Form **990**

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.

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

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

ΑI	For the	2023 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identifi	cation number
	Addres	THE RESCUE VILLAGE FOUNDATION				
	Name change	Doing business as			45-33376	18
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street add 7840 MAYFIELD ROAD	lress)	Room/suite	E Telephone numbe (440) 72	or 9-8284
	termin ated		stal code		G Gross receipts \$	533,435.
	Ameno	1 , , , , , , , , , , , , , , , , , , ,			H(a) Is this a group re	
	Application		ENE		for subordinates	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	
Τ.	Гах-ехе	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) () (insert no.) $\overline{}}$	4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Websit		. , , ,		H(c) Group exemption	n number
K	orm of	organization: X Corporation Trust Association C	Other	L Year	of formation: 2011	M State of legal domicile: OH
	art I	Summary				-
	1	Briefly describe the organization's mission or most significant activiti	ies: THE	FOUNDA	TION IS ORG	ANIZED
Governance		EXCLUSIVELY TO SUPPORT THE OPERATION	ONS OF	GEAUG	A COUNTY HUM	ANE
ra	2	Check this box if the organization discontinued its operat	ions or dispos	sed of more	than 25% of its net as:	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			3	4
		Number of independent voting members of the governing body (Part	t VI, line 1b)			4
Se	5	Total number of individuals employed in calendar year 2023 (Part V,	line 2a)			0
ξį	6	Total number of volunteers (estimate if necessary)			6	4
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line	11			0.
					Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			3,311.	15,320.
enc	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			327,834.	462,696.
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			0.	0.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column			331,145.	478,016.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
					0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
X	_b	Total fundraising expenses (Part IX, column (D), line 25)		<u> </u>	3,842.	7 220
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				7,228.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)		3,842. 327,303.	470,788.
		Revenue less expenses. Subtract line 18 from line 12		Re	eginning of Current Year	End of Year
Net Assets or	20	Total accets (Part V. line 16)			15,942,440.	18,402,944.
ASSE	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			0.	0.
let /	22	Net assets or fund balances. Subtract line 21 from line 20			15,942,440.	18,402,944.
Pa	art II	Signature Block				10/102/5111
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompa	nvina schedule:	s and statem	ents, and to the best of my	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all in				,
	,			1 1		
Sig	n	Signature of officer			Date	
Her		BRIAN R GREENE, TREASURER				
		Type or print name and title				
		Print/Type preparer's name Preparer's signatu	ire		Date Check	PTIN
Paid	i			1	$\lfloor 1/12/24 vert^{ ext{if}}$ self-employ	P00285983
Pre	parer	Firm's name MEADEN & MOORE, LTD.				4-1818258
Use	Only	Firm's address 1375 EAST NINTH STREET, SU	ITE 180	0 0		
		CLEVELAND, OH 44114-1790			Phone no. 21	6-241-3272
	. 41 15	2S discuse this return with the preparer shown above? See instruction			·	X Ves No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE RESCUE VILLAGE FOUNDATION IS UTILIZED FOR THE PURPOSE OF
	MAINTAINING THE FUTURE/STABILITY OF THE GEAUGA COUNTY HUMANE SOCIETY,
	INC. DBA RESCUE VILLAGE (GCHS) AND ASSISTING IN ANY SUPPORT NEEDED TO
	ACCOMPLISH THE MISSION OF GCHS.
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
3	· · · · · · · · · · · · · · · · · · ·
	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 \$
	THE RESCUE VILLAGE FOUNDATION PROGRAMMING IS ALIGNED WITH THE
	FOUNDATION'S MISSION OF MAINTAINING THE FUTURE/STABILITY OF THE GEAUGA
	COUNTY HUMANE SOCIETY, INC. DBA RESCUE VILLAGE (GCHS) AND ASSISTING IN
	ANY SUPPORT NEEDED TO ACCOMPLISH THE MISSION OF GCHS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (estate of the first of the f
	
	
4 -2	Other are average and income (Deposition on Cabadada O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses

Form 990 (2023) THE RESCUE VILLAGE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		
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?			 ₩
	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		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			 -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.5		
10	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	15		
10		16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	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			_V
	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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

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Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	- 22	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa		· <u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	(2022)

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023) THE RESCUE VILLAGE FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		
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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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?	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	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		Α_
b	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		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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:			
a	Gross income from members or shareholders 11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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				
	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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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THE RESCUE VILLAGE FOUNDATION 45-3337618 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 **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. **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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 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? 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 Х Did the organization have a written document retention and destruction policy? 14 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 List the states with which a copy of this Form 990 is required to be filed OH 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. Another's website X Upon request Own website 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

Form **990** (2023)

44026

OH

BRIAN R GREENE - (440) 729-8284 7840 MAYFIELD ROAD, CHESTERLAND,

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	(do box	not c , unle:	Pos heck i ss per	c) ition more rson i		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KENNETH CLARKE EXECUTIVE DIRECTOR	10.00			Х				0.	137,750.	9,385.
(2) BRIAN GREENE	1.00							0.	137,730.	7,303.
TREASURER	2.00	х		Х				0.	0.	0.
(3) CARRIE RADIVOYEVITCH	1.00								-	
PRESIDENT	2.00	Х		х				0.	0.	0.
(4) JILL SHANKAR	1.00									
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(5) MAGGIE LAYMAN	1.00	<u> </u>								
SECRETARY	2.00	Х		Х				0.	0.	0.
			\vdash							
		1								
		ļ								
		_								
		<u> </u>								000
										Earm 990 (2022)

Section A. Officers, Directors,		oloye	es,			ghes	t C		s (continued)			
(A)	(B)		_	(C				(D)	(E)		(F)	
Name and title	Average	(do		Posi eck n		than o	ne	Reportable	Reportable		Estimat	ed
	hours per	box,	unles	s per	son is	s both	an	compensation	compensation		amount	of
	week	\vdash	er and	a di	recto	r/trust	ee)	from	from related		other	r
	(list any	Individual trustee or director						the	organizations	- 1	ompens	
	hours for	or dir	a.			ated		organization	(W-2/1099-MISC	- 1	from th	
	related	stee	ruste		•	bensa		(W-2/1099-MISC/	1099-NEC)	- 1	organiza	
	organizations below	altru	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		- 1	and rela	
	line)	lividu	stituti	Officer	/ emp	yhest ploy	Former			0	rganizat	ions
	11110)	Ĕ	Ë	₽	Ā.	를 E	요					
		4										
		1										
		1										
		П	\dashv	\dashv								
		1										
		\vdash	\dashv	\dashv		\vdash				+		
		$\mid \cdot \mid$										
		\vdash	\dashv	\dashv						-		
		- 1										
			_	_								
		4										
				_								
1b Subtotal								0.	137,75	0.	9,3	85.
c Total from continuation sheets to Pa								0.		0.		0.
d Total (add lines 1b and 1c)								0.	137,75	0.	9,3	85.
2 Total number of individuals (including								eceived more than \$100.	000 of reportable	•	-	
compensation from the organization					,	,		· · · · · · · · · · · · · · · · · · ·				0
											Yes	No
3 Did the organization list any former of	ficer director trust	oo k	۵V ۵I	mnla	0VA	a or	hia	hest compensated empl	ovee on			
3		-	•	•	•		_	•	•	3		Х
line 1a? If "Yes," complete Schedule J										_ 3	,	- 22
4 For any individual listed on line 1a, is t	•		•					•	•			v
and related organizations greater than										4		X
5 Did any person listed on line 1a receive	•				•			•				l
rendered to the organization? If "Yes,"	' complete Schedule	e J fo	or su	ch p	ers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five higher	st compensated inc	leper	nden	t co	ntra	actor	s th	nat received more than \$	100,000 of compe	nsation	from	
the organization. Report compensation	n for the calendar ye	ear e	ndin	g wi	th o	r wit	hin	the organization's tax y	ear.			
(A)							(B)			(C)	
Name and busi	ness address	NC	NE					Description of s	ervices	Com	pensatio	on
							_					
							\dashv					
							\dashv					
2 Total number of independent contract	ors (including but n	ot lim	nited	to t	hos	e list	ed	above) who received mo	ore than			
Z Total number of independent contract	ors (morading bat m							aboro, miorocorroa im				
\$100,000 of compensation from the or					0						m 990	

45-3337618

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	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
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 2	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5	,	Fundraising events 1c					
fts,	Ì	d Related organizations 1d					
ig je	,	e Government grants (contributions)					
Sir							
utio	ı	All other contributions, gifts, grants, and	15,320.				
들됨		similar amounts not included above 1f	13,320.				
d d	9	Noncash contributions included in lines 1a-1f		15 220			
Og	ľ	Total. Add lines 1a-1f		15,320.			
			Business Code				
e S	2 8	i					
e ≧	k	·					
S c	(·					
ev ev	(d					
Program Service Revenue	•						
₫	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		456,151.			456,151.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 61,964.					
	ŀ	Less: cost or other basis					
ø	•	and sales expenses					
<u> </u>	,	Gain or (loss) 7c 6,545.					
ther Revenue	Ì	dan or (loss)		6,545.			6,545.
<u>~</u>		a Gross income from fundraising events (not		0,343.			0,343.
푩	0 4						
0		· -					
		contributions reported on line 1c). See					
		Part IV, line 18 8a Less: direct expenses 8b					
			1				
		Net income or (loss) from fundraising events					
	9 8	Gross income from gaming activities. See					
	_	Part IV, line 19					
		D Less: direct expenses 9b					
		Net income or (loss) from gaming activities	 I				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold10b					
	(Net income or (loss) from sales of inventory					
S			Business Code				
o o	11 a	ı					
Miscellaneous Revenue	k)					
Sell eve	(
Ais. B	C	All other revenue					
_	•	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		478,016.	0.	0.	462,696.

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 (C) Management and general expenses (**D**) Fundraising 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 3 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, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal 7,000. 7,000. 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.) Advertising and promotion 12 228. 228. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 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.) b d All other expenses 7,228. 0. 7,228. 0. 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)

Part X		Balance Sheet					
		Check if Schedule O contains a response or n	ote to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			15,382.	1	23,478
2		Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net		3			
4		Accounts receivable, net			4		
5	5	Loans and other receivables from any current	or former off	icer, director,			
		trustee, key employee, creator or founder, sub	stantial cont	ributor, or 35%			
		controlled entity or family member of any of th		5			
6	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in section	1 4958(c)(3)(B)		6	
တ္ 7	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use				8	
₹ 9	•	Prepaid expenses and deferred charges				9	
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
		Less: accumulated depreciation			1- 11- 11-	10c	
11		Investments - publicly traded securities		15,927,058.	11	18,379,466	
12		Investments - other securities. See Part IV, line		12			
13		Investments - program-related. See Part IV, line		13			
14		Intangible assets		14			
15	5	Other assets. See Part IV, line 11	1- 212 112	15			
16		Total assets. Add lines 1 through 15 (must ed			15,942,440.	16	18,402,944
17		Accounts payable and accrued expenses				17	
18		Grants payable		18			
19		Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
ပ္မွာ 22		Loans and other payables to any current or for					
≣		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
23		Secured mortgages and notes payable to unre	•			23	
24		Unsecured notes and loans payable to unrelat				24	
25		Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lin	,	·			
		of Schedule D			0.	25	0
26		Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl		X	0.	26	0
တ္ထ		and complete lines 27, 28, 32, and 33.	Heck Here	[21]			
8 27		Net assets without donor restrictions			15,942,440.	27	18,402,944
<u>eg</u> 21 28		Net assets with donor restrictions			13,312,110.	28	10,102,511
표 20 현		Organizations that do not follow FASB ASC				20	
ᇤ		and complete lines 29 through 33.	300, CHECK				
- 5 29		Capital stock or trust principal, or current fund	10			29	
န္ 30		Paid-in or capital surplus, or land, building, or				30	
SS 30 31		Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances 25 28 25 30 31 35 35 35 35 35 35 35 35 35 35 35 35 35		Total net assets or fund balances			15,942,440.	32	18,402,944
ž 32 33		Total liabilities and net assets/fund balances			15,942,440.	33	18,402,944
		Total habilities and het assets/fully baidfices			10/010/1100	JJ	Form 990 (202

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	47		28. 88. 40.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	10 10	၁ 0	11		
Pai	column (B)) rt XIII Financial Statements and Reporting	10	18,40	4,9	44.		
· u	Check if Schedule O contains a response or note to any line in this Part XII						
	Officer if Octreduce O Contains a response of flote to any line in this rait Air			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	O.	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b	Х			
С	consolidated basis, or both: Separate basis Separate basis Separate basis Separate basis Separate basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	х			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

20123

Open to Public Inspection

Employer identification number Name of the organization THE RESCUE VILLAGE FOUNDATION 45-3337618 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) GEAUGA COUNTY INC 23-7358431 HUMANE SOCIETY, Х 0

0.

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.)

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax reversues levied for the organization is 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 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Called and the support of called a support supported organization in the subset of support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten li	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.") 2 Tax revenues levied for the organization is 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 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, selested inc of trons line 4 8 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from inerest, dividends, payments received on securities loans, rents, royalties, and income from ismilar sources 9 Net income from ismilar sources 9 Net income from ismilar sources 9 Net income from line dealth is sources activities, whether or not the business activities, whether or not the business is regularly carried on the business is regularly carried on the business in city of the property. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 Sa 31/3% support test - 2022. If the organization did not check to box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circum	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the property of the portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 povernmental unit or publicly supported organization junctuded on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Jubinet line's sensitive 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from line 4 8 Gross income from line 4 8 Gross income from line's secreted on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the 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) 1 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years, if the Form 900 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 14 15 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 15 3 1/3% support test - 2022. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization indid not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check thi		membership fees received. (Do not						
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organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
AS BY A COUNTY OF THE PROPERTY		-		-	• •	•		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

332022 12-21-23

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

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

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) organization	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
1	X	
2		Х
		21
		Х
3a		
3b		
3с		
4a		Х
ти		
4b		
4c		
_		Х
5a		_A_
5b		
5c		
6		Х
0		
		37
7		X
8		X
9a		Х
9b		Х
30		
0-		Х
9c		
10a		X
10b		
ıle A (Forn	n 990)	2023

Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		v
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		Х
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		- 72
	and 2. Type i capperang cigaminations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	140
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)) <u>-</u>		
а	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 in	struction	′	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0.5		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

5

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

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

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

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE RESCUE VILLAGE FOUNDATION

Employer identification number 45-3337618

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised fands	(b) i dilas ana otner accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6			
•			
Pai			
1	·		
			f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4			
5			
	•		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expanses insurred in manitaring inspecting base	dling of violations, and enforcing concerns	ation accoments during the year
′	Amount of expenses incurred in monitoring, inspecting, hard	alling of violations, and emorcing conserva	dion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170/b	a)(4)(R)(i)
Ū			
9	* * * * * * * * * * * * * * * * * * * *		
	,	•	
		3	
Par		f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Need by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important la Protection of natural habitat Preservation of pen space Preservation of open space Preservation of open space Preservation of conservation easements Preservation of a conservation easements Preservation of conservation easements Preservation contribution in the form of a conservation easements Preservation of conservation easements Preservation Pre		balance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

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

Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	r Sir	nilar A	ssets	(continu	ıed)		
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that make s	signific	cant use	of its				
	collection items (check all that apply).										
а	Public exhibition	d	Loan or excl	hange program							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's exe	mpt p	urpose	in Part	XIII.			
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simila	r asse	ets					
	to be sold to raise funds rather than to be main	ntained as part of th	e organization's col	lection?				Yes		No	
Par	t IV Escrow and Custodial Arrang	ements Complete	e if the organization	answered "Yes" on	Form	990, Pa	art IV, lii	ne 9, or			
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodian	n, or other intermedi	iary for contribution	s or other assets no	t inclu	ded					
	on Form 990, Part X?						\square	Yes		No	
b	If "Yes," explain the arrangement in Part XIII ar				_						
					L			Amount			
С	Beginning balance				L	1c					
	Additions during the year					1d					
	Distributions during the year					1e					
f	Ending balance				L	1f					
2a	Did the organization include an amount on For	m 990, Part X, line 2	21, for escrow or cu	stodial account liab	ility?			Yes		No	
b	If "Yes," explain the arrangement in Part XIII. C										
Par	t V Endowment Funds Complete if the	ne organization ansv	wered "Yes" on For	m 990, Part IV, line	10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) ⊺	hree year	rs back	(e) Four y	/ears b	ack	
1a	Beginning of year balance	15,942,440.	18,588,410.	16,547,328.	_ :	13,631	,506.	10,0	145,7	74.	
b	Contributions	12,135.	3,311.	190,000.		1,000	,000.	1,8	1,800,00		
С	Net investment earnings, gains, and losses	2,424,891.	-2,649,281.	2,041,082.		1,915	,822.	1,7	785,7	32.	
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs			190,000.							
f	Administrative expenses										
g	End of year balance	18,379,466.	15,942,440.	18,588,410.		16,547	,328.	13,6	31,5	06.	
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	100	_%								
b	Permanent endowment	%									
С	Term endowment%)									
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organizat	tion that are held an	d administered for t	he			_			
	organization by:							\	/es	No	
	(i) Unrelated organizations?							3a(i)		<u>X</u>	
								3a(ii)		<u>X</u>	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?					3b			
4	Describe in Part XIII the intended uses of the o		vment funds.								
Par											
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line ⁻	10.					
	Description of property	(a) Cost or ot		or other (c)	Accun	nulated		(d) Book	value		
		basis (investm	ent) basis ((other) de	epreci	ation	_				
1a	Land										
	Buildings						\perp				
С	Leasehold improvements										
d	Equipment	<u> </u>									
	Other										
	Add lines to through to (O. I (1)			(5))			- 1			Λ	

Schedule D (Form 990) 2023

	VILLAGE FOUND	ATION 4	5-3337618 Page
Part VII Investments - Other Securities			<u> </u>
Complete if the organization answered "Yes	_		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes	" on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	71a. 366 1 6111 666, 1 art X, iii 6 16.	(b) Book value
(1)	, 2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(a) Deen raise
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, c	ol. (B))		
Part X Other Liabilities Complete if the organization answered "Yes	" on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	25
1. (a) Description of liability	0111 01111 000, 1 urt 14, mile	110 01 1111 000 1 0111 000, 1 0117, 1110 2	(b) Book value
(1) Federal income taxes			()
(2)			
(3)			
(4)			
(5)			
(6)			

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

Schedule D (Form 990) 2023

(7) (8) (9)

THE CONSOLIDATED FINANCIAL STATEMENTS OF THE GEAUGA COUNTY HUMANE SOCIETY, WHICH INCLUDES THE ACTIVITIES OF THE RESCUE VILLAGE FOUNDATION, THE FOLLOWING DISCLOSURE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES:

THE ORGANIZATION ADOPTED THE PROVISIONS OF "ACCOUNTING FOR UNCERTAINTY IN

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.

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE RESCUE VILLAGE FOUNDATION

Employer identification number 45-3337618

1111 11111001 1111111111111111111111111
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOCIETY DBA RESCUE VILLAGE
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FEDERAL FORM 990 IS PRESENTED TO THE BOARD AND IS
SUBSEQUENTLY FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICTS OF INTEREST ARE ADDRESSED INITIALLY DURING THE INTERVIEW PROCESS
AND ARE CONSISTENTLY MONITORED BY A COMMITTEE OF TRUSTEES.
FORM 990, PART VI, SECTION C, LINE 18:
CURRENT DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
CURRENT DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE RESCUE VIL	LAGE FOUNDATION					45-33376	18	
Part I Identification of Disregarded Entities. Complete	te if the organization answered "	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct c	(f) controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organizat	ion answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
GEAUGA COUNTY HUMANE SOCIETY, INC 23-7358431, 15463 CHILLICOTHE ROAD, NOVELTY, OH 44072	ANIMAL SHELTER	OHIO	501(C)(3)	501(c)(3))	N/A		Yes	No X
	-							

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

Schedule R (Form 990) 2023

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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
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		l .					l				

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

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Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X			
					1c		X			
					1d		X			
					1e		X			
					1f		<u>X</u>			
					1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i					1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
					1k		X			
					1m 1n		X			
0	Snaring of paid employees with related organization(s)				10	X				
c Giff, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for clated organization(s) e Loans or loan guarantees to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) l Exchange of assets from related organization(s) l Exchange of assets with related organization(s) l Exchange of assets with related organization(s) l Lease of facilities, equipment, or other assets to related organization(s) l Lease of facilities, equipment, or other assets to related organization(s) m Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) s Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) s Sharing of paid employees with related organization(s) P Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property from related organization(s) 2 If the answer to any of the asset with instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Amount involved Method of determining amount involving (c) (c) (d) Amount involved Method of determining amount involving (c) (d) (e) (f) (g)							X			
q	Reimbursement paid by related organization(s) for expenses				1q		X			
r	Other transfer of cash or property to related organization(s)				1r		X			
					1s		X			
		ansaction			olved					
(1)										
(2)										
(3)										
. ,										
(4)										
(5)										
(6)										
33216	3 09-28-23			Schedule	R (Forr	n 990)	2023			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000