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

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change THE ARIZONA ANIMAL WELFARE LEAGUE Name change 23-7149453 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 25 NORTH 40TH STREET (602) 273-6852 6,891,766. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PHOENIX, AZ 85034 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ALESSANDRA NAVIDAD Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.AAWL.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 1971 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE EXCELLENT CARE Activities & Governance PROTECTION, AND LOVING COMPASSION FOR THE LIFE OF THE ANIMALS if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 3 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 132 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 450 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 4,489,528 3,920,013. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,249,058 1,320,542. Program service revenue (Part VIII, line 2g) 457,858 427.744. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 68,536 51,793. 11 6,264,980 5 720 092. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,911,851. 3,156,032. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,560,694. 2,930,174. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,472,545. 6,086,206. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -366,114**.** 792,435. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 20,716,099 18,787,906. Total assets (Part X, line 16) 619,870. 179.844. 21 Total liabilities (Part X, line 26) 三年 20,536,255. 18,168,036. Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ALESSANDRA NAVIDAD, PRESIDENT AND CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature KRISTEN BASS 11/13/23 P01247587 Paid Firm's name CBIZ MHM, LLC 34-1884125 Preparer Firm's EIN 4722 N 24TH ST, STE 300 Use Only Firm's address Phone no.602-264-6835 PHOENIX, AZ 85016

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	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 BY PROVIDING		
2	Did the organization undertake any significant program services during the year which were not liste	d on the	
	prior Form 990 or 990-EZ?		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 progran	n services?	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 s	services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati	ions to others, the total	expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 4 , 193 , 340 . including grants of \$) (Revenue \$	1,000,681.)
	AT ANY ONE TIME, THERE ARE 140 CATS AND 190 DOGS IN OUR CARE. ANNUALLY,		, <i>,</i>
	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 \$ 610 , 646including grants of \$) (Revenue \$	400,497.)
710	AAWL COMMUNITY VET CLINIC IS A LOW-COST VETERINARY CLINIC TO HELP THOSE	/ (Neverlue \$, , , , , ,
	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.		
	IMOOGROUP IMALESTIN COOKIT,		
40	(Code:) (Expenses \$ 242,802. including grants of \$) (D	1,790.)
4c	AAWL'S COMMUNITY OUTREACH AND EDUCATION EFFORTS FOCUS ON ADVANCING) (Revenue \$	
	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.		
4:1	Other recovery and income (December on Calcada la Calc		
40	Other program services (Describe on Schedule O.)		\
4.	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}} \text{ including grants of \$} \text{ (Revenue \$} \text{ (Revenue \$} \t)
40	Total program service expenses 5,046,788.		Form 990 (2022)
			FUITH 330 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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			
Ŭ	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	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ A
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
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 constitution maintain on office constitution and the Light of the Light of Obtain	14a		x
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	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	שדו		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ A
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2022) THE ARIZONA ANIMAL WELF.

Part IV | Checklist of Required Schedules (continuo

ı a	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04-	Schedule J	23	Λ	
24 a	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	24a		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1		
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 51	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	ı

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23-7149453

Form 990 (2022)

THE ARIZONA ANIMAL WELFARE LEAGUE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)		V	NI.
0-	Enter the number of employees reported on Form W.C. Transmittel of Wage and Tay Statements		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.			
L	The die defender your chang with or want to your covered by this rotating	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a		х
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	-ta		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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 provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		-		
C 1/10		14a		Х
14a				
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
13	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16		16		х
.0	If "Yes," complete Form 4720, Schedule O.	10		
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.	<u> </u>		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
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 Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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 filing the form?	11a		Х
b	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be 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))	only)	availal	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 Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d 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			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	than of s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	the organization (W-2/1099-MISC/	organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) ALESSANDRA S NAVIDAD	40.00								_	
PRESIDENT/CEO			_	Х				145,000.	0.	5,688.
(2) PAM EGGERT	2.00	∤		l						
CHAIR	0.00	Х		Х				0.	0.	0.
(3) ROBERT ABRAMSON	2.00	∤		l						
VICE CHAIR	2 00	Х		Х				0.	0.	0.
(4) KYLE PASKEY TREASURER	2.00	x		x				0.	0.	0
(5) ASHLEY ST. THOMAS	2.00	^		Λ				0.	0.	0.
SECRETARY	2.00	x		Х				0.	0.	0.
(6) KENNY FARRELL	2.00	^		Λ				0.	0.	0.
PAST CHAIR	2.00	x		x				0.	0.	0.
(7) AMRITA SAHASRABUDHE	2.00	 							· ·	
BOARD MEMBER	1.00	x						0.	0.	0.
(8) ERIKA FERRIN	2.00									
BOARD MEMBER		х						0.	0.	0.
(9) JENNIFER AXEL	2.00									
BOARD MEMBER		х						0.	0.	0.
(10) KAREN JOHNSON, PH.D.	2.00									
BOARD MEMBER		х						0.	0.	0.
(11) AMANDA ZINK	2.00									
BOARD MEMBER		х						0.	0.	0.
(12) MARIA BARQUIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
]								
		1								
		1								
		<u> </u>	_			-				
		4								

orm 99	0 (2022) THE ARIZONA A	ANIMAL WELF.	AKE	ьь.	AGU	Ľ.				23-/14945.	Page •
Part \	Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hi	ghes	t Co	mpensated Employee	s (continued)	
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) 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	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b S	ubtotal								145,000.	0.	5,688.
с Т	otal from continuation sheets to Part VI								0.	0.	0.
	otal (add lines 1b and 1c)								145,000.	0.	5,688.
	otal number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	1

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ANIMAL MEDICAL AND SURGICAL CENTER		
17477 N 82ND ST, SCOTTSDALE, AZ 85255	VETERINARY SERVICES	140,184.
IDEXX LABORATORIES		
11034 N 23RD DR #100, PHOENIX, AZ 85029	LABORATORY SERVICES	125,416.
2 Total number of independent contractors (including but not limited to tho	se listed above) who received more than	

Form 990 (2022)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response	or note to any line	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
10.10	4.	Fodorated composition	140					
nts		Federated campaigns	1					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		276 512				
is, (Fundraising events		276,512.				
를 를		Related organizations						
is,	е	Government grants (contribution	ons) 1e					
rigin	f	All other contributions, gifts, grants	s, and					
the th		similar amounts not included above	e 1f	3,643,501.				
들었	g	Noncash contributions included in lines 1a	a-1f 1g \$	194,747.				
an Co	h	Total. Add lines 1a-1f			3,920,013.			
				Business Code				
ø.	2 a	ADOPTION FEES		541900	981,087.	981,087.		
Š		CLINIC OPERATIONS		541900	318,071.	318,071.		
šer		INTAKE FEES		541900	19,594.	19,594.		
Program Service Revenue		EDUCATION		541900	1,790.	1,790.		
gra Re				341900	1,750.	1,750.		
õ	е							
<u>-</u>		All other program service rever			1 200 510			
	g	Total. Add lines 2a-2f			1,320,542.			
	3	Investment income (including of	dividends, intere	st, and				
	other similar amounts)				435,580.			435,580.
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	ı a		1,045,882.	(ii) Otrici				
		assets other than inventory 7a	1,043,002.					
	b	Less: cost or other basis	1 051 470	2 240				
Jue								
š		Gain or (loss) 7c	-5,596.					
ther Revenue		Net gain or (loss)			-7,836.			-7,836.
þer	8 a	Gross income from fundraising eve						
ð		including \$276,	512. of					
		contributions reported on line	1c). See					
		Part IV, line 18	8a	9,098.				
	b	Less: direct expenses	8b	45,870.				
	С	Net income or (loss) from fundr	raising events		-36,772.			-36,772.
	9 a	Gross income from gaming act	tivities. See					
		Part IV, line 19	I					
	b	Less: direct expenses						
		Net income or (loss) from gamin						
		Gross sales of inventory, less re	-					
	10 4		I	154,512.				
		and allowances	I					
		Less: cost of goods sold		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	82,426.	82,426.		
-	С	Net income or (loss) from sales	s of inventory		02,420.	02,420.		
<u>s</u>		OMVID TVGOVD		Business Code	C 120			6 120
e e	11 a	OTHER INCOME		900099	6,139.			6,139.
Miscellaneous Revenue	b							
Sell Sev	С							
<u>.š</u> 🖽	Ч	All other revenue		1				
-	u	All other revenue						
2		Total. Add lines 11a-11d			6,139. 5,720,092.			397,111.

232009 12-13-22

23-7149453

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a resport Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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				
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,				
trustees, and key employees	150,688.	123,935.	10,670.	16,083
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,595,465.	2,132,388.	183,734.	279,343
8 Pension plan accruals and contributions (include	-	·	·	
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	214,653.	181,366.	15,300.	17,987
10 Payroll taxes	195,226.	160,394.	13,820.	21,012
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,970.		40,970.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	405,357.	38,646.	50,479.	316,232
12 Advertising and promotion				
13 Office expenses	49,781.	38,198.	4,022.	7,561
14 Information technology				
15 Royalties	425 540	445 560	12.025	0.744
16 Occupancy	437,549.	415,569.	13,236.	8,744
17 Travel	62,042.	59,992.		2,050
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	052 005	200 160	10 551	15 168
22 Depreciation, depletion, and amortization 23 Insurance	253,887.	228,169.	10,551.	15,167
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 O.)				
a SUPPLIES/MEDICAL COSTS	1,680,588.	1,668,131.	132.	12,325
b				
с				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,086,206.	5,046,788.	342,914.	696,504
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Form 990 (2022) Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	ote to any lir	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,695,591.	1	1,097,08
2	Savings and temporary cash investments			2,399,322.	2	1,927,48
3	Pledges and grants receivable, net			148,653.	3	722,59
4	Accounts receivable, net		4,798.	4	5,87	
5	Loans and other receivables from any current					
	trustee, key employee, creator or founder, sub	stantial conf	tributor, or 35%			
	controlled entity or family member of any of the	ese persons	·		5	
6						
	under section 4958(f)(1)), and persons describe	ed in sectior	n 4958(c)(3)(B)		6	
္ 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use			177,599.	8	101,25
ž 9	Prepaid expenses and deferred charges			86,181.	9	91,12
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	. 10a	8,694,431.			
t	Less: accumulated depreciation		3,110,237.	5,708,346.	10c	5,584,19
11	Investments - publicly traded securities			5,273,632.	11	4,871,08
12	Investments - other securities. See Part IV, line			98,723.	12	3,71
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			5,123,254.	15	4,383,50
16	Total assets. Add lines 1 through 15 (must eq			20,716,099.	16	18,787,90
17	Accounts payable and accrued expenses		159,844.	17	255,48	
18	Grants payable		18			
19	Deferred revenue		20,000.	19	29,22	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
တ္တ 22	Loans and other payables to any current or for					
Liabilities N	trustee, key employee, creator or founder, sub					
혈	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unre				23	
24	Unsecured notes and loans payable to unrelat	•	·····		24	
25	Other liabilities (including federal income tax, p	-				
	parties, and other liabilities not included on line	es 17-24). G	omplete Part X	0.	0.5	335,15
	of Schedule D			179,844.	25	619,87
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch		X	173,044.	26	015,07
ဖ္တ	and complete lines 27, 28, 32, and 33.	ieck liefe				
8 27	Net assets without donor restrictions			15,394,053.	27	14,094,73
g 27 28	Net assets with donor restrictions			5,142,202.	28	4,073,30
5 20	Organizations that do not follow FASB ASC			0,112,202.	20	2,0,0,00
돌	and complete lines 29 through 33.	330, CHECK	nere			
5 29	Capital stock or trust principal, or current fund	c			29	
S 30	Paid-in or capital surplus, or land, building, or				30	
8 30 31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances 27 28 29 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Total net assets or fund balances			20,536,255.	32	18,168,030
ž 32 33				20,716,099.	33	18,787,906
	TOTAL HADHILLES AND HEL ASSELS/TUND DAIANCES			20,710,000.	J J	Form 990 (20

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022Open to Public

Inspection

Name of the organization **Employer identification number** THE ARIZONA ANIMAL WELFARE LEAGUE 23-7149453 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 (Gifts, grants, contributions, and						
r	nembership fees received. (Do not						
i	nclude any "unusual grants.")	7,346,633.	3,669,169.	3,966,364.	4,489,528.	3,920,013.	23,391,707.
2	Tax revenues levied for the organ-						
i	zation's benefit and either paid to						
(or expended on its behalf						
3	The value of services or facilities						
f	urnished by a governmental unit to						
	he organization without charge						
	Fotal. Add lines 1 through 3	7,346,633.	3,669,169.	3,966,364.	4,489,528.	3,920,013.	23,391,707.
	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)						3,425,734.
	Public support, Subtract line 5 from line 4.						19,965,973.
	ion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	7,346,633.	3,669,169.	3,966,364.	4,489,528.	3,920,013.	23,391,707.
	Gross income from interest,	, , .	, , ,	, , -	, , -	, , ,	, , ,
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	312,284.	377,363.	398,239.	362,966.	435,580.	1,886,432.
	***	312,201.	377,303.	330,233.	302,300.	100,000.	1,000,102.
	Net income from unrelated business						
	activities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital	30,001.	13,651.	16,093.	23,891.	6,139.	89,775.
	assets (Explain in Part VI.)	30,001.	13,031.	10,093.	23,091.	0,139.	25,367,914.
	Total support. Add lines 7 through 10		`			40	8,061,425.
	Gross receipts from related activities,	•	,			12	0,001,423.
	First 5 years. If the Form 990 is for th	· ·		•		. , . ,	
	organization, check this box and stop ion C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f)\		14	78.71 %
						15	
	Public support percentage from 2021						- 70
	33 1/3% support test - 2022. If the contact have the support test - 2022.						T+T
	stop here. The organization qualifies		-			or mare shook thi	······
	33 1/3% support test - 2021. If the conditions are the experience of the conditions are t						
	and stop here. The organization quali						
	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			=		_	
	neets the facts-and-circumstances te	-	•	*	-		
b.	10% -facts-and-circumstances test	- 2021. If the orga	anızatıon did not c	neck a box on line	13, 16a, 16b, or 1	/a, and line 15 is 1	1U% or
	11611					D 11"'	
	more, and if the organization meets th				-		
(nore, and if the organization meets the organization meets the facts-and-circuerivate foundation. If the organization	umstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	

232022 12-09-22

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
_		
За		
3b		
0-		
3c		
4a		
4b		
4.		
4c		
5a		
5b		
5c		
6		
7		
C		
8		
9a		
9b		
9с		
10a		
150		
10b		

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
			Vaa	N _a
_			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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		Ь
500			· ·	
			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	$oxed{oxed}$	<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
2	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

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

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated	509(a	a)(3) Supporting Orga	anizations _{(contin}	ued)	
Section	ion D - Distributions					Current Year
	Amounts paid to supported organizations to accomplish	h exem	npt purposes		1	
	Amounts paid to perform activity that directly furthers ex					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt put	S	3			
4	Amounts paid to acquire exempt-use assets				4	
	Qualified set-aside amounts (prior IRS approval required	d - pro	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to wh	ich the	e organization is responsive)		
	(provide details in Part VI). See instructions.		3		8	
9	Distributable amount for 2022 from Section C, line 6				9	
10	Line 8 amount divided by line 9 amount				10	
			(i)	(ii)		(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason	n-				
	able cause required - explain in Part VI). See instruction	ns.				
_3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i_	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain	in				
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
b	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Page 8

THE ARIZONA ANIMAL WELFARE LEAGUE

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2018 AMOUNT: \$ 15,403.
2019 AMOUNT: \$ 13,651.
2020 AMOUNT: \$ 16,093.
2021 AMOUNT: \$ 23,891.
2022 AMOUNT: \$ 6,139.
INSURANCE REIMBURSEMENT
2018 AMOUNT: \$ 14,598.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

THE ARIZONA ANIMAL WELFARE LEAGUE 23-7149453 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Schedule B (Form 990) (2022)

Name of organization

Employer identification number

THE ARIZONA ANIMAL WELFARE LEAGUE

23-7149453

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No2	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	INAILIE, AUGIESS, AIIU ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization	Employer identification number
THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149453

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	# Total contributions \$ 321,266.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	- Nume, address, and En 1 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022) Pag

Name of organization

Employer identification number

THE ARIZONA ANIMAL WELFARE LEAGUE

23-7149453

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** THE ARIZONA ANIMAL WELFARE LEAGUE 23-7149453 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

THE ARTZONA ANIMAL WELFARE LEAGUE

THE ARIZONA ANIMAL WELFARE LEAGUE		23-7149453
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts.	Complete if the
organization answered "Yes" on Form 990. Part IV. line 6.		

Pai	τl	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the	
		organization answered Tes Ort offin 550, Fartiv, find	(a) Donor advise	d funds	(b) Funds and other accounts	
1	Totalı	number at end of year	(-,			
2		gate value of contributions to (during year)				
3		gate value of grants from (during year)				
4		gate value at end of year				
5		e organization inform all donors and donor advisors in w	vriting that the assets he	ld in donor advised fu	ınds	
Ŭ		e organization's property, subject to the organization's e				No
6		e organization inform all grantees, donors, and donor ac				
•		aritable purposes and not for the benefit of the donor or				
		missible private benefit?	·			No
Pai		Conservation Easements. Complete if the org	anization answered "Yes	s" on Form 990, Part I		
1	Purpo	se(s) of conservation easements held by the organizatio		•	,	
		Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area	
		Protection of natural habitat	,	1	ertified historic structure	
	=	Preservation of open space				
2		lete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a c	conservation easement on the last	
		the tax year.			Held at the End of the Tax Ye	ar
а	Totalı	number of conservation easements			2a	
b					•	
С	Numb	er of conservation easements on a certified historic stru				
d		er of conservation easements included in (c) acquired a				
	histori	c structure listed in the National Register			2d	
3		er of conservation easements modified, transferred, rele				
	year					
4	Numb	er of states where property subject to conservation ease	ement is located			
5	Does	the organization have a written policy regarding the peri	odic monitoring, inspect	ion, handling of		
	violati	ons, and enforcement of the conservation easements it	holds?		Yes I	No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conservat	tion easements during the year	
7	Amou	nt of expenses incurred in monitoring, inspecting, handl	ing of violations, and ent	orcing conservation e	easements during the year	
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)((B)(i)	
		ection 170(h)(4)(B)(ii)?				No
9		t XIII, describe how the organization reports conservation		•		
	baland	ce sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statements t	that describes the	
Do		zation's accounting for conservation easements.	Art Historical Trac	aniros ar Othar	Similar Assats	
Pai	t III	Organizations Maintaining Collections of		asures, or Other	Sillilai Assets.	
		Complete if the organization answered "Yes" on Form				
1a		organization elected, as permitted under FASB ASC 958	•			
		historical treasures, or other similar assets held for pub			rance of public	
		e, provide in Part XIII the text of the footnote to its finan				
b		organization elected, as permitted under FASB ASC 958	•			
		storical treasures, or other similar assets held for public	exhibition, education, or	research in furtheran	ice of public service,	
		e the following amounts relating to these items:			•	
		evenue included on Form 990, Part VIII, line 1				
_	` '					
2		organization received or held works of art, historical trea			n, provide	
		lowing amounts required to be reported under FASB AS				
a		ue included on Form 990, Part VIII, line 1			•	
<u>b</u>						
LHA	For Pa	aperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 20)22

232051 09-01-22

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Similar	Assets	(contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that make s	significant u	se of its	,	
	collection items (check all that apply):							
а	Public exhibition	d	l Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	mpt purpos	e in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" o	n Form 990,	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets not	included			
	on Form 990, Part X?						Yes	O No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
							Amoun	t
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ility?	L	Yes	No
_	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye		(e) Four	r years back
1a	Beginning of year balance	270,079.	234,176.	220,560.	19	5,384.		
b	Contributions				_			206,074.
С	Net investment earnings, gains, and losses	-28,788.	35,903.	13,616.	25,176.			-10,690.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	0.41 0.01	000 000	024 156		0 560		105 204
g	End of year balance		•	· · · · · · · · · · · · · · · · · · ·	2.2	20,560.		195,384.
2	Provide the estimated percentage of the curr	•) held as:				
a	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С		%						
_	The percentages on lines 2a, 2b, and 2c sho	•						
за	Are there endowment funds not in the posse	ssion of the organiza	ation that are held ar	nd administered for t	ne		ſ	Yes No
	organization by:						0-(:)	Yes No
	(i) Unrelated organizations						3a(i)	X
h	(ii) Related organizations	tions listed as requir	and on Schodula D2				3a(ii) 3b	
4	Describe in Part XIII the intended uses of the						SD	
	t VI Land, Buildings, and Equipm		Willett fallas.					
	Complete if the organization answere), Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	d	(d) Boo	k value
	2 ccompaint of property	basis (investr	, , ,	1 ' '	epreciation	_	(4, 200	
	Land			753,046.				753,046.
b	Buildings		6	,915,253.	2,409,2	205.	4,	,506,048.
	Leasehold improvements				-			
d	Equipment			929,361.	701,0	32.		228,329.
е	Other			96,771.				96,771.
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)			5,	,584,194.
							D (Forn	n 990) 2022

Ī	Part VII	Investments - Other Securities.

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, col. (B) line 12.)		
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)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(5) (6) (7) (8) (9)

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	3,807,000.
(2) BOARD-DESIGNATED - QUASI ENDOWMENT	241,291.
(3) OPERATING LEASE RIGHT-OF-USE ASSET	335,218.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	4,383,509.

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	335,157.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	335,157.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 THE ARIZONA ANIMAL WELFARE LEAGUE			23-7149453	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With R	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,727,467.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-957,105.		
b	Donated services and use of facilities		2,340.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 4 - 1	-1,045,000.		
е	Add lines 2a through 2d	•		2e	-1,999,765.
3	Subtract line 2e from line 1			3	5,727,232.
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	40,970.		
b	Other (Describe in Part XIII.)		-48,110.		
	Add lines 4a and 4b			4c	-7,140.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,720,092.
Pai	t XII Reconciliation of Expenses per Audited Financial Stater	ments With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	6,093,446.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,340.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		45,870.		
е	Add lines 2a through 2d			2e	48,210.
3	Subtract line 2e from line 1			3	6,045,236.
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	40,970.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	40,970.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,086,206.
Pai	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	•	, ,	; Part X, line 2; I	Part XI,
PART	V, LINE 4:				
	INTENDED USE OF ENDOWMENT FUNDS IS FOR OPERATIONS AND PROGRA	AMS.			
PART	X, LINE 2:				
THE	ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SE	ECTION			
501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, ACCORDI	INGLY,			
THER	E IS NO PROVISION FOR INCOME TAXES. IN ADDITION THE ORGANIZA	ATION			
QUAL	IFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION	ON 170 OF			
THE	CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT	A PRIVATE			
FOUN	DATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE I	INCOME			
("UE	TI") WOULD BE TAXABLE. THE ORGANIZATION EVALUATES ITS UNCERT	TAIN TAX			
POSI	TIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS PO	OLICIES AND			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization THE ARIZONA	A ANIMAL WELFARE LEAGUE					23-714945	ntification number		
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not		
required to complete this part Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No						
Total	I								
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is	exempt from re	gistration		
			_						

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

Schedule G (Form 990) 2022

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and great states and great states are states as the contribution of the c				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			, ,,,	71 /	,	
Revenue	1	Gross receipts	285,610.			285,610.
Ω						
	2	Less: Contributions	276,512.			276,512.
	3	Gross income (line 1 minus line 2)	9,098.			9,098.
	4	Cash prizes				
	5	Noncash prizes	819.			819.
ses						
Suec	6	Rent/facility costs	22,343.			22,343.
Direct Expenses	7	Food and beverages				
	8	Entertainment	1,198.			1,198.
	9	Other direct expenses	,			21,510.
	10					45,870.
	11	Net income summary. Subtract line 10 from li				-36,772.
Pa	art I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T		1	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u> </u>	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
a	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and the organization licensed to conduct gaming and the organization licensed to conduct gaming and the organization conducted the organizat	ctivities in each of these s	states?		Yes No
t	" TI •	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
2320	R2 10	0-27-22			Sche	edule G (Form 990) 2022

Sch	edule G (Form 990) 2022 THE ARIZONA ANIMAL WELFARE LEAGUE	23-71	4945	3	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
			13a		%
	The organization's facility An outside facility		13b		
	An outside facility	l	IJU		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	News				
	Name				
	Address				
					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ш	Yes	∟ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt			
	of gaming revenue retained by the third party \$				
С	: 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:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t				
-	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part	III, lin	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	, ,	., ,
	, ,				

Schedule G (Form 990) THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149453	Page 4
Schedule G (Form 990) THE ARIZONA ANIMAL WELFARE LEAGUE Part IV Supplemental Information (continued)		
100		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Name of the organization

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

THE ARIZONA ANIMAL WELFARE LEAGUE

Employer identification number 23-7149453

Questions Regarding Compensation Yes No 1a Check the appropriate 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 charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract X Compensation survey or study X Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х

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

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2022

7

8

Х

Regulations section 53.4958-6(c)?

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred be	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ALESSANDRA S NAVIDAD	(i)	145,000.	0.	0.	0.	5,688.	150,688.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
-	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)						<u> </u>		

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number 23-7149453

	THE ARIZONA ANIMAL WELFARE LEAGUE						23-7149453			
Part I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Ig	Method of noncash conti		•	s	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	Х	5,000	194,74	7. FAIF	R VALUE				
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 8283, Part V, Donee Acknowledgement 290									
								Yes	No	
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 thr	ugh 28	, that it				
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for									
	exempt purposes for the entire holding period'	?					. 30a		Х	
b										
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							Х		
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?						32a		х	
b	"Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is c	necked,					
	describe in Part II.									

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE ARTZONA ANTMAL WELFARE LEAGUE

Employer identification number

THE ARIZONA ANIMAL WELFARE LEAGUE	23-7149453
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
ENTRUSTED TO US AND TO TAKE A LEADERSHIP ROLE IN PROMOTING HUMANE	
VALUES FOR THE BENEFIT OF ALL ANIMALS AND PEOPLE.	
PART I, LINE 6: VOLUNTEERS	
THE ORGANIZATION HAS A ROBUST VOLUNTEER PROGRAM OF APPROXIMATELY 450	
VOLUNTEERS WHO DONATE 60,000 VOLUNTEER HOURS ANNUALLY ALONG WITH A	
FOSTER PARENT NETWORK OF APPROXIMATELY 90 FAMILIES. THIS GROUP PROVIDES	
CARE AND SHELTER IN THEIR HOMES FOR PUPPIES AND KITTENS THAT ARE TOO	
YOUNG TO BE ADOPTED, 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:	
VETERINARY CARE, BEHAVIORAL SUPPORT, FOOD AND SHELTER FOR HOMELESS DOGS	_
AND CATS. WE SPAY, NEUTER, MICRO-CHIP AND VACCINATE ALL PETS AND THEN	
FIND THEM PERMANENT, LOVING HOMES. WE ALSO OFFER A FULL-RANGE OF	
SERVICES FOR COMMUNITY MEMBERS, INCLUDING DOG TRAINING, AND PRIDE	
OURSELVES IN LEVERAGING THE TIME AND TALENTS OF OVER 450 VOLUNTEERS AND	
250 FOSTERS WHO HELP US CARE FOR OUR ANIMALS AND ASSIST WITH ALL	
ASPECTS OF SHELTER OPERATIONS.	
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	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

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Name of the organization **Employer identification number** THE ARIZONA ANIMAL WELFARE LEAGUE 23-7149453 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 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 -1,045,000.