

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **07/01/22**, and ending **06/30/23**

B Check if applicable:	C Name of organization VALIANT LIVING, INCORPORATED	D Employer identification number 46-0324959
<input type="checkbox"/> Address change	Doing business as	E Telephone number 605-256-6628
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 706 SW 7TH ST	G Gross receipts \$ 4,768,817
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code MADISON SD 57042	
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: CONNIE DANIEL	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: VALIANTLIVING.ORG	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation:	M State of legal domicile: SD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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.			
	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)	3	7	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	113	
	6 Total number of volunteers (estimate if necessary)	6	9	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	833,182	758,407	
	9 Program service revenue (Part VIII, line 2g)	4,009,719	3,966,780	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,683	21,679	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,594	21,951	
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,876,178	4,768,817	
	Expenses	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)		3,347,703	3,545,099	
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)		627,157	758,332	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,974,860	4,303,431	
19 Revenue less expenses. Subtract line 18 from line 12	901,318	465,386		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	5,268,037	5,048,827	
	21 Total liabilities (Part X, line 26)	1,565,707	881,111	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,702,330	4,167,716	

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 CONNIE DANIEL		Date	
	Type or print name and title PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name KATHLEEN DOYLE	Preparer's signature KATHLEEN DOYLE	Date 02/13/24	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if 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

For Paperwork Reduction Act Notice, see the separate instructions.