

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

**A** For the 2024 calendar year, or tax year beginning **07/01/24**, and ending **06/30/25**

- B Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization  
**VALIANT LIVING, INCORPORATED**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**706 SW 7TH STREET**

City or town, state or province, country, and ZIP or foreign postal code  
**MADISON SD 57042**

**F** Name and address of principal officer:  
**AMANDA TRIMBLE**

**D** Employer identification number  
**46-0324959**

**E** Telephone number  
**605-256-6628**

**G** Gross receipts \$ **4,409,865**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **VALIANTLIVING.ORG**

**H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **M** State of legal domicile: **SD**

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION'S MISSION IS TO HELP PEOPLE WITH DISABILITIES TO ACHIEVE THEIR DREAMS. THIS IS ACCOMPLISHED THROUGH TRAINING AND SUPPORTS THAT FOCUS ON EMPOWERING PEOPLE TO LIVE THEIR LIVES TO THE FULLEST.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
<b>Revenue</b>			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	615,114	20,012
	9	Program service revenue (Part VIII, line 2g)	4,994,381	4,224,530
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	135,456	165,323
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,269	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,749,220	4,409,865
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,573,929	3,140,994
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	701,763	681,571
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,275,692	3,822,565	
19	Revenue less expenses. Subtract line 18 from line 12	1,473,528	587,300	
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	5,953,120	6,479,597
	21	Total liabilities (Part X, line 26)	311,876	251,053
22	Net assets or fund balances. Subtract line 21 from line 20	5,641,244	6,228,544	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **AMANDA TRIMBLE** Date: \_\_\_\_\_  
Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Preparer's name: **KATHLEEN DOYLE** Preparer's signature: **KATHLEEN DOYLE** Date: **01/20/26** Check  if self-employed PTIN: **P01322431**

Firm's name: **Wohlenberg Ritzman & Co., LLC** Firm's EIN: **46-0393458**

Firm's address: **P.O. Box 1018 Yankton, SD 57078** Phone no.: **605-665-4401**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No