** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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.

ΑF	or the	2018 calendar year, or tax year beginning	and	ending					
B (heck if pplicabl	C Name of organization			D Employer i	dentifica	ation number		
	Addre	THE ARIZONA ANIMAL WELFARE LEAGUE	I						
	Name chang	Doing business as				23-714	49453		
	□lnitial □return □Final	Number and street (or P.O. box if mail is not de 25 NORTH 40TH STREET	livered to street address)	Room/suite	e E Telephone number (602) 273-6852				
	اreturn. termin ated				-				
	ated Amene	1-41	ZIP or foreign postal code		G Gross receipts		9,924,784.		
L	return	FROENIX, AZ 03034			H(a) Is this a g	roup ret			
	Application pendir	a l	TH GARDNER		for subore				
		SAME AS C ABOVE			H(b) Are all subor	dinates inc	luded? Yes No		
				or 527	If "No," at	tach a li	ist. (see instructions)		
<u>ا ل</u>	Vebsi	e: > WWW.AAWL.ORG			H(c) Group ex	emption	number -		
KF	orm of	organization: X Corporation Trust As	ssociation Other >	L Year	of formation: 197	71 M	State of legal domicile: AZ		
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most	significant activities: AAWL P	ROVIDES M	EDICAL CARE	,			
Governance		BEHAVIOR EVALUATION AND TRAINING, FOO							
nar	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its	net asse	ets.		
Λe	3	Number of voting members of the governing body	·			1 1	9		
မ္	4	Number of independent voting members of the go					9		
	I -	Total number of individuals employed in calendar y					156		
ţį						. —	451		
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co					0.		
Ą							0.		
_	<u> </u>	Net unrelated business taxable income from Form	990-1, IIIIe 36			1/6			
	_	Ocatally, tions and supple (Dout VIII, line 4b)			Prior Year 3,903	407	Current Year 7,346,633.		
ne	l				1,409		1,637,848.		
/en	l				•				
Revenue		Investment income (Part VIII, column (A), lines 3, 4				,943.	336,290.		
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				,315.	74,437.		
_		Total revenue - add lines 8 through 11 (must equal			5,700		9,395,208.		
	l	Grants and similar amounts paid (Part IX, column (0.	0.		
	I	Benefits paid to or for members (Part IX, column (A				0.	0.		
es	15	Salaries, other compensation, employee benefits (F			2,411	_	2,749,694.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			77	,700.	0.		
ă	b	Total fundraising expenses (Part IX, column (D), line	'						
ш	''	Other expenses (Part IX, column (A), lines 11a-11d			1,909		2,111,955.		
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		4,398		4,861,649.		
		Revenue less expenses. Subtract line 18 from line	12		1,302		4,533,559.		
t Assets or				Ве	ginning of Curren		End of Year		
sets	20	Total assets (Part X, line 16)			12,596	,096.	16,487,518.		
TAS B	21	Total liabilities (Part X, line 26)				,836.	329,765.		
Net		Net assets or fund balances. Subtract line 21 from	line 20		12,381	,260.	16,157,753.		
	art II	Signature Block							
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the be	st of my l	knowledge and belief, it is		
true	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any knowledg	е.			
		21 1 1 1							
Sig	n	Signature of officer			Date				
Her	е	JUDITH GARDNER, CEO							
		Type or print name and title	T						
		Print/Type preparer's name	Preparer's signature		l i	Check	PTIN		
Paid	l	KRISTEN BASS		1:	1/12/19	self-employed	P01247587		
Prep	arer	Firm's name CBIZ MHM, LLC		Firm's	EIN 🛌	34-1884125			
Use	Only	Firm's address 4722 N 24TH ST, STE 300							
		PHOENIX, AZ 85016			Phone	no.602-	264-6835		
Max		25 discuss this return with the preparer shown abo	vo? (coo instructions)				X Ves No		

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	AAWL PROVIDES MEDICAL CARE, BEHAVIOR EVALUATION AND TRAINING, FOOD AND	
	SHELTER FOR HOMELESS DOGS AND CATS; TO PLACE ANIMALS IN STABLE AND	
	LOVING HOMES; TO PROMOTE AND PROVIDE SPAY/NEUTER SURGERIES TO REDUCE	
	THE UNWANTED ANIMAL POPULATION; AND TO EDUCATE THE COMMUNITY ON THE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	ics ito
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.	res NO
4	· · · · · · · · · · · · · · · · · · ·	, avpanaa
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	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.	002.860
4a		902,869.
	AAWL & SPCA COMPLETES APPROXIMATLEY 4,500 ADOPTIONS EACH YEAR. ANIMALS	
	ARE BROUGHT IN FROM BOTH LOCAL AND RURAL SHELTERS THROUGHOUT THE STATE	
	OF ARIZONA. EACH ANIMAL IS EVALUATED AND RECEIVE COMPLETE ON-SITE	
	VETERINARY CARE, INCLUDING SURGERIES AND DENTALS, AND BEHAVIOR	
	MODIFICATIONS IF NEEDED.	
4b	(Code:) (Expenses \$ 547,383. including grants of \$) (Revenue \$	620,592.)
710	AAWL'S MD PETCARE IS A LOW-COST VETERINARIAN CLINIC TO HELP THOSE THAT	<u> </u>
	CANNOT AFFORD THE HIGH COST OF ANIMAL MEDICAL CARE. THIS SERVICE ALSO	
	HELPS TO KEEP ANIMALS OUT OF THE SHELTER SYSTEM AND IN THEIR HOMES	
	WHERE THEY BELONG. IN ADDITION, THOSE WHO ADOPT AN ANIMAL FROM AAWL	
	HAVE ACCESS TO THIS CLINIC FOR THE LIFETIME OF THEIR PET. AAWL ALSO	
	OFFERS LOW-COST VACCINE AND MICROCHIP CLINICS ONCE OR TWICE EACH MONTH	
	THAT ARE VERY WELL ATTENDED.	
4c	(Code:) (Expenses \$) (Expenses \$) (Revenue \$)	190,968.
	AAWL & SPCA OFFERS THE MOST CREATIVE, PROFESSIONAL AND SUCCESSFUL	
	HUMANE EDUCATION PROGRAMS IN THE VALLEY. OUR EDUCATION DEPARTMENT	
	OFFERS CAMPS FOR CHILDREN OF ALL AGES DURING SCHOOL BREAKS; A	
	SPECAILIZED VET CAMP FOR YOUNGSTERS INTERESTED IN ANIMAL MEDICAL	
	CAREERS, A TEEN TRACKS LEADERSHIP PROGRAM AND MANY OTHER WORKSHOPS AND	
	SPECIAL PROGRAMS. OUR EDUCATION STAFF ALSO WORKS CLOSELY WITH THE	
	UNDERSERVED POPULATION OFFERING SCHOOL PROGRAMS, FREE PROGRAMS,	
	SCHOLARSHIPS AND SPECIALLY CREATED PROGRAMS FOR A VARIETY OF CONSUMERS,	
	TEACHING COMPASSION AND ANIMAL CARE TO INCARCERATED YOUTH.	
	IMMENIA COMPANDION AND ANTHAL CARE TO INCARCERATED TOUTH,	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,136,119.	
		Form 990 (2018)

Form 990 (2018) THE ARIZONA ANIMAL WELFARE LEAGUE 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 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	_ <u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	Х	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	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	1.0		
•	the organization's separate of consolidated limitolal statements for the tax year molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, ,	12a	х	
	Schedule D, Parts XI and XII	IZa		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? 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			l
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	and the second s	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		x
		-		-

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Form 990 (2018) THE ARIZONA ANIMAL WELFARE
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		Х
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		Х
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	١		
	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	250		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	, ,	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 in Schedule O for Part VI, lines 11b and 19?			
Pai	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Softaddie O contains a response of note to any line in this fact v			N'a
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1090. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	

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Form 990 ((2018) THE	ARIZONA ANIMA	L WELFARE LI	EAGUE		23-7149453	Page 5
Part V	Statements Regar	rding Other IRS	Filings and	d Tax Compliance	(continued)		

2a In the number of employees reported on Form W3, Transmittation Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 3 In at least one is reported on ine 2a, did the organization lite all required federal employment tax returns? 3 In the cale of the calendar year ending with or within the year covered by this return 3 In the calendar year ending with or within the year covered by this return. 3 In the calendar year ending with or within the year calendar year, and the organization have an interest in, or a significant on heave unrelated business gross income of \$1,000 or more during the year? 3 In the calendar year and the year of the organization have an interest in, or a significant or other authority over, a financial account in a foreign country. Even as a bank account, securities account, or other financial accounts? 5 If 1'Yes, a fine the name of the foreign country. Even the name of the foreign country. Even the name of the foreign country. Even the security of the calendar year. 5 If 1'Yes to line is 5 or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5 If 1'Yes to line is 5 or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5 If 1'Yes, a fine is 5 or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5 If 1'Yes, a fine is 5 or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5 If 1'Yes, a fine is 5 or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5 If 1'Yes, a fine is 5 or 5b, did the organization that It was or is a party as a contributions? 5 If 1'Yes, a fine is 5 or 5b, did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles a fine antivide to the special party as a contribution of year to the party as a contribution of year to the party as		. (continued)			Yes	No
their for the calendary year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_fig. (see instructions) 2	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements			103	140
b It all least one is reported on line 2a, did the organization file all required feederal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 50, you may be required to _e-gic per instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? # 'Yo' to line 30, provide an application for Schedule 0 3c If Yes, "has it filed a Form 990-T for this year? # 'Yo' to line 30, provide an application for Schedule 0 3d At any time during the calendary year, did the organization have an interest in, or a significant order authority over, a financial account; a foreign country. 5d If "Yes," in the the name of the foreign country. 5d Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization party to a prohibited tax shelter transaction? 5d Was the organization shelt was or is a party to a prohibited tax shelter transaction? 5d If "Yes," in the 5d or 5d, did the organization that it was or is a party to a prohibited tax shelter transaction? 5d If "Yes," in the 5d or 5d, did the organization that it was or is a party to a prohibited tax shelter transaction? 5d If "Yes," in the docuble the prohibited tax shelter transaction? 5d If "Yes," in the docuble the prohibited tax shelter transaction? 6d If "Yes," indicate the number of Forms 8587 that are normally greater than \$100,000, and did the organization shelt was promible to the year shelt that the prohibited tax shelter transaction? 6d If "Yes," indicate the number of Forms \$258 Chied during the year party as a cultivation of year party as a cultivation of year party and the organization necessation and year party as a cultivation and party for goods and services provided to the payor? 7d If "Yes," indicate the number of Forms \$258 Chied during the year 9d If "Yes," indicate the payor, you you will not you you you will not the goods or services provided? 9d If the organiz			2a 156			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rigic (see instructions) 3a	b		•	2b	х	
3a X X X X X X X X X						
b If Yes, *Inset Itilied a Form 990T for this year? Pr No* to line 3b, provide an explanation in Schedule O 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 accountry? B If Yes, *Inset the name of the foreign country; Exc.* Bee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). B Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? B Did any taxable party notify the organization that twas or is a party to a prohibitod and the organization shelf at was or is a party to a prohibitod and the organization shelf at was or is a party to a prohibitod and the organization shelf at was or is a party to a prohibitod and the organization shelf are organization shelf as a charitable contributions? B If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 organizations that may receive deductible contributions under section 170(c). B If Yes,* did the organization notify the donor of the value of the goods or services provided? 7 organizations that may receive deductible contributions under section 170(c). B If Yes,* did the organization notify the donor of the value of the goods or services provided? 7 organizations that may receive deductible contribution and party for goods and services provided to the payor? 7 a X D If Yes,* did the organization receive a prometime of the yalve of the goods or services provided? 7 b If Yes,* did the organization received a contribution of understance of tanglible personal property for which it was required to the payor. 7 b If the organization received an contribution of understance organization for the payor. 7 b If the organization received an contribution of undirectly, to pay premiums on a personal be	За			За		х
4a A 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 accounts? 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 aparty to a prohibited tax shefter transaction at any time during the tax year? 5b If "Yes" to line Saor 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line Saor 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line Saor 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a charitable contributions? 6c If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of a charitable contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," inclinate the number of Forms 8822 filed during the year 10 If Wes, inclinate the number of Forms 8822 filed during the year 21 If If If I was a sequence of the value of the goods or services provided? 7 The Section Solid the organization received a contribution of qualified intellectual property, did the organization file and the payor in the sequence of the payor of the very services, did the organization received a contribution of qualified intellectual property, did the organization file and the payor of the payor of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fil				3b		
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? If "Yes," see 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.	а					
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If "Yes," see 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? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		Х
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.				
	16	·	income?	16		Х
		If "Yes," complete Form 4720, Schedule O.		-	000	(00:=

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DANIELLE BRIGGS - 602-273-6852			
	25 NORTH 40TH STREET, PHOENIX, AZ 85034			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		Posi do not check n			than o		Reportable	Reportable	Estimated
	hours per week		, unle: cer ar					compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee Officer Key employee Highest compensated employee Former		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) AMRITA SAHASRABUDHE	2.00	1								
CHAIR		Х		Х				0.	0.	0
(2) PAM EGGERT	2.00									
TREASURER		Х		Х				0.	0.	0
(3) MELISSA ESBENSHADE	2.00]								
BOARD MEMBER		Х						0.	0.	0
(4) KRISTEN SHROYER	2.00	1								
SECRETARY		Х		Х				0.	0.	0
(5) DIANE LIBERMAN	2.00	1								
PAST CHAIR		Х		Х				0.	0.	0
(6) KYLE PASKEY	2.00	1								
BOARD MEMBER		Х						0.	0.	0
(7) ELYSE FLYNN MEYER	2.00	1								
BOARD MEMBER		Х						0.	0.	0
(8) AMY WILKINS	2.00	1								
BOARD MEMBER		Х						0.	0.	0
(9) KENNY FARRELL	2.00	1								
BOARD MEMBER		Х						0.	0.	0
(10) JUDITH GARDNER	40.00	1								
PRESIDENT/CEO				Х				115,900.	0.	543
(11) MATTHEW GOETZ	40.00	1								
MEDICAL DIRECTOR						Х		118,345.	0.	52
		-	l	l	l	1				

Total Good (EG10)	ANIMAL WELF	ARE	LE.	AGU]	E				23-71	4945	3	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box, offic	not c	ss per	tion more t son is	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n I	(F) Estima amoun othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compens from t organiza and rela organiza	he ation ated
1b Sub-total						Ш l	<u> </u>	234,245.		0.		595.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							>	234,245.		0.		0. 595.
2 Total number of individuals (including but n							o re	·	000 of reportable)		
compensation from the organization											Yes	2 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,			•		•					3	Х
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensat	tion	and	oth	er compensation from t	ne organization			1,
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	X
rendered to the organization? If "Yes, " com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch p	erso	on .					5	Х
1 Complete this table for your five highest co	•	•							, ·	ensat	tion from	
the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig wi	ith o	r wit	hin	the organization's tax y (B)	ear.		(C)	
Name and business	address	NOI	NE				4	Description of s	ervices	С	ompensati	on
							\dashv					
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	to t	hos	e list	ed	above) who received mo	ore than			
\$100,000 of compensation from the organic	zation >				C)					Form 990	(2018)

Form 990 (2018) THE ARIZONA
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
တ္ တ	1 :	a Federated campaigns	1a					012 011
ant		b Membership dues						
ହ୍ଞ ପ୍ର		c Fundraising events		360,733.				
ifts		d Related organizations		,				
nila		e Government grants (contributi						
Sir		f All other contributions, gifts, grant						
her		similar amounts not included abov		6,985,900.				
Q E		g Noncash contributions included in lines 1		414,467.				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f			7,346,633.			
<u> </u>				Business Code				
ø	2	a ADOPTION FEES		900099	886,895.	886,895.		
ķ		MD PETCARE CLINIC		900099	544,011.	544,011.		
Ser		c EDUCATION		900099	190,968.	190,968.		
Program Service Revenue		d INTAKE FEES		900099	15,974.	15,974.		
Be		e						
Pro	,	f All other program service reve	nue					
		g Total. Add lines 2a-2f			1,637,848.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	312,284.			312,284.
	4	Income from investment of tax						
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6	a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	422,992.					
		b Less: cost or other basis						
		and sales expenses	398,986.					
		c Gain or (loss)	24,006.	,				
		d Net gain or (loss)			24,006.			24,006.
ē	8	a Gross income from fundraising						
		including \$360,	733. of					
Other Reven		contributions reported on line						
¥		Part IV, line 18	a					
Ĕ.		b Less: direct expenses	b	81,476.				
١		c Net income or (loss) from fund	raising events	>	-32,145.			-32,145.
	9	a Gross income from gaming ac						
		Part IV, line 19	a					
		b Less: direct expenses		·				
		c Net income or (loss) from gam						
	10	a Gross sales of inventory, less						
		and allowances						
		b Less: cost of goods sold		49,114.				
}	-	c Net income or (loss) from sales		D	76,581.	76,581.		
}		Miscellaneous Revenue	9	Business Code	15 402			15 400
		MISCELLANEOUS INCOME		900099	15,403.			15,403.
		b INSURANCE REIMB.		900099	14,598.			14,598.
		C						
		d All other revenue			30,001.			
		e Total. Add lines 11a-11d Total revenue. See instructions		}	9,395,208.	1,714,429.	0.	334,146.
I	12	i viai i evenue. See ilisti uctiviis			-, -, -, 200.	-,',"4"	٠.	1 551,140.

832009 12-31-18

23-7149453

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 respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	116 113	100 001	C 124	0 410
	trustees, and key employees	116,443.	100,891.	6,134.	9,418
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.000.051	1 050 101	110.050	100 001
7	Other salaries and wages	2,260,051.	1,958,191.	119,059.	182,801
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	177 150	152 407	0 222	14 200
9	Other employee benefits	177,159.	153,497.	9,333.	14,329
10	Payroll taxes	196,041.	169,857.	10,328.	15,856
11	Fees for services (non-employees):				
a	Management				
b	Legal				
С.	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	22 702		22 702	
f	Investment management fees	22,783.		22,783.	
g	Other. (If line 11g amount exceeds 10% of line 25,	020 150	0.022	00.065	105 260
	column (A) amount, list line 11g expenses on Sch 0.)	230,158.	2,933.	29,865.	197,360
12	Advertising and promotion	70 226	47.045	2 207	10.004
13	Office expenses	70,336.	47,845.	3,207.	19,284
14	Information technology				
15	Royalties	402 544	202.004	0.613	25 005
16	Occupancy	423,544.	383,024.	2,613.	37,907
17	Travel	69,172.	50,698.	1,082.	17,392
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	011 115	105 000	2 222	
22	Depreciation, depletion, and amortization	211,416.	195,838.	8,902.	6,676
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	1,049,153.	1,042,679.	1,645.	4,829
b	PAYROLL FEES	35,393.	30,666.	1,864.	2,863
С				·	-
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,861,649.	4,136,119.	216,815.	508,715
<u> </u>	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)				

Form 990 (2018) Part X Balance Sheet

rai	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,026,235.	1	1,610,345
	2	Savings and temporary cash investments			1,749,499.	2	2,563,158
	3	Pledges and grants receivable, net			0.	3	623,215
	4	Accounts receivable, net			1,174.	4	2,245
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated em	plovees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sec	•				
ű		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
Asi	8	Inventories for sale or use			117,569.	8	107,802
	9				34,169.	9	59,669
		Land, buildings, and equipment: cost or other	I I		·	_	·
		basis. Complete Part VI of Schedule D	10a	6,421,503.			
	b	Less: accumulated depreciation		2,259,040.	4,193,014.	10c	4,162,463
	11	Investments - publicly traded securities	1,346,362.	11	3,282,75		
	12	Investments - other securities. See Part IV, line	0.	12	297,31		
	13	Investments - program-related. See Part IV, line		13	,		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			4,128,074.	15	3,778,55
	16	Total assets. Add lines 1 through 15 (must equ		l l	12,596,096.	16	16,487,51
	17	Accounts payable and accrued expenses		214,836.	17	329,76	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ر م	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
Liabilities						22	
֡֞֞֞֜֞֞֞֞֩֞֞֡֞֡֡	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			214,836.	26	329,76
		Organizations that follow SFAS 117 (ASC 958), checl	k here 🕨 🗓 and			
<u>ဖွ</u>		complete lines 27 through 29, and lines 33 ar	ıd 34.				
ا <u>د</u> و	27	Unrestricted net assets			8,204,975.	27	11,950,259
ala	28	Temporarily restricted net assets		204,285.	28	625,494	
ם	29	Permanently restricted net assets		3,972,000.	29	3,582,000	
두		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
5		and complete lines 30 through 34.					
Sie	30	Capital stock or trust principal, or current funds			30		
188	31	Paid-in or capital surplus, or land, building, or ed	quipmer	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, c	or other funds		32	
Ž	33	Total net assets or fund balances			12,381,260.	33	16,157,753
	34	Total liabilities and net assets/fund balances .	<u></u>		12,596,096.	34	16,487,518

23-7149453

Form 990 (2018)

Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9 ,	395,	208.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	861,	649.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	533,	559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		381,	
5	Net unrealized gains (losses) on investments	5		367,	066.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		390,	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	16,	157,	753.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	_

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. **Open to Public**

Inspection

OMB No. 1545-0047

Name of the organization

THE ADTOING ANTWAL WELFADE LEAGIE

Employer identification number

_			IZONA ANIMAL WE					23-7149455
Pa	rt I	Reason for Public C	Charity Status (A	All organizations must co	omplete th	is part.) Se	e instructions.	
Γhe	organi	zation is not a private founda	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiza	•					the hospital's name,
		city, and state:	·					
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,		, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70/h\/ 1\/ A\	(v)	
7	Х	An organization that normal	-					aublic described in
'		section 170(b)(1)(A)(vi). (Co	•	iliai part of its support ii	om a gove	en in i c nitai	unit or norm the general p	Jublic described in
			• •	4VAVvi) (Complete Dor	+ 11 \			
8	H	A community trust describe					and the second second	
9	Ш	An agricultural research org				-	-	-
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
		university:						
10	Ш	An organization that normal	•					*
		activities related to its exem		• •	٠,,		• •	•
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	\square	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by hav	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus			•			
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.
	-	its supported organization					• •	,
d		Type III non-functionally						zation(s)
		that is not functionally into					· · · · · · · · · · · · · · · · · · ·	* *
		requirement (see instructi	-		•		='	7011000
е		Check this box if the orga	•	-				
٠		functionally integrated, or					Type i, Type ii, Type iii	
	Ento	r the number of supported o		ially liftegrated supporting	ng organiz	ation.		
٠		ride the following information		d organization(s)				
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	. ,	(described on lines 1-10	in your governi	No No	support (see instructions)	support (see instructions)
				above (see instructions))	103	140		

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,583,513.	2,363,905.	2,975,980.	3,903,407.	7,346,633.	19,173,438.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,583,513.	2,363,905.	2,975,980.	3,903,407.	7,346,633.	19,173,438.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,461,682.
6	Public support. Subtract line 5 from line 4.						14,711,756.
	ction B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	2,583,513.	2,363,905.	2,975,980.	3,903,407.	7,346,633.	19,173,438.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	22,882.	23,544.	29,601.	228,577.	312,284.	616,888.
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.)				17,891.	30,001.	47,892.
11	Total support. Add lines 7 through 10						19,838,218.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	8,169,777.
13		•	,			501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	74.16 %
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	86.63 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			>
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check thi	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2017. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
-10	ato roanadion. Il tile organizatio	ala not oncon a l	55A 5H III 10 10, 102	., 100, 17a, 01 17D	, or rook trito box at		000 E7\ 0049

Schedule A (Form 990 or 990-EZ) 2018

Page 3

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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(-)	(-,	(2) = 2 · 2	(4, == 1)	(-,	(-,
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	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 five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
_	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
<u>16</u>						16	97.71 %
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	, ,					18	2.14 %
19	a 33 1/3% support tests - 2018. 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	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
ı	o 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Drivate foundation If the organization	n did not chack a	hay on line 14 10	a or 10h chack th	hic hay and can inc	structions	▶

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Schedule A (Form 990 or 990-EZ) 2018

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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		
•		
2		
3a		
3b		
30		
_		
3c		
4a		
4b		
4c		
Eo		
5a		
5b		
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9b		
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10a		
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10b		Щ.

Pai	TIV 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		
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		
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		100	110
•	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			
		1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	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			
		4		
0	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	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)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) 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			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	tV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in Part VI). See instructions.			
9		outable amount for 2018 from Section C, line 6			
10		B amount divided by line 9 amount			
	Line	amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		uinder. Subtract lines 4a and 4b from 4.			
		uning underdistributions for years prior to 2018, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		uning underdistributions for 2018. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•		-			
•	and 4				
8_		down of line 7:			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
е	Exces	ss from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2017 AMOUNT: \$ 17,891.
2018 AMOUNT: \$ 15,403.
INSURANCE REIMBURSEMENT
2018 AMOUNT: \$ 14,598.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

THE ARIZONA ANIMAL WELFARE LEAGUE 23-7149453 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

THE ARIZONA ANIMAL WELFARE LEAGUE

23-7149453

ı artı	Contributors (see instructions). Ose duplicate copies of Part III addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Nume, addices, and En 1 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for

Name of organization

Employer identification number

THE ARIZONA ANIMAL WELFARE LEAGUE

23-7149453

ı artı	(see instructions). Ose duplicate copies of Fair	t ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	2007 CHEVY CORVETTE & 1971 EL DORADO		
		\$\$	07/20/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift	through (e) and the following line enter charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the htry. For organizations less for the year. (Enter this info. once.) \$\\$\\$
) No.	Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or space is needed.	less for the year. (Enter this info. once.)
) No. rom		space is needed.	
rom	(b) Purpose of gift		
art I	(b) i dipose di giit	(c) Use of gift	(d) Description of how gift is held
-		(c) Ose of gift	(d) Description of now girt is field
-			
-			
-			
\vdash		()=	
		(e) Transfer of gif	t
oxdot	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
No.		T	
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I	-		
-			
₋			
1_			
		(e) Transfer of gif	
		(e) Transier er gil	
	Townstown do now and down a	- J 71D 4	Deletionalis of honorhouse to honorhouse
\vdash	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
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No.			
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
- -		-	
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\vdash			
		(e) Transfer of gif	t t
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
-			
No.		T	
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I		(1)	() = 1
_ -			
— - -			
— - -		(a) Transfer of aif	
- - -		e) Transfer of gif	
— -	_		
_ -	Transferee's name, address, a		ft Relationship of transferor to transferee
- - - -	Transferee's name, address, a		
-	Transferee's name, address, a		

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 Open to Public Inspection

Name of the organization

THE ARTZONA ANTMAL WELFARE LEAGUE

Employer identification number

Schedule D (Form 990) 2018

Par	rt I Organizations Maintaining Donor Advised Funds	s or Other Similar Funds	S Or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		of field and of field in the
		a) Donor advised funds	(b) Funds and other accounts
1		.,	(b) i and and only docume
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	at the exects held in departed in	l and funds
5	Did the organization inform all donors and donor advisors in writing the		
•	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors in		
	for charitable purposes and not for the benefit of the donor or donor a		
Par	impermissible private benefit? 't II Conservation Easements. Complete if the organization		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic structure inc		
d	Number of conservation easements included in (c) acquired after 7/25/	·	I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handling of vice	plations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's final	ncial statements that describes	the organization's accounting for
_	conservation easements.		
Par	t III Organizations Maintaining Collections of Art, Hi		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Par		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n		
	historical treasures, or other similar assets held for public exhibition, ed	ducation, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, $% \left(1\right) =\left(1\right) \left(1\right) $	or research in furtherance of pu	blic 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 treasures, or	other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 9	958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land		753,046.		753,046.	
b Buildings		4,774,301.	1,671,809.	3,102,492.	
c Leasehold improvements					
d Equipment		542,466.	406,901.	135,565.	
e Other		351,690.	180,330.	171,360.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 THE ARIZONA ANIMA	AL WELFARE LEAGUE	23	3-7149453	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market	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, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market	value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11d See Form 990 Part X line 15		
	Description	Tra. 330 Form 330, Farex, mic 13.	(b) Book v	 value
(1) BENEFICIAL INTERESTS IN PERPETUAL TRUS	· · · · · · · · · · · · · · · · · · ·		. ,	582,000.
(2) BOARD-DESIGNATED - QUASI ENDOWMENT				, 195,384.
(3) DEPOSITS				1,175.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	÷ 15.)	>	3,1	778,559.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2018 THE ARIZONA ANIMAL WELFARE LEAGUE			23-7149453	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,624,689.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-367,066.		
b	Donated services and use of facilities		9,330.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-390,000.		
е	Add lines 2a through 2d			2e	-747,736.
3	Subtract line 2e from line 1			3	9,372,425.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,783.		
b	Other (Describe in Part XIII.)		,		
C				4c	22,783.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990. Part I. line 12.)			5	9,395,208.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten			_	7 1 1 7 2 1 7
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	4,848,196.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	9,330.		
			2,000.	-	
b	Prior year adjustments	1 4 1		-	
C	Other losses			-	
d	Other (Describe in Part XIII.)	<u>-</u>		-	9,330.
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	4,838,866.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	22 702		
a	Investment expenses not included on Form 990, Part VIII, line 7b		22,783.	-	
b	Other (Describe in Part XIII.)	4b			00 502
	Add lines 4a and 4b			4c	22,783.
D ₂	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	4,861,649.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part X, line 2; I	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	iditional informa	tion.		
PART	V, LINE 4:				
THE	INTENDED USE OF ENDOWMENT FUNDS IS FOR OPERATIONS AND PROGRA	MS.			
PARI	X, LINE 2:				
THE	ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SE	CTION			
501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, ACCORDI	NGLY,			
THEF	E IS NO PROVISION FOR INCOME TAXES. IN ADDITION THE ORGANIZA	TION			
		4 -0			
QUAI	IFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION	N 170 OF			
	GODE AND THE DEEM STAGGETTED AS AN ODGINESTICAL TWAT AS NOT				
THE	CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT	A PRIVATE			
FO!IN	DATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE I	NCOME			
- 001					
("UE	TI") WOULD BE TAXABLE. THE ORGANIZATION EVALUATES ITS UNCERT	AIN TAX			
POS1	TIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS PO	LICIES AND			

Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

name of the organization THE ARIZON	A ANIMAL WELFARE LEAGUE					23-714945	ntification number
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the following e Solicitates f Solicitates g Special Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	on is registered or licensed to solicit c		utions	or has been notified	l it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2018

	Schedule G (Form 990 or 990-EZ) 2018 THE ARIZONA ANIMAL WELFARE LEAGUE 23-7149453 Page 2						
Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.						
	_	of fundraising event contributions and gi				s greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			ETP GALA	WALK	1	(add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
ne			(overne type)	(overne type)	(total Hallibor)		
Revenue	1	Gross receipts	246,580.	151,825.	11,659.	410,064.	
æ	١.	G1000 1000/pt0	,	,	,	,	
	2	Less: Contributions	219,990.	139,070.	1,673.	360,733.	
	3	Gross income (line 1 minus line 2)	26,590.	12,755.	9,986.	49,331.	
	4	Cash prizes					
	5	Noncash prizes		434.		434.	
ses			56.050	44.050	455	60.000	
ben	6	Rent/facility costs	56,958.	11,270.	155.	68,383.	
Direct Expenses	_	Food and bases		220.	4,822.	5,042.	
irec	7	Food and beverages		220.	4,022.	3,042.	
	8	Entortainment	4,500.	3,117.		7,617.	
	9	Entertainment Other direct expenses	· · · · · · · · · · · · · · · · · · ·	5,2274		7,027.	
	10				•	81,476.	
	11					-32,145.	
Pa	irt l						
		\$15,000 on Form 990-EZ, line 6a.					
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue			(-, 9 -	bingo/progressive bingo	(-, gg	col. (a) through col. (c)	
Rev							
_	1	Gross revenue					
		Oceh zvisco					
ses	2	Cash prizes					
Expenses	3	Noncash prizes					
Ä		Noncash prizes					
ect	4	Rent/facility costs					
Dire	•						
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No	No	No		
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>		
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>		
_					>		
	En	ter the state(s) in which the organization cond	ucts gaming activities: _				
a	En	ter the state(s) in which the organization cond the organization licensed to conduct gaming a	ucts gaming activities: _ activities in each of these	states?		Yes No	
a	En	ter the state(s) in which the organization cond	ucts gaming activities: _ activities in each of these	states?		Yes No	
a	En	ter the state(s) in which the organization cond the organization licensed to conduct gaming a	ucts gaming activities: _ activities in each of these	states?		Yes No	
a b	En ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ucts gaming activities: _ activities in each of these	states?			
10a	En ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	ucts gaming activities: _ activities in each of these section	states?			
10a	En ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ucts gaming activities: _ activities in each of these section	states?			

Schedule G (Form 990 or 990-EZ) 2018

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Schedule G (Form 990 or 990-EZ) 2018 THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149	453	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13	a	%
b An outside facility		b	<u></u> %
14 Enter the name and address of the person who prepares the organization's gaming/special events books			
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	enue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar of gaming revenue retained by the third party ▶ \$	nd the amount		
c If "Yes," enter name and address of the third party:			
Name			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the		
organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v): and Part III.	lines 9. 9	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(, a (.), a a,		,,

Schedule G	(Form 990 or 990-EZ) THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149453	Page 4
Part IV	(Form 990 or 990-EZ) THE ARIZONA ANIMAL WELFARE LEAGUE Supplemental Information (continued)		<u> </u>
	· · (continues)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

THE ARIZONA ANIMAL WELFARE LEAGUE

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

Employer identification number 23-7149453

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	_	ınts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	2	28,000.	FAIR VALUE			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	90,981.	FAIR VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15								
16	Real estate - Residential Real estate - Commercial							
17								
18	Real estate - Other							
19	Collectibles	X	6,000	284 045	FAIR VALUE			
20	Food inventory		,,,,,	201,010.				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PET SUPPLIES)	Х	1	7,000.	FAIR VALUE			
26	Other (EVENT ITEMS)	Х	16	· · · · · · · · · · · · · · · · · · ·	FAIR VALUE			
27	Other (OTHER MISC)	Х	3	1,155.	FAIR VALUE			
28	Other ()			,				
29	Number of Forms 8283 received by the organization	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828	=	•				0	
	3	,				Ye	s	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			'		30a	Т	Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	ions?	31 X	Т	
32a	Does the organization hire or use third parties o							
	contributions?		_			32a		Х
b	•							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018

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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE ARIZONA ANIMAL WELFARE LEAGUE

Employer identification number 23-7149453

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
AND CATS; TO PLACE ANIMALS IN STABLE AND LOVING HOMES; TO PROMOTE AND	
PROVIDE SPAY/NEUTER SURGERIES TO REDUCE THE UNWANTED ANIMAL POPULATION;	
AND TO EDUCATE THE COMMUNITY ON THE PROPER CARE AND TREATMENT OF	
ANIMALS.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
PROPER CARE AND TREATMENT OF ANIMALS.	
	_
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED INITIALLY BY	
THE FINANCE DIRECTOR. AFTER THE FINANCE DIRECTOR'S INITIAL REVIEW, ANY	
CHANGES ARE MADE TO THE 990 AND IT IS SUBMITTED TO THE BOARD TREASURER AND	
CEO FOR REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ON A YEARLY BASIS, ALL OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES	
ARE REQUIRED TO DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS.	_
EACH CASE IS REVIEWED BY THE BOARD TO DETERMINE THE LEVEL OF CONFLICT, IF	_
ANY. IF NECESSARY, THE BOARD DECIDES THE BEST COURSE OF ACTION FOR THE	
ORGANIZATION IN ACCORDANCE WITH IRS GUIDELINES AND REQUIREMENTS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ORGANIZATION USES AN OUTSIDE PROFESSIONAL FIRM, NATIONAL PEO, TO HANDLE	
ALL HUMAN RESOURCE ISSUES. NATIONAL PEO PROVIDES THE BOARD AND MANAGEMENT	
WITH COMPARATIVE DATA FOR EXECUTIVE POSITIONS, PRIMARILY THE CEO, AND	
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print THE ARIZONA ANIMAL WELFARE LEAGUE 23-7149453 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 25 NORTH 40TH STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85034 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 DANIELLE BRIGGS The books are in the care of > 25 NORTH 40TH STREET - PHOENIX, AZ 85034 Telephone No. ▶ 602-273-6852 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

any nonrefundable credits. See instructions.

Form **8868** (Rev. 1-2019)

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