## \*\* PUBLIC DISCLOSURE COPY \*\* **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.

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Department of the Treasury Internal Revenue Service an the 0000 a slandar Go to www.irs.gov/Form990 for instructions and the latest information.

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Ar	or the	a 2023 Calendar year, or tax year beginning and	enaing		
B c	heck if	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		23-7149453	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	25 NORTH 40TH STREET		(602) 273-68	52
	termin- ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	10,720,001.
	Amenc	PROENIX, AZ 05034		H(a) Is this a group re	turn
	Application	F Name and address of principal officer: ALESSANDRA NAVIDAD		for subordinates	? Yes 🗴 No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u> ]	ax-exe	empt status: 🕱 501(c)(3) 🚺 501(c) ( ) (insert no.) 🗌 4947(a)(1) (	or 📃 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1971 N	State of legal domicile: AZ
Pa	art I	Summary			
đ		Briefly describe the organization's mission or most significant activities: TO PROT		LLENT CARE,	
ũ		PROTECTION, AND LOVING COMPASSION FOR THE LIFE OF THE (SEE S	СН. О)		
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
Ň					11
জ জ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			128
iviti	6	Total number of volunteers (estimate if necessary)		6	466
Activities &				<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)	·····	3,920,013.	6,775,843.
ent		Program service revenue (Part VIII, line 2g)		1,320,542.	1,145,957.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		427,744.	534,266.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,793.	101,015.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,720,092.	8,557,081.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		- •	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,156,032.	3,553,719.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		υ.	0.
, N	b	Total fundraising expenses (Part IX, column (D), line 25) 433,		2 020 174	2 659 651
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,930,174.	2,658,651.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,086,206. -366,114.	6,212,370.
<u>~</u> "		Revenue less expenses. Subtract line 18 from line 12		 ginning of Current Year	2,344,711. End of Yoar
ts or	00				21 724 210
Assets ( Balance	20	Total assets (Part X, line 16)		18,787,906.	21,724,210.
Net A		Total liabilities (Part X, line 26)		619,870.	474,209.
	22	Net assets or fund balances. Subtract line 21 from line 20		18,168,036.	21,250,001.

Part II Signature Block

Τ

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

Sign	Signature of officer			Da	ate		
Here	ALESSANDRA NAVIDAD, PRESIDENT AND	CEO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	KRISTEN M. BASS			11/15/24	if self-employed	P01247587	
Preparer	Firm's name CBIZ ADVISORS, LLC			Fir	rm's EIN 34-	1884125	
Use Only	Firm's address 4722 N 24TH ST, STE 30	0					
	PHOENIX, AZ 85016			Pł	none no.602-26	54-6835	
May the I	RS discuss this return with the preparer shown	above? See instructions				X Yes	No
LHA For	Paperwork Reduction Act Notice, see the s	eparate instructions.	332001 12-21-23			Form <b>990</b>	(2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) THE ARIZONA ANIMAL WELFARE LEAGUE	23-714945	<sup>3</sup> Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	THE MISSION OF AAWL/SPCA IS TO PROVIDE EXCELLENT CARE, PROTECTION, AND		
	LOVING COMPASSION FOR THE LIFE OF THE ANIMALS ENTRUSTED TO US AND TO		
	TAKE A LEADERSHIP ROLE IN PROMOTING HUMANE VALUES FOR THE BENEFIT OF		
	ALL ANIMALS AND PEOPLE. AAWL OPERATIONALIZES THIS MISSION (SEE SCH. O)		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.	-	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expe	enses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$4,491,781. including grants of \$) (Revenue	.e\$	837,329.)
	AT ANY ONE TIME, THERE ARE 140 CATS AND 190 DOGS IN OUR CARE. ANNUALLY,		
	WE RESCUE, REHABILITATE, AND REHOME MORE THAN 4,000 CATS AND DOGS. OUR		
	LIFE-SAVING ADOPTION EFFORTS ARE MADE POSSIBLE THANKS TO OUR		
	COLLABORATIVE PARTNERSHIPS WITH A NETWORK OF OPEN-INTAKE URBAN AND		
	RURAL SHELTERS ACROSS AZ. WE TRANSPORT ANIMALS FROM THESE HIGH-NEEDS,		
	UNDER-SERVED COMMUNITIES TO OUR MAIN SHELTER IN PHOENIX WHERE THEY ARE		
	GIVEN COMPLETE MEDICAL AND BEHAVIOR EVALUATIONS. DURING THEIR TIME AT		
	AAWL, ANIMALS ARE WELL CARED FOR, WITH TOP-OF-THE-LINE VETERINARY CARE		
	AND FOOD, DAILY WALKS, AND EXERCISE, PLAY TIME, SOCIALIZATION AND		
	SPECIAL BEHAVIOR MODIFICATIONS TO HELP THEM BECOME MORE ADOPTABLE. POST		
	ADOPTION, AAWL/SPCA OFFERS ADOPTERS A FREE BEHAVIOR HELPLINE TO HELP		
	PET OWNER SUCCESSFULLY TRANSITION THEIR NEW PETS INTO THE HOME.		
4b	(Code:) (Expenses \$559, 352. including grants of \$) (Revenue)	ie\$	405,814.)
	AAWL COMMUNITY VET CLINIC IS A LOW-COST VETERINARY CLINIC TO HELP THOSE		
	THAT CANNOT AFFORD THE HIGH COST OF MEDICAL CARE FOR THEIR PET(S). BY		
	HELPING LOW-INCOME PET OWNERS ACCESS VETERINARY CARE, WE HELP KEEP ANIMALS OUT OF THE SHELTER SYSTEM AND IN THEIR HOMES WHERE THEY BELONG.		
	AAWL ALSO OFFERS MONTHLY LOW-COST VACCINE AND MICROCHIP CLINICS BOTH		
	ON-SITE AT OUR MAIN SHELTER AND OFF-SITE IN UNDERSERVED COMMUNITIES		
	THROUGHOUT MARICOPA COUNTY.		
4c	$(c_{ada}, \ldots, )(c_{ada}, \ldots, c_{ada}, \ldots, c$		1,545.)
40	(Code:) (Expenses \$276,350. including grants of \$) (Revenue AAWL'S COMMUNITY OUTREACH AND EDUCATION EFFORTS FOCUS ON ADVANCING	ue \$	
	THREE STRATEGIC GOALS: FINDING ADOPTABLE ANIMALS HOMES, PROVIDING		
	AFFORDABLE, ACCESSIBLE VET CARE TO UNDERSERVED COMMUNITIES AND KEEPING		
	PET FAMILIES TOGETHER. WE DO THAT THROUGH A VARIETY OF STRATEGIES		
	INCLUDING VOLUNTEER AND FOSTER ENGAGEMENT, SHELTER DIVERSION, COMMUNITY		
	EDUCATION AND THE DELIVERY OF VETERINARY SERVICES TO PETS IN		
	UNDERSERVED COMMUNITIES. WE PARTNER WITH LOCAL SCHOOLS AND COMMUNITY		
	CENTERS TO SHARE PET RESOURCES AND INFORMATION AND RECRUIT AND TRAIN		
	PET PARENTS WHO LIVE AND WORK IN THE COMMUNITIES WE SERVE TO BE OUR		
	AAWL AMBASSADORS AND BROADEN OUR IMPACT.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4e	Total program service expenses 5,327,483.		·
			Form 990 (2023)
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Form 990 (2023)

Part IV Checklist of Required Schedules

THE ARIZONA ANIMAL WELFARE LEAGUE

23-7149453 Page

			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? See instructions	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	~		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
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		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	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. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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."			
		19		x
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
		20a 20b		<u> </u>
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21		21		x
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>		990	 (2023)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		- 21
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule 0           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ra				
	Check if Schedule O contains a response or note to any line in this Part V		V	
1~	Enter the number reported in box 3 of Form 1096. Enter $-0$ , if not applicable $40$		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a40Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2023) THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149453		Pa	age <b>5</b>
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Г			
	filed for the calendar year ending with or within the year covered by this return 2a	128			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
			3a		Х
			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit				
	financial account in a foreign country (such as a bank account, securities account, or other financial account	-	4a		х
b	If "Yes," enter the name of the foreign country	,,			
2	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	s (FBAR)			
5a		· · · ·	5a		х
		F	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
			50		
6a			<b>C</b> -		х
	any contributions that were not tax deductible as charitable contributions?	·····  -	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-			
	were not tax deductible?	····· -	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services p	ovided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	······  -	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	ired			
	to file Form 8282?	L	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
a					
	Gross income from members or shareholders <b>11a</b> Gross income from other sources. (Do not net amounts due or paid to other sources against				
b					
10-	amounts due or received from them.) <b>11b</b>		120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	h h	12a		
	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.		10		
а	Is the organization licensed to issue qualified health plans in more than one state?	·····	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
14a		F	14a		<u>x</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of				
	excess parachute payment(s) during the year?	L	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	e?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Form	990 (2023) THE ARIZONA ANIMAL WELFARE LEAGUE	23-714945			age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	ion 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 1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a	ny 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, 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 o	ne or			
	more members of the governing body?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold				
	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	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code.)			
		ſ		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a		X
	Describe on 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	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de	scribe			
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wit	th 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 pa	rticipation			
	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	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filedNONE				
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	availat	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 on Sch				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interest policy, and	financ	cial	
	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			000	
32006	12-21-23		Form	990	(2023)
				4.0	100
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Form 990 (2023)	THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149453	Page 1
Part VII Compensi	sation of Officers, Directors, Trustees, Key Employees, Hig	ghest Compensated	
Employe	es, and Independent Contractors		
Check if Sc	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, E	Directors, Trustees, Key Employees, and Highest Compensated Employe	es	
1a Complete this table	for all persons required to be listed. Report compensation for the calendar ye	ear ending with or within the organization	n's tax year.
List all of the orga	nization's current officers, directors, trustees (whether individuals or organiz	ations), regardless of amount of compen	isation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	ss pe	more rson i	than o s both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ALESSANDRA S NAVIDAD	40.00							151 500		5 665
PRESIDENT/CEO				х				174,592.	0.	5,665.
(2) PAM EGGERT	2.00									
CHAIR		х		X				0.	0.	0.
(3) ROBERT ABRAMSON	2.00								_	
VICE CHAIR	2.00	Х	<u> </u>	X				0.	0.	0.
(4) KYLE PASKEY	2.00	x						0	0	0
TREASURER (5) AMANDA ZINK	2.00	x		X				0.	0.	0.
(5) AMANDA ZINK SECRETARY	2.00	x		x				0.	0.	0.
(6) KENNY FARRELL	2.00	Δ		^				0.	0.	0.
PAST CHAIR	2.00	x		x				0.	0.	0.
(7) AMRITA SAHASRABUDHE	2.00								••	
BOARD MEMBER	2.00	x						0.	0.	0.
(8) CINDY PRIES	2.00								<b>.</b>	
BOARD MEMBER		x						٥.	0.	0.
(9) JENNIFER AXEL	2.00									
BOARD MEMBER		х						٥.	0.	0.
(10) KAREN JOHNSON, PH.D.	2.00									
BOARD MEMBER		х						0.	0.	0.
(11) SIMA THAKKAR	2.00									
BOARD MEMBER		х						٥.	0.	٥.
(12) MARIA BARQUIN	2.00									
BOARD MEMBER		х						٥.	0.	٥.
		-								
		ŀ								
										<u> </u>
		-								
332007 12-21-23										Form <b>990</b> (2023)

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Form 990 (2023)

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Part VII Section A. Officers, D	Directors, Trust	ees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title		<b>(B)</b> Average hours per week	box	not cl unles	ss per	ition more rson i	l than c s both r/trust	an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s	com fr org and	pensa om the anizat d relate	e ion ed
	-													
	-													
1b Subtotal									174,592.		0.		5,	665. 0.
c Total from continuation sh d Total (add lines 1b and 1c)									174,592.		0. 0.		5.	0. 665.
2 Total number of individuals ( compensation from the orga	(including but no								eceived more than \$100,	000 of reportable	, ,		,	1
	anzation												Yes	No
3 Did the organization list any	-	-		-	•	-		Ŭ	• • •			3		x
line 1a? <i>If</i> "Yes," <i>complete</i> S 4 For any individual listed on li												5		
and related organizations gr												4	X	
5 Did any person listed on line												F		х
rendered to the organization Section B. Independent Contract		olete Schedule	<u>ə J f</u> o	or su	ich i	oers	on .				<u></u>	5		
1 Complete this table for your											ensat	tion fro	m	
the organization. Report cor		he calendar ye	ear e	ndin	ng w	ith c	or wit	hin: T		ear.				
Nam	(A) e and business a	address							<b>(B)</b> Description of s	ervices	С	<b>))</b> ompe		n
PATTERSON VETERINARY														
21111 N 9TH PL , PHOENIX	, AZ 85024							_	VETERINARY SERVICE	S			178,	151.
IDEXX LABORATORIES		20								-			107	F10
11034 N 23RD DR #100, PHO	ENIX, AZ 850	29							LABORATORY SERVICE	5			107,	510.
2 Total number of independen \$100,000 of compensation f			ot lin	nitec	d to		se list 2	ted	above) who received mo	ore than				
												Form	<b>990</b> (2	2023)

	t VIII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respo	nse	or note to any line			( <b>-</b> )	[
							(A)	(B)	(C)	(D) Revenue exclu
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax und
								lanotion revenue		sections 512 -
n,	1 a	Federated campaigns		1a						
5		Membership dues								
	с	Fundraising events				204,958.				
		Related organizations				· · · ·				
0		Government grants (contr								
5		All other contributions, gifts,								
D	•	similar amounts not included				6,570,885.				
5	a	Noncash contributions included in			;	202,878.				
	-					· · ·	6,775,843.			
						Business Code	, , , .			
1	0 -	ADOPTION FEES				541900	816,712.	816,712.		
	2 a b	CLINIC OPERATIONS				541900	307,083.	307,083.		
D	~				541900	20,617.	20,617.			
D	-	d EDUCATION				541900	,	1,545.		
Ď						541900	1,545.	1,545.		
	е									
		All other program service					1 145 055			
+		Total. Add lines 2a-2f					1,145,957.			
	3	Investment income (incluc	•	-						
		other similar amounts)					534,917.			534,9
	4	Income from investment of tax-exempt bond proceeds								
	5	Royalties	· <u>·····</u>							
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a			I				
	b	Less: rental expenses $\dots$	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)	)		<u></u>					
	7 a	Gross amount from sales of	1	(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	2,031,7	57.					
	b	Less: cost or other basis								
		and sales expenses	7b	2,032,4	08.					
1	с	Gain or (loss)	7c		51.					
		Net gain or (loss)				· · · · · · · · · · · · · · · · · · ·	-651.			- 6
		Gross income from fundraisi			<u> </u>					
1		including \$		•						
		contributions reported on								
		Part IV, line 18		,	8a	20,183.				
	h	Less: direct expenses			8b	57,189.				
						57,105.	-37,006.			-37,0
		Net income or (loss) from					57,000.			57,0
	9 а	Gross income from gamin	-							
	-	Part IV, line 19			9a					
1		Less: direct expenses			9b	L				
		Net income or (loss) from	-	-	°					
.	10 a	Gross sales of inventory, I								
		and allowances			10a					
	b	Less: cost of goods sold			10b	73,323.				
Ļ	с	Net income or (loss) from	sales	s of inventor	у		98,731.	98,731.		
						Business Code				
aniiavau	11 a	OTHER INCOME				900099	39,290.			39,2
	b									
	с				-					
٩	d	All other revenue								
		Total. Add lines 11a-11d					39,290.			
-		Total revenue. See instruction					8,557,081.	1,244,688.	0.	536,5

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THE ARIZONA ANIMAL WELFARE LEAGUE

Do	Check if Schedule O contains a respons	<u>e or note to any line in t</u> <b>(A)</b> Total expenses	his Part IX (B) Program service	(C) Management and	
7b,	8b, 9b, and 10b of Part VIII.		expenses	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,	100.050		14 500	
	trustees, and key employees	180,258.	155,158.	14,532.	10,568
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	0.000.440	0 405 540	024 005	1.00.005
7	Other salaries and wages	2,900,440.	2,495,748.	234,807.	169,885
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	000 000	200 775	16 677	4 4 7 7 4
9	Other employee benefits	237,783.	206,775.	16,677.	14,331
10	Payroll taxes	235,238.	202,417.	19,043.	13,778
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
	<b>9</b> F				
d	, , , , , , , , , , , , , , , , , , ,				
e	, F	41,553.		41,553.	
f	Investment management fees	41,555.		±1,555.	
g		352,324.	90,678.	75,438.	186,208
40	column (A), amount, list line 11g expenses on Sch 0.)	332,324.	50,070.	,5,450.	100,200
12	Advertising and promotion	53,692.	42,895.	2,295.	8,502
13 14	Office expenses Information technology			_,	
14 15					
16	Royalties	463,735.	442,028.	14,097.	7,610
17	Occupancy Travel	57,535.	56,441.	16.	1,078
18	Payments of travel or entertainment expenses	, , , , , , , , , , , , , , , , , , , ,	,		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	280,587.	227,437.	32,015.	21,135
23	Insurance	, ,	, ,	, ,	,
23 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES/MEDICAL COSTS	1,409,225.	1,407,906.	624.	695
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,212,370.	5,327,483.	451,097.	433,790
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

10 2023.05000 THE ARIZONA ANIMAL WELFAR 404632\_1

Form 990 (2023)

IMAL WELFARE LEAGUE		23-	/1
se or note to any line in this Part X			
	(A)		

Page **11** 7149453

		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,097,087.	1	2,146,215.
	2	Savings and temporary cash investments			1,927,483.	2	876,382.
	3	Pledges and grants receivable, net			722,598.	3	1,478,091.
	4	Accounts receivable, net	5,870.	4	8,198.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualif	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			101,252.	8	148,225.
Ä	9	Prepaid expenses and deferred charges			91,121.	9	98,257.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		8,949,569. 3,390,822.			
	b	Less: accumulated depreciation	5,584,194.	10c	5,558,747.		
	11	Investments - publicly traded securities		4,871,081.	11	6,648,544.	
	12	Investments - other securities. See Part IV, line 1	3,711.	12	0.		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	4,383,509.	15	4,761,551.		
	16	Total assets. Add lines 1 through 15 (must equa	18,787,906.	16	21,724,210.		
	17	Accounts payable and accrued expenses	255,487.	17	198,149.		
	18	Grants payable		18			
	19	Deferred revenue			29,226.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes	-	F	0	22	E1 014
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	0.	23	51,814.
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay	-				
		parties, and other liabilities not included on lines	,		335,157.	05	224,246.
	06	of Schedule D			619,870.	25 26	474,209.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ok hor		015,070.	20	111,205.
Se		and complete lines 27, 28, 32, and 33.	CK HEI				
nce	27				14,094,736.	27	15,158,648.
3ale	28	Net assets with donor restrictions			4,073,300.	28	6,091,353.
Fund Balances	20	Organizations that do not follow FASB ASC 9			, , -	20	, , -
Fur		and complete lines 29 through 33.	,				
ę	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or	32	Total net assets or fund balances			18,168,036.	32	21,250,001.
2	33				18,787,906.	33	21,724,210.
	33	Total liabilities and net assets/fund balances			18,787,906.	33	21,724,210.

Form 990 (2023)

Form 990 (2023)
Part X Balance Sheet

Form	1990 (2023) THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149453	3	Pa	<sub>ge</sub> 12
Pa	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	8,	557,	081.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,	212,	370.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	344,	711.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,	168,	036.
5	Net unrealized gains (losses) on investments	5		271,	254.
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 on Schedule O)	9		466,	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,	250,	001.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	X	
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047	
2023	

**Open to Public** 

Inspection

Nan	ne of	f the organization							identification number				
			RIZONA ANIMAL WE						23-7149453				
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	orga	anization is not a private foun	dation because it is: (	For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of c	hurches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).						
2		A school described in sec	tion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative	e hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).						
4		A medical research organi	zation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated	for the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv).		<b>o</b> ,	·	, 0							
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	X		-					e deneral r	oublic described in				
•	L	section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		¬ ·				ed in coniu	unction with a	land-grant	college				
3		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
10		¬ ·		than 22 1/20/ of its sum	art from a	ontribution		in face and	d areas ressints from				
10		An organization that norm	•					-	•				
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment											
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
		See section 509(a)(2). (Co	• •										
11		An organization organized	-	•	•								
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
		more publicly supported o	•						Check the box on				
		lines 12a through 12d that	•••			-		-					
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
			Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.										
	_		-										
b		<b>Type II.</b> A supporting or	ganization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ving				
		<b>Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported											
	_	organization(s). You mu	st complete Part IV,	Sections A and C.									
С		Type III functionally int	egrated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,				
	_	its supported organization	on(s) (see instructions	). You must complete F	Part IV, Se	ections A,	D, and E.						
d		Type III non-functional	ly integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)				
		that is not functionally ir	ntegrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	/eness				
		requirement (see instruc	tions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .						
е		Check this box if the org	ganization received a	written determination from	m the IRS	that it is a	Type I, Type	I, Type III					
		functionally integrated, o	or Type III non-functio	nally integrated supportir	ng organiz	ation.							
f	En	nter the number of supported	organizations										
g	Pro	rovide the following information		<u> </u>	())								
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount of	2	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)				
_													
Tota	al												

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) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,669,169.	3,966,364.	4,489,528.	3,920,013.	6,775,843.	22,820,917.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	year beginning in)         (a) 2019         (b) 2020         (c) 2021         (d) 2022         (e) 2023         (f)           tributions, and received. (Do not sual grants.")         3, 669, 169,         3, 966, 364.         4, 489, 528.         3, 920, 013.         6, 775, 843.         22, 8           del for the organ- ind either paits         3, 669, 169.         3, 966, 364.         4, 489, 528.         3, 920, 013.         6, 775, 843.         22, 8           ices or facilities wermmental unit to without charge         3, 669, 169.         3, 966, 364.         4, 489, 528.         3, 920, 013.         6, 775, 843.         22, 8           at contributions other than a to roublicly zation) included eeds 2% of the n ine 11,         3, 669, 169.         3, 966, 364.         4, 489, 528.         3, 920, 013.         6, 775, 843.         22, 8           Support         Support         21, 8         21, 8         21, 8         21, 8         21, 8           surf carbitility surger beginning in e 4         (a) 2019         (b) 2020         (c) 2021         (d) 2022         (e) 2023         (f)           a 4         3, 669, 169.         3, 966, 364.         4, 489, 528.         3, 920, 013.         6, 775, 843.         22, 8           anitrees;         3, 669, 169.         3, 966, 364.         4, 489, 528.         3, 920, 013. <td></td>					
	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	3,669,169.	3,966,364.	4,489,528.	3,920,013.	6,775,843.	22,820,917.
5	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)						962,634.
6	Public support. Subtract line 5 from line 4.						21,858,283.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
	Amounts from line 4	3,669,169.	3,966,364.	4,489,528.	3,920,013.	6,775,843.	22,820,917.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	377,363.	398,239.	362,966.	435,580.	534,917.	2,109,065.
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.)	13,651.	16,093.	23,891.	6,139.	39,290.	99,064.
11	<b>Total support.</b> Add lines 7 through 10						25,029,046.
12		etc. (see instructio	uns)			12	7,602,719.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and <b>stop</b>	o here					
Sec			centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	87.33 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	78.71 %
16a	33 1/3% support test - 2023. If the	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
							V
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	962,634.         962,634.         21,858,283.         2021       (d) 2022         (e) 2023       (f) Total         39,528.       3,920,013.       6,775,843.         52,966.       435,580.       534,917.         52,966.       435,580.       534,917.         23,891.       6,139.       39,290.         99,064.       25,029,046.         12       7,602,719.         fifth tax year as a section 501(c)(3)		
	and stop here. The organization qual	lifies as a publicly s	upported organiza	tion		3, 920, 013.       6, 775, 843.       22, 820, 917.         3, 920, 013.       6, 775, 843.       22, 820, 917.         3, 920, 013.       6, 775, 843.       22, 820, 917.         (d) 2022       (e) 2023       (f) Total         3, 920, 013.       6, 775, 843.       22, 820, 917.         (d) 2022       (e) 2023       (f) Total         3, 920, 013.       6, 775, 843.       22, 820, 917.         435, 580.       534, 917.       2, 109, 065.         435, 580.       534, 917.       2, 109, 065.         6, 139.       39, 290.       99, 064.         25, 029, 046.       25, 029, 046.         12       7, 602, 719.         as a section 501(c)(3)	
17a	10% -facts-and-circumstances test	3,669,169.       3,966,364.       4,489,528.       3,920,013.       6,775,843.       22,820,917.         3,669,169.       3,966,364.       4,489,528.       3,920,013.       6,775,843.       22,820,917.         3,669,169.       3,966,364.       4,489,528.       3,920,013.       6,775,843.       22,820,917.         962,634.       962,634.       21,858,283.       21,858,283.       21,858,283.       21,858,283.         (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         3,669,169.       3,966,364.       4,489,528.       3,920,013.       6,775,843.       22,820,917.         377,363.       398,239.       362,966.       435,580.       534,917.       2,109,065.         13,651.       16,093.       23,891.       6,139.       39,290.       99,064.         etc. (see instructions)       12       7,602,719.       25,029,046.       12       7,602,719.         e organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       14       57,33,95       56chedule A, Part II, line 14       15       78,71.       96         e organization did not check the xon ine 13, and line 14 is 33 1/3% or more, check this box and as a publicly supported organization       [X]       78,71.       96					
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pul	olicly supported or	ganization	-	
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	<u>box on line 13, 16a</u>	, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2023

Schedule A	Form	990	) 2023

### 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 See	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 <b>(f)</b> Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orga	nization,
-							
	ction C. Computation of Publi					1 1	
	Public support percentage for 2023 (I		-			15	%
	Public support percentage from 2022 ction D. Computation of Invest					16	%
						47	0/
	Investment income percentage for 20					17 18	<u>%</u>
18	Investment income percentage from :					· · ·	line 17 is not
195	a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar						
F	33 1/3% support tests - 2022. If the						
L	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		•	
_	23 12-21-23	dia not oncon a	25/ 6/11/10 14, 15	.,			dule A (Form 990) 2023
5520	<b></b>		15			00.10	

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1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No

1

2

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization entry of the organization and more than one supported organization.	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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,

### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

### ation(s) organ Section D. All Type III Supporting Organizations

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

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

2a 2b 3a 3b

Yes No

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Sche	dule A (Form 990) 2023 THE ARIZONA ANIMAL WELFARE LEAGUE			23-7149453	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instru	uctions.
	All other Type III non-functionally integrated supporting organizations mus		-		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current ` (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 ` (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 0.015 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 0.035.	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 Ye	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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				

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emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990) 2023

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A (Form 990) 2023 THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149453	Page 8
Part VISupplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; PSection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	nes 1 and 2; Part IV, Sectio Part V, Section B, line 1e; F	on C, Part V,
CHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
IISCELLANEOUS INCOME		
2019 AMOUNT: \$ 13,651.		
020 AMOUNT: \$ 16,093.		
021 AMOUNT: \$ 23,891.		
2022 AMOUNT: \$ 6,139.		
2023 AMOUNT: \$ 39,290.		
12-21-23 <b>20</b>	Schedule A (Form	990) 202

### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

Department of the Treasu	ıry

(Form 990)

Schedule B

Internal Revenue Service

Name of the organization

THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149453
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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), 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$869,606	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
2		\$156,940	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
3		\$367,953	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
			Type of contribution       Person     X       Payroll
No.		Total contributions	Type of contribution       Person     X       Payroll
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Type of contribution       Person         Payroll       X         Payroll       X
No. 4 (a) No.	Name, address, and ZIP + 4	Total contributions  \$	Type of contribution         Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Type of contribution       Person         Person       X         Payroll       Noncash         .       Noncash         (Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Schedule B (Form 990) (2023) Name of organization

Part I

(a)

23-7149453

(c)

Employer identification number

(d)

THE ARIZONA ANIMAL WELFARE LEAGUE

Schedule B (Form 990) (2023)

22

323452 12-26-23

13141115 143399 404632

2023.05000 THE ARIZONA ANIMAL WELFAR 404632\_1

Schedule B	(Form	990)	(2023)	
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Name of organization

Page **2** 

THE ARIZONA ANIMAL WELFARE LEAGUE

Employer identification number

23-7149453

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$700,000.	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			
8		\$285,000.	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			
9		\$179,285.	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			
10		\$253,653.	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 ON Noncash ON Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2023)

13141115 143399 404632

23 2023.05000 THE ARIZONA ANIMAL WELFAR 404632\_1

Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(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		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
323453 12-26	-23		Schedule B (Form 990) (2023)		

THE ARIZONA ANIMAL WELFARE LEAGUE

Name of organization

Employer identification number

23-7149453

### 13141115 143399 404632

2023.05000 THE ARIZONA ANIMAL WELFAR 404632\_1

24

lame of or	rganization		Employer identification numb
HE ARIZ	ONA ANIMAL WELFARE LEAGUE		23-7149453
Part III	Exclusively religious, charitable, etc., contributi	) through (e) and the following line entr charitable, etc., contributions of <b>\$1,000 or le</b>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	i
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	· · ·
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
23454 12-26	-23	I	Schedule B (Form 990) (ź

## 13141115 143399 404632

25 2023.05000 THE ARIZONA ANIMAL WELFAR 404632\_1

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023
	ment of the Treasury I Revenue Service	A	Ittach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organizat			Emp	loyer identification number
_		THE ARIZONA ANIMAL WELFARE			23-7149453
Pa		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ac	coun	ts. Complete if the
	organizatio			<b>b)</b> Fund	ds and other accounts
1	Total number at e	nd of year		,	
2		of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4		at end of year			
5	-		writing that the assets held in donor advised fund		
<u> </u>			exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used or r donor advisor, or for any other purpose conferri		
	impermissible priv			•	Yes No
Pa			ganization answered "Yes" on Form 990, Part IV,		
1		servation easements held by the organization			
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a histo	rically	important land area
		of natural habitat	Preservation of a certi	fied his	toric structure
		n of open space			
2	Complete lines 2a day of the tax yea		fied conservation contribution in the form of a cor	nservat	ion easement on the last Held at the End of the Tax Year
-				2a	HEIU AL LIE EILU UI LIE TAX TEAL
a b				2a 2b	
c	•	rvation easements on a certified historic stru	ucture included on line 2a	2c	
d		rvation easements included on line 2c acqu			
		ture listed in the National Register		2d	
3			eased, extinguished, or terminated by the organiz	zation o	during the tax
	year				
4		where property subject to conservation eas			
5	•	ation have a written policy regarding the per			
6		forcement of the conservation easements it	nolos? handling of violations, and enforcing conservatio		
0		er nours devoted to morntoning, inspecting,		ii easei	ments during the year
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	ement	s during the year
					0,
8	Does each conser	rvation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes No
9			on easements in its revenue and expense statem		
			note to the organization's financial statements that	t desc	ribes the
Pa		counting for conservation easements. ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar	Assets.
		if the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	nce sh	eet works
	of art, historical tr	easures, or other similar assets held for pub	blic exhibition, education, or research in furtheran	ce of p	oublic
	service, provide in	n Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	sheet	works of
			exhibition, education, or research in furtherance	of pub	lic service,
	•	ing amounts relating to these items.			<b>N</b>
					Þ
2	.,		asures, or other similar assets for financial gain, p		£
2		unts required to be reported under FASB A		ovide	
а	-		SC 950 relating to these items.	9	\$
					\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
332051 09-28-23	

4 (	2							
2	Δ	Б	Λ	Λ	Λ	m	T T T.	

Sche		ANIMAL WELFARE					23-714		P	age <b>2</b>
Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	easures, or	Other	Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the	following that	make si	gnificant ı	use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they further th	ne organizatior	n's exem	oarua tar	se in Part	XIII.		
5	During the year, did the organization solicit or r									
-	to be sold to raise funds rather than to be main			-				Yes		No
Par	t IV Escrow and Custodial Arrange						Part IV li			
	reported an amount on Form 990, Part 3		en ane erganization							
1a	Is the organization an agent, trustee, custodiar		ary for contribution	s or other ass	ets not	included				
14	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII ar						∟			
U.			Swing table.					Amoun	t	
-	Designing belongs					10		7 anoun		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance					<b>1f</b>				
	Did the organization include an amount on For					ιy?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. C <b>t V</b> Endowment Funds Complete if the					<u></u>				
1 41	-	(a) Current year	(b) Prior year	(c) Two years			/ears back	(e) Four	voare	hack
4.		241,291.	270,079.	., ,	,176.		20,560.			384.
	Beginning of year balance	,	270,079.	234	,170.	2	20,300.		195,	504.
b	Contributions	490,000. 49,529.	20 700	25	0.0.2		12 616		25	176
	Net investment earnings, gains, and losses	49,529.	-28,788.	35	,903. 13,616.				<sup>25</sup> ,	176.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	780,820.	241,291.		,079.	2	34,176.		220,	560.
2	Provide the estimated percentage of the currer		(line 1g, column (a	)) held as:						
а	Board designated or quasi-endowment	34.1500	_%							
b	Permanent endowment 65.8500	%								
С	Term endowment%	1								
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the possess	ion of the organizat	ion that are held ar	nd administere	ed for the	е		r		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the o		/ment funds.							
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	t or other	(c) Ad	ccumulate	ed	<b>(d)</b> Boo	k valu	е
		basis (investm	ent) basis	(other)	dep	preciation				
1a	Land			753,046.					753,	046.
	Buildings		6	,975,923.		2,626,	063.	4,	349,	860.
	Leasehold improvements									
	Equipment		1	,106,528.		764,	759.		341,	769.
	Other			114,072.					114,	072.
	. Add lines 1a through 1e. (Column (d) must equ		line 10c. column	(B))				5,	558,	747.
				· - <i>*</i> /			Schodulo			

Schedule D (Form 990) 2023

### Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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, line 12, col. (B))		

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>total</b> . (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	4,273,000.
(2) BOARD-DESIGNATED - QUASI ENDOWMENT	266,622.
(3) OPERATING LEASE RIGHT-OF-USE ASSET	221,929.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,761,551.
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	224,246.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	224,246.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 THE ARIZONA ANIMAL WELFARE LEAGUE			23-7149453	B Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re <sup>.</sup>	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	9,266,755.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	271,254.		
b	Donated services and use of facilities	2b	13,973.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		466,000.		
е	Add lines 2a through 2d			2e	751,227.
3	Subtract line 2e from line 1			3	8,515,528.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	41,553.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	41,553.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> )			5	8,557,081.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With B	Expenses per F	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	6,184,790.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	13,973.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	13,973.
3	Subtract line 2e from line 1			3	6,170,817.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	41,553.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	41,553.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	6,212,370.
Pa	rt XIII Supplemental Information			÷	
Prov	de the descriptions required for Part II, lines 3, 5, and 9: Part III, lines 1a and 4: Pa	rt IV lines 1b ar	nd 2h <sup>.</sup> Part V line 4	· Part X line 2·	Part XI

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

29

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF A FUND ESTABLISHED BY THE BOARD

OF DIRECTORS TO FUNCTION AS AN ENDOWMENT DESIGNATED TO SUPPORT THE

ORGANIZATION'S OPERATIONS AND PROGRAMS. ADDITIONALLY, A DONOR-RESTRICTED

ENDOWMENT FUND, THE MARY CAROL SHEETS ENDOWMENT, WAS ESTABLISHED IN 2023

TO PRIMARILY SUPPORT THE HIRING OF BILINGUAL VETERINARIANS AND SECONDARILY

SUPPORT THE ORGANIZATION'S GROWTH, AS APPROVED BY THE TRUSTEE.

PART X, LINE 2:

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, ACCORDINGLY,

THERE IS NO PROVISION FOR INCOME TAXES. IN ADDITION THE ORGANIZATION

## Part XIII Supplemental Information (continued)

QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF

THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME

("UBTI") WOULD BE TAXABLE. THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX

POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND

PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH

OUTSIDE EXPERTS. AS OF DECEMBER 31, 2023 AND 2022, MANAGEMENT DOES NOT

BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST.

THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE U.S. FEDERAL

JURISDICTION AND CERTAIN STATE AND LOCAL JURISDICTIONS. AS OF DECEMBER 31,

2023, U.S. FEDERAL INFORMATIONAL RETURNS FOR YEARS ENDED PRIOR TO DECEMBER

 $\underline{31}\,,\,\,\underline{2020}$  and state returns for years ended prior to december 31, 2019 are

CLOSED TO ASSESSMENT. INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A

COMPONENT OF MANAGEMENT AND GENERAL EXPENSE WHEN ASSESSED

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTERESTS IN PERPETUAL TRUSTS 466,000.

Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ies	OMB No. 1545-0047			
(Form 990)		omplete 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.									
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ.OpenGo to www.irs.gov/Form990 for instructions and the latest information.Inspec									
Name of the organization		Employer ide	entification number								
		A ANIMAL WELFARE LEAGUE					23-71494				
Part I Fundrais	raising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not										
	complete this part										
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>											
(i) Name and address of individual or entity (fundraiser)		<b>(ii)</b> Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization			
			Yes	No							
Total 3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is ex	empt from re	egistration			
3.											
-											

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e		(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1 Gross receipts	225,141.			225,141.
	2 Less: Contributions	204,958.			204,958.
	3 Gross income (line 1 minus line 2)	20,183.			20,183.
	4 Cash prizes				
	5 Noncash prizes	915.			915.
benses	6 Rent/facility costs	12,611.			12,611.
Direct Expenses	7 Food and beverages	134.			134.
ē	8 Entertainment	3,756.			3,756.
	9 Other direct expenses				39,773.
	10 Direct expense summary. Add lines 4 through	ab 0 in column (d)			57,189.
	11 Net income summary. Subtract line 10 from	line 3, column (d)			-37,006.
Pa	<b>art III</b> Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form 9	90, Part IV, line 19, or	reported more than	
			(b) Pull tabs/instant		(d) Total gaming (add

Revenue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Reve	1 Gross revenue									
se	2 Cash prizes									
Direct Expenses	3 Noncash prizes									
Direct E	4 Rent/facility costs									
	5 Other direct expenses									
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No						
7 Direct expense summary. Add lines 2 through 5 in column (d)										
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)								
	Enter the state(s) in which the organization conducts the organization licensed to conduct gaming action licensed to conduct gaming actions ac				Yes No					
	If "No," explain:									
	Were any of the organization's gaming licenses really a set of the organization's gaming licenses really a s				Yes _ No					
33208	2 09-13-23			Sche	dule G (Form 990) 2023					

Sch	edule G (Form 990) 2023	THE ARIZONA ANIMAL WELFARE LEAGUE 2	3-71494	53	Page <b>3</b>
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
		eficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		🗆	Yes	No No
13	Indicate the percentage of gaming				
a	The organization's facility		13a		%
					%
		e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	L	Yes	└── No
k	If "Yes," enter the amount of gam	ing revenue received by the organization \$ and the amoun	t		
	of gaming revenue retained by the				
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:				
		state law to make charitable distributions from the gaming proceeds to			
c				Yes	🗌 No
ŀ		required under state law to be distributed to other exempt organizations or spent in the		103	
•	organization's own exempt activit				
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III. li	nes 9.	9b. 10b.
		applicable. Also provide any additional information. See instructions.		,	,,
3320	83 09-13-23	33 Sc	hedule G	(Form	990) 2023

13141115 143399 404632

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990)

332084 04-01-23

SCHEDULE J		Compensation Information	(	OMB No. 1545-0047			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	23	2	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to Public			
	Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.				ction	IC	
	ne of the organization		Employer iden			nber	
	-	THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149	453			
Pa	rt I Question	s Regarding Compensation	•				
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		•			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's					
Ū		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the orga					
		ation of the CEO/Executive Director, but explain in Part III.	51110				
	Compensation						
		ompensation consultant X Compensation survey or study					
		ther organizations	ommittee				
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severance	e payment or change-of-control payment?		4a		х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		х	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		x	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r			-		v	
				<u>5a</u>		X X	
b		ation?		5b		Λ	
~		or 5b, describe in Part III.					
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a complex of	9T I				
•	contingent on the n	-		60		x	
		ation?		6a 6b		X	
b		ation?		00			
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
•		les 5 and 6? If "Yes," describe in Part III		7		x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		<u> </u>			
-				8		x	
9		id the organization also follow the rebuttable presumption procedure described in					
-	Regulations section			9			
For		on Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	2023	

LHA 332111 11-06-23

Schedule J (Form 990) 2023

23-7149453

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		<b>(B)</b> Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base (ii) Bonus & compensation incentive compensation		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALESSANDRA S NAVIDAD	(i)	174,592.	0.	0.	0.	5,665.	180,257.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

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23-7149453

23

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

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

Department of the Treasury Internal Revenue Service

	Inspection	
Employer	identification number	

Name of the organization

THE	ARIZONA	ANIMAL	WELFARE	LEAGUE

Par	tl Ty	pes of Property								
			(a)	(b)	(c)		(d)			
			Check if	Number of contributions or	Noncash contril amounts report		Method of de		•	_
			applicable		Form 990, Part VII		noncash contribu	ution an	nount	5
1	Art - Work	s of art								
2		rical treasures								
3		ional interests								
4		d publications								
5		nd household goods								
6		other vehicles								
7		planes								
8		Il property								
9		- Publicly traded								
10		- Closely held stock								
11		- Partnership, LLC, or								
••	trust inter									
12										
		- Miscellaneous								
13	Historic st									
14 15		conservation contribution - Other								
15		e - Residential								
16		e - Commercial								
17		e - Other								
18		9S	x	E 000	2	00 070				
19		ntory	X	5,000	2	02,878.	FAIR VALUE			
20		I medical supplies								
21		·								
22		artifacts								
23		specimens								
24		ical artifacts								
25	Other	( )								
26	Other	( )								
27	Other	()								
28	Other	()								
29		f Forms 8283 received by the organiz	-							
	for which	the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29			0	<u> </u>
									Yes	No
30a		e year, did the organization receive by								
	must hold	for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to	be used	for			
	exempt p	urposes for the entire holding period?	?					30a		X
b	,	escribe the arrangement in Part II.								
31	Does the	organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard	contribut	ions?	31	Х	L
32a	Does the	organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash				1
	contributio	ons?						32a		x
b	lf "Yes," d	escribe in Part II.								
33	If the orga	nization didn't report an amount in c	olumn (c) foi	r a type of property	for which column	(a) is chec	cked,			
	describe i	n Part II.								
For F	aperwork	Reduction Act Notice, see the Inst	ructions for	<sup>-</sup> Form 990.			Schedule N	/ (Forn	n 990)	2023

hedule M (Form 990) 2023

LHA 332141 09-11-23 **Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-11-23	Schedule M (Form 990) 2023

23 - 7149453

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ
Name of the organization		Employer identification number 23-7149453
FORM 990, PART I, I	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TO PROVIDE EXCELLE	NT CARE, PROTECTION, AND LOVING COMPASSION FOR THE	
LIFE OF THE ANIMAL	S ENTRUSTED TO US AND TO TAKE A LEADERSHIP ROLE IN	
PROMOTING HUMANE V.	ALUES FOR THE BENEFIT OF ALL ANIMALS AND PEOPLE.	
PART I, LINE 6: VO	LUNTEERS	
THE ORGANIZATION H	AS A ROBUST VOLUNTEER PROGRAM OF APPROXIMATELY 450	
VOLUNTEERS WHO DON	ATE 60,000 VOLUNTEER HOURS ANNUALLY ALONG WITH A	_
FOSTER PARENT NETW	ORK OF APPROXIMATELY 90 FAMILIES. THIS GROUP PROVIDES	
CARE AND SHELTER I	N THEIR HOMES FOR PUPPIES AND KITTENS THAT ARE TOO	
YOUNG TO BE ADOPTE	D, AND THOSE ANIMALS THAT ARE RECOVERING FROM MEDICAL	
PROCEDURES OR THAT	NEED SOCIALIZATION BEFORE ADOPTION.	
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE MISSION OF AAW	L/SPCA IS TO PROVIDE EXCELLENT CARE, PROTECTION, AND	
LOVING COMPASSION	FOR THE LIFE OF THE ANIMALS ENTRUSTED TO US AND TO	
TAKE A LEADERSHIP	ROLE IN PROMOTING HUMANE VALUES FOR THE BENEFIT OF	
ALL ANIMALS AND PE	OPLE. AAWL OPERATIONALIZES THIS MISSION BY PROVIDING	
VETERINARY CARE, B	EHAVIORAL SUPPORT, FOOD AND SHELTER FOR HOMELESS DOGS	
AND CATS. WE SPAY,	NEUTER, MICRO-CHIP AND VACCINATE ALL PETS AND THEN	
FIND THEM PERMANEN	I, LOVING HOMES. WE ALSO OFFER A FULL-RANGE OF	
SERVICES FOR COMMU	NITY MEMBERS, INCLUDING DOG TRAINING, AND PRIDE	
OURSELVES IN LEVER.	AGING THE TIME AND TALENTS OF OVER 500 VOLUNTEERS AND	
150 FOSTERS WHO HE	LP US CARE FOR OUR ANIMALS AND ASSIST WITH ALL	
ASPECTS OF SHELTER	OPERATIONS.	
For Paperwork Reducti	on Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

Name of the organization

THE ARIZONA ANIMAL WELFARE LEAGUE

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 FIRM, SMITH PILOT, TO CONDUCT A REGIONAL

SALARY SURVEY. THE COMPENSATION SURVEY IS PRESENTED TO THE BOARD AND

MANAGEMENT WITH COMPARATIVE DATA FOR EXECUTIVE POSITIONS, PRIMARILY THE

CEO, AND COUNSELS ON APPROPRIATE DECISIONS. THE EXECUTIVE COMMITTEE AND

FINANCE COMMITTEE OF THE BOARD OF DIRECTORS MAKES RECOMMENDATIONS FOR ANY

INCREASES OR SALARY/COMPENSATION DECISIONS. THE PRESIDENT/CEO WORKS WITH

SMITH PILOT TO DETERMINE COMPETITIVE AND COMPARABLE SALARY RANGES, AND

SALARY DECISIONS FOR OTHER MANAGERS IN THE ORGANIZATION. NONE OF THE BOARD

MEMBERS RECEIVE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

332212 11-14-23

Name of the organization	Employer identification number
THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149453
REQUEST. FINANCIAL REPORTS AND COPIES OF THE ORGANIZATIONS FORM 990 IS ALSO	
AVAILABLE ON THE AAWL'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTERESTS IN PERPETUAL TRUSTS 466,000.	
332212 11-14-23 <b>42</b>	Schedule O (Form 990) 20

13141115 143399 404632