (Describe in Part XIII) 4b b Add lines **4a** and **4b** . С **4**c 5 5 Total expenses Add lines **3** and **4c**. (This must equal Form 990, Part I, line 18) 3,320,688

Part XIII Supplemental Information

Schedule D (Form 990) 2016

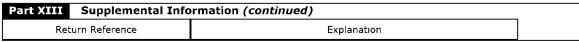
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

	Return Reference
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SCHEDULE G		Suppl	emer	ntal Ir	nfor	rmation Reg	arding		OMB No 1545-0047
(Form 990 or 990-EZ)						aming Activ	-		2016
		Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the							
	rtment of the Treasury nal Revenue Service	-	►A	ttach to Fo	orm 99	\$15,000 on Form 990-EZ, 90 or Form 990-EZ.		<i>//</i>	Open to Public Inspection
	e of the organization	Information about Sche	dule G (Fo	orm 990 or	990-E	EZ) and its instructions is	s at www irs		entification number
	I VALLEY ANIMAL CENTER HUMANE SOCIETY OF THE							74-1819910	
		ctivities.Complete	f the or		00.3	nswered "Ves" on I	Form 990		17
FC		ers are not required		-			0m 990,	Fait IV, inte I	
1	Indicate whether the org	•		•			k all that a	pply	
а	Mail solicitations		-		е	Solicitation of no			
b	 Internet and email so	olicitations			f	Solicitation of go	- overnment g	grants	
с	Phone solicitations				g	Special fundraisi	ng events		
d	In-person solicitation	IS			-	-	-		
2 a	Did the organization hav		ement w	uth any u	nduvic	dual (including officer	s directors	trustees	
24	or key employees listed							-	es 🗆 No
b	If "Yes," list the ten high to be compensated at lea			fundraise	ers) p	oursuant to agreemen	ts under wł	nich the fundrais	er is
							I		
(i) Name and address of individual	(ii) Activity) Dıd ser have	(i	iv) Gross receipts from activity		ount paid to ained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)			custody or control of				fundrais	ser listed in	organization
			contrit	outions?				ol (i)	
			Yes	No	1				
									_
Tota	al	•		►					

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

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

chedule G	(Form	990	or 990-EZ)	2016
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Expenses

Direct

Revenue

Expenses |

Direct

9

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **Puppy Love** other misc (add col (a) through (total number) (event type) (event type) col (c)) Revenue 29,780 1 Gross receipts . 277,018 306,798 2 Less Contributions . 3 Gross income (line 1 minus 29,780 277,018 306,798 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 80.239 9,246 89,485 **10** Direct expense summary Add lines 4 through 9 in column (d) ► 89,485 11 Net income summary Subtract line 10 from line 3, column (d) . 217,313 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . 442.941 340,713 783,654 2 Cash prizes 3 Noncash prizes 269,413 361,968 631,381 4 Rent/facility costs 26,228 20,173 46,401 5 Other direct expenses 41,323 31,784 73,107 % Yes Yes Yes % % 6 Volunteer labor \checkmark No \checkmark No \checkmark No **7** Direct expense summary Add lines 2 through 5 in column (d) 750,889 Net gaming income summary Subtract line 7 from line 1, column (d). ► 32,765 Enter the state(s) in which the organization conducts gaming activities TX ⊻Yes □No Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain . b

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes V No b If "Yes," explain .

Schedule G (Form 990 or 990-EZ) 2016

Sche	dule G (Form 990 or 990-EZ) 2016					Page 3
11	Does the organization conduct gaming	activities with nonmemb	ers?		🗹 Yes	
12	Is the organization a grantor, benefici formed to administer charitable gamir		r a member of a partnership or other entity		√ Yes	
13	Indicate the percentage of gaming act	civity conducted in				
а	The organization's facility			13a		%
b	An outside facility			13b		100 000 %
14	Enter the name and address of the pe	rson who prepares the org	ganızatıon's gamıng/specıal events books and re	cords		
	Name CARRALES & COMPANY	CPA LLP				
	Address > 1217 W PECAN BLVD McALLEN, TX 78501					
15a	Does the organization have a contract revenue?				□ Yes	No No
b			and th	e		
	amount of gaming revenue retained b	· · · · · <u> </u>				
С	If "Yes," enter name and address of t	ne third party				
	Name 🕨					
	Address Þ					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation \blacktriangleright \$					
	Description of services provided >					
	Director/officer	Employee	☐ Independent contractor			
17	Mandatory distributions					
а	-	te law to make charitable	distributions from the gaming proceeds to			
	retain the state gaming license?				🗌 Yes	🗹 No
b	•		ibuted to other exempt organizations or spent			
	In the organization's own exempt activ	2 1		. ()		ad Daut
Pa		15c, 16, and 17b, as ap	ations required by Part I, line 2b, columns oplicable. Also complete this part to provid			
	Return Reference		Explanation			

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SCHEDULE O	Supplement	al Informatio	on to Form 990 or 990-E7	OMB No 1545-0047	
(Form 990 or 990- EZ)	Orm 990 or 990- 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 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at		at Open to Public		
Internal Revenue Service		www.irs.go	v/form990.	Inspection	
Name of the organization Employer identification number PALM VALLEY ANIMAL CENTER				r identification number	
FKA HUMANE SOCIETY OF THE UPPER VALLEY 74-1819910				10	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	BOARD MEMBERS REVIEWED AND ACCEPTED THE CURRENT FORM 990 AT THEIR BOARD MEETING

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE ORGANIZATION HAS A POLICY THAT REQUIRES COMPETITION AND LIMITS BUSINESS DONE WITH ANY OFFICERS AND DIRECTORS NONE OF THE OFFICERS AND DIRECTORS WERE COMPENSATED BY THE ORGANIZ ATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	BOARD MEMBERS COMPARE COMPENSATION TO LOCAL MARKET AND APPROVAL IS NOTED IN BOARD MEETING MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	BOARD MEMBERS COMPARE COMPENSATION TO LOCAL MARKET AND APPROVAL IS NOTED IN BOARD MEETING MINUTES

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	YES, UPON REQUEST