Ecm 990

Return of Organization Exempt From Income Tax

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

OM8 No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990

For the 2014 calendar year, or tax year beginning 2014, and ending C Name of organization D Employer Identification number Check if applicable The Arizona Animal Welfare League Address change Doing business as 23-7149453 Number and street for P.O. box if mail is not delivered to street address: Room/suite Telephone number Name change initial return 25 North 40th Street (602) 273-6852 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Phoenix AZ 85034 G Gross receipts \$ 4,537,886. F Name and address of principal officer: H(a) is this a group return for subordinates? Application pending Yes H(b) Are all subordinates included? No. Judith Gardner 25 N 40th Street Phoenix AZ 85034 Yes Tax-exempt stalus X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or Website: ► www.aawl.org H(c) Group exemption number 🕨 Form of organization: X Corporation Other F L Year of formation: 1971 M State of legal domicile: Summary Part I Briefly describe the organization's mission or most significant activities: AAWL provides medical care, behavior evaluation and training, food and shelter for homeless dogs and cats; to place animals Governance in stable and loving homes; to promote and provide spay/neuter surgeries to reduce the unwanted animal population, and to educate the community on the proper care and treatment of animals. Check this box • if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)...... Number of independent voting members of the governing body (Part VI, line 1b) 4 7 Activities Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . 5 161 6 4, 833 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0. Prior Year **Current Year** 2,873,792. Contributions and grants (Part VIII, line 1h)...... 2,583,513. 1,075,379 1,379,486. 10 49,272 38,362. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 148,592 68,433. 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,147,035 4,069,794. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,342,309 2,470,308. 16a Professional fundraising fees (Part IX, column (A), line 11e) 89,880 101. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)........ 1,473,925 1,673,528. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . 3,906,114. 4,143,937. 19 240,921. -74,143.**Beginning of Current Year** End of Year Total assets (Part X, line 16) 20 6,359,274 5,920,521. 21 544,443 199,489. ž, 22 5,814,831 5,721,032. Part II Signature Block Under penalties of porjury, 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. Declarelion of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/13/15 Signature of officer Sign Here Judith Gardner
Type or print name and title. CEO Print/Type preparer's name Preparer's signature Date PTIN Lisa B. Lumbard, CPA, CGFM Lisa B. Lumbard, CPA, CGFM 11/13/15 Paid self-emptoyed P01502505 Preparer LUMBARD & ASSOCIATES, PLLC **Use Only** Firm's address 4143 N 12TH ST STE 100 72-1548114 PHOENIX 85014-4955 Phone no. (602) 274-9966

COL	11 990 (2014) The Arizona Animal Welfare League	23-7149453	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	The state of garmacology of the state of the		
	AAWL provides medical care, behavior evaluation		
	and training, food and shelter for homeless dogs and cats; to	place animals _	
	See Form 990, Page 2, Part III, Line 1 (continued)		
	Did the organization undertake any significant program services during the year which were not listed o	n the prior	
	Form 990 or 990-EZ?	11	
	If 'Yes,' describe these new services on Schedule O.	· · · · · · · · · · · · Ye	s X No
3		rvices? Ye	s X No
	If 'Yes,' describe these changes on Schedule O.		[V]
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	rices, as measured by exper is to others, the total expens	nses. ses,
4 a	a (Code:) (Expenses \$ 3,487,237. including grants of \$ 0	.)(Revenue \$	787,138.)
	AAWL & SPCA completes approximately 4,500 adoptions each year		201,130.)
	come from open intake shelters in the Valley and are given com	plete medical and	hehavior
	evaluations. During their time at AAWL, animals are very well	cared for, with t	op of the
	line food, daily walks/exercise, play time, socialization and	any special beh	avior
	modifications they might need to become more adoptable. Post	adoption, AAWI,	&
	SPCA is the only organization that offers adopters free medic	al and behavior I	helplines
	for the first 30 days to help the animal successfully transit	ion into the home	e
4 h	b (Code:) (Expenses \$ 46,231, including grants of \$ 0		
40		_)(Revenue \$2	36,764.
	AAWL & SPCA offers the most creative, professional and succes programs in the Valley. Our Education Department offers camps	SIUI numane educa	ation
	during school breaks; a specialized Vet Camp for youngsters i	Tor Gurraren or s	all ages
	medical careers, a teen tracks leadership program and many ot	her workshops one	4 IIGT
	special programs. Our Education staff also works closely with	the underserved or	d
	offering school programs, free programs, scholarships and spe	cially created	SPOT & CTO!
	programs for a variety of consumers (teaching compassion and animal	care to incarcera	ted vouth
			<u> </u>
	was and some time time time time time to the time time time time time time time tim		
	(Code:) (Expenses \$ 186,705. including grants of \$ 0	.) (Revenue \$3:	<u>55,584.</u>)
	AAWL's PetMD is a low-cost veterinarian clinic to help those t	hat can't afford	the high
	cost of animal medical care. This service also helps to keep animal	s out of the shelt	er system
	and in their homes where they belong. In addition, those who	<u>adopt an animal</u>	from
	AAWL have access to this clinic for the lifetime of their pet	<u>. AAWL also off</u>	ers
	<pre>low-cost vaccine and microchip clinics once or twice each mor well attended.</pre>	<u>nth that are very</u>	
	weil attended.		
	AND		
			·
		THE BAN THE STEE SHEET RIGHT AND THEFT THE PARK HAVE THE RIGHT	
4 d (Other program services. (Describe in Schedule O.)		·
((Expenses \$ including grants of \$) (Revenue	: \$)
4 e	Total program service expenses ► 3,720,173.		

			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)?	ļ	X	-
;	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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	. 4		Х
(s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	. 5		X
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	. 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	. 7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	. 8		Х
g	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	. 10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI	. 11 a	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
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	. 11c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	. 11d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	. 11 e		Χ
	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 FtN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	. 11f		Х
12	a 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			Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E			Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	· 14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	. 14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	. 15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	. 16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	. 17	х	~~~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	. 18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	. 19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
1	b if 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) The Arizona Animal Welfare League

Part IV | Checklist of Required Schedules (continued)

			Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
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 Schedule K. If 'No, 'go to line 25a	24a		Х
	o Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	246		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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 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	25 b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26	*	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ŧ	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L., Part IV	28a		Χ
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance	13300	·····	090
Check if Schedule O contains a response or note to any line in this Part V			. [
Annual Control of the		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	28	1.00	-
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	10	1	+
Large Control of the	161		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b)	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1 4		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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).			
a 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	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Χ
d If 'Yes,' indicate the number of Forms 8282 filed during the year		****	
e 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		X
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	- 3		
Form 1098-G?	7h	X	
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.			
a Did the sponsoring organization make any taxable distributions under section 4966?	1 1 -		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	· · 9b		
10 Section 501(c)(7) organizations, Enter:			
a 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:		Ì	
a Gross income from members or shareholders		Į	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling 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.			
a is the organization licensed to issue qualified health plans in more than one state?	. 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand		ļ	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Χ

Form 990 (2014) The Arizona Animal Welfare League 23-7149453 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 6 Did the organization have members or stockholders?.............. 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by Х 8 b Х 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Χ b If Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Х Χ 14 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 defiberation and decision? 15 a Х 15 b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х bilf '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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Arizona Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply, Own website X Another's website Other (explain in Schedule O) X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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:

25 North 40th Street Phoenix

	Form 990 (2014)	The	Arizona	Animal	Welfare	League
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Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) Name and Title (B) (D) (€) (F) Average hours Reportable compensation from Reportable Estimated compensation from related organizations (W-2/1099-MISC) amount of other compensation from the organization and related per week the organization (W-2/1099-MISC) Officer Key employee institutional trustee (list any hours for related organiza-tions ndividual trustee lighest compensated omer organizations below dolted (1) Tina Denicole 2.00 Х Chair 0. 0. 0. (2) Donna Dobrovich 2.00 Χ Co-Chair 0. 0 0. (3) Jeanne Baldwin 2.00 Х Х 0. Treasurer 0. 0. 2.00 (4) Gary Humbert Χ Secretary 0. 0. 0. (5) Tom Rich 2.00 Χ Board Member 0. Q. 0. (6) Wendy Fuller 2.00 Х Board Member 0 0. 0. _(7) Bill_Domstrand _ _ 2.00 Χ 0 Board Member 0. 0. (8) Judith Gardner 40.00 Χ CEO 92,135 0. 0. (9) (10)(11)(12)(13)(14)

Part VII Section A. Officers, Directors, Tru	ustees, (B)	Key	En		oye C)	es,	an	d Highest Con	npensated Emp	loye	es (co	nlinueo
(A) Name and title	Average hours per week	erage (do not check more than box, unless person is bo officer and a director/tru			is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from	from amount of		olher	
	(fist any hours for related organiza · tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	o	ompensal from the organizati and relate organizati	a ion ed
(15)				- -			ļ					***************************************
(16)		<u> </u>					<u> </u>					
(17)							-					*****************
(18)											A-24.	······································
(19)									A		***************************************	
(20)				********					***************************************			*******
(21)												~~
(22)												
(23)												
(24)						*****			· · · · · · · · · · · · · · · · · · ·			
(25)									······			
1 b Sub-total.							-		v	·	****	
c Total from continuation sheets to Part VII, Section	n A				. ,	. , }	>	92,135.	0.			0.
d Total (add lines 1b and 1c)							ived	92,135. I more than \$100,0	0. 00 of reportable con	npensa	 ∋tion	0.
											Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc								t compensated em	oloyee	. 3		Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable coi ian \$150,0	mper 00?	isati If 'Ye	on a	nd c	ther lete	con Sch	npensation from edule J for				
Did any person listed on line 1a receive or accrue co- for services rendered to the organization? If 'Yes,' co-	ompensatio	on fro	ma	ny u	nrel	ated	orga	anization or individu	ıal	4	 	X
Section B. Independent Contractors 1 Complete this table for your five highest compensate										. 5	<u> </u>	X
compensation from the organization. Report comper	sation for	the c	alen	dar	yea	end	ing	with or within the o	rganization's tax yea	~~		
Name and business addre	ss		•					(B) Description of	services		(C) ensatio	n
							1					
	***************************************						_					
2 Total number of independent contractors (including b	out not limi	ted to) tho	se li	isted	abo	ve)	who received more	than			
\$100,000 of compensation from the organization BAA	· TE	EEAO1	08 0	3/09/	15	***********	********			Form	990 (2	2014\

Form 990 (2014) The Arizona Animal Welfare League
Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any lie	ne in this Part VIII			<u></u> [
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	ta Federated campaigns	2,583,513. 787,138. 236,764. 355,584.	787,138. 236,764. 355,584.	0 <u>.</u> 0 .	0. 0. 0.
Program	e f All other program service revenue	1,379,486.			
	3 Investment income (including dividends, interest and other similar amounts)	22,882.	0.	0.	22,882.
	7 a Gross amount from sales of assets other than inventory 250,000. b Less: cost or other basis and sales expenses	15,480.	0.	0.	15,480.
Other Revenue	8 a Gross income from fundraising events (not including. \$\frac{1}{68,479}\$, of contributions reported on line 1c). See Part IV, line 18 a 123,919. b Less: direct expenses b 162,969. c Net income or (loss) from fundraising events	-39,050.		0.	-39,050.
	10 a Gross sales of inventory, less returns and allowances	107,483.	107,483.	0.	0.
	c d All other revenue				
	e Total. Add lines 11a-11d	4,069,794.	1,486,969.	0.	-688.

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 response or note to any line in this Part IX.

	Check if Schedule O contains a res	sponse or note to any line	e in this Part IX		
	not include amounts reported on lines 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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		3		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	92,135.	30,712.	30,712,	30,711.
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	2,082,834.	1,931,466.	71,960.	79,408.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	115,179.	103,910.	5,437.	5,832.
10	Payroll taxes	180,160.	162,533.	8,505.	9,122.
11	Fees for services (non-employees):				Awinit Amin Amin Amin Amin Amin Amin Amin Amin
;	a Management	***************************************			
1	Legal				
	Accounting	18,460.	0.	18,460.	0.
	Lobbying	10/10/		20/100.	<u></u>
	Professional fundraising services. See Part IV, line 17	101.			101,
	Investment management fees	5, 168.	5,468.	0.	0.
	Olher, (If line 11g amt exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	184,287.	184,287.	0.	0,
	Advertising and promotion	69,281.	24,947.	0.	44,334.
13	Office expenses	73,859.	37,089.	0.	36,770.
14	Information technology	54,980.	32,190.	4,943.	17,847.
15	Royalties				
16	Occupancy	254,255.	254,255.	0.	0.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,689.	5,913.	3,302.	474.
20	Interest	11,152.	0.	11,152.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization [177,814.	177,814.	0.	0.
23	Insurance	46,287.	46,287.	0.	0,
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	In kind contributions	121,086.	121,086.	0.	0.
	Education	32,259.	32,259	0.	0.
	Shelter supplies	310,092.	310,092.	0.	<u> </u>
d	Adoption initiatives	7,979.	7,979.	0.	0.
e	All other expenses	296,580.	251,886.	31,497.	13,197.
25	Total functional expenses, Add lines 1 through 24e	4,143,937.	3,720,173.	185,968.	237,796.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
BAA	SOP 98-2 (ASC 958-720)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form 990 (2014)
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Check if Schedule O contains a response or note to any line in this Part X			
	(A) Beginning of year		(B) End of year
1 Cash – non-interest-bearing	763,442.	1	391,521
2 Savings and temporary cash investments	24,133.	2	63,031
3 Pledges and grants receivable, net	50,000.	3	46,680
4 Accounts receivable, net	139,867.	4	17,901
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7 Notes and loans receivable, net		7	
Inventories for sale or use	71,546.	8	63,504.
Prepaid expenses and deferred charges	61,574.	9	47,410.
	4,208,329.	10 c	4,250,495.
		11	1,022,924.
nvestments – other securities. See Part IV, line 11		12	
Investments - program-related. See Part IV, line 11		13	
Intangible assets ,		14	
Other assets. See Part IV, line 11	3,013.	15	17,055.
		16	5,920,521.
Accounts payable and accrued expenses		17	170,661.
		18	
		19	
·		20	
	14,177.	21	21,126.
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L.		22	
Secured mortgages and notes payable to unrelated third parties	286.051		7,702.
Unsecured notes and loans payable to unrelated third parties		24	1,02.
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	A 4,000,000 A
Total liabilities. Add lines 17 through 25	544,443.	26	199,489.
Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Unrestricted net assets	5,113,941.	27	5,631,882.
Temporarily restricted net assets		28	89,150.
Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.		,	
Capital stock or trust principal, or current funds		30	
Paid-in or capital surplus, or land, building, or equipment fund		31	
			0) 00 0000
Total net assets or fund balances	5.814.831		5,721,032.
Total liabilities and net assets/fund balances	6,359,274.	34	5,920,521.
	Pledges and grants receivable, net  Accounts receivable, net  Accounts receivable, net  Loans and other receivables from current and former officers, directors, trustees, key employees and highest compensated employees. Complete Part II of Schedule L  Cans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L  Notes and loans receivable, net  Notes and loans receivable, net  Inventories for sale or use Prepaid expenses and deferred charges  Less: accumulated depreciation  Less: accumulated depreciation  Investments — publicly traded securities  Investments — program-related. See Part IV, line 11  Intengible assets  Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses.  Grants payable and accrued expenses.  Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities, Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here   Independent in the payable to unrelated third parties  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here   Independent in the payable and complete lines 30 through 34.  Capital stock or trust pri	3 Pledges and grants receivable, net	3 Pledges and grants receivable, net

Forn	n 990 (2014) The Arizona Animal Welfare League 23	-71494	153	Pε	ge 12
Pai	rt XI Reconciliation of Net Assets				
(	Check if Schedule O contains a response or note to any line in this Part XI				.  X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	4,	)69,	794,
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	4,	143,9	<u> 337.</u>
3	Revenue less expenses. Subtract line 2 from line 1			-74,1	43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	5,3	314,8	331.
5	Net unrealized gains (losses) on investments			7,	760.
6	Donated services and use of facilities				
7	Investment expenses	. 7		····	
8	Prior period adjustments	8		****	
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		-6.5	581, .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B)).	. 10	5,	741,8	<u> 367.</u>
Pai	rt XII   Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>,</u>
	The state of the s			Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?	,	. 2 8	1	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	a			
i	ש Were the organization's financial statements audited by an independent accountant?		. 21	) X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:    X   Separate basis				
C	of Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit, 	. 20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	l.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	• • • • •	3 a		Х
l.	off 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · · · ·			
BAA			For	n 990 (	2014)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OM8 No. 1545-0047

2014

Open to Public Inspection

Departr Internat	nent of the Treasury Revenue Service	⊁ In	formation about Sch	edule A (Form 990 or 9 at www.irs.gov/form9		nd its ir	structions is	Open to Public Inspection		
Name o	of the organization	<i>!</i>				· · · · · · · · · · · · · · · · · · ·	Employer identific	l ation number		
The	Arizona An	imal Welf	are League				23-714945	.3		
Part				rganizations must d	complet	e this	part.) See instruction			
The o				lines 1 through 11, che			······································			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	F-7004		n 170(b)(1)(A)(ii), (Atta				. ,,,			
3			1 11 11 11 1	ation described in <b>secti</b> o	n 170(b)	(1)(A)(ii	i).			
4							-7- -170(b)(1)(A)(iii). Enter t	he hoenitai'e		
	name, city, an		Tark open mod my our yarr	out with a magnitude and				ne nospitalis		
5	An organization		the benefit of a college Part II.)	or university owned or	operated	by a go	vernmental unit describe	d in section		
6	A federal, state	e, or local gove	rnment or government	al unit described in sect	ion 170(l	)(1)(A)(	(v).			
7	An organization in section 170	n that normally 9(b)(1)(A)(vi), (	receives a substantial Complete Part II.)	part of its support from	a governi	nental ı	init or from the general p	ublic described		
8	A community t	rust described i	in section 170(b)(1)(A	.)(vi). (Complete Part II.)						
9	from activities investment inc	related to its ex come and unrela	cempt functions – subi	ect to certain exceptions ncome (less section 511	:, and (2)	no more	ns, membership fees, and e than 33-1/3% of its sup esses acquired by the org	nort from aross		
10	<b>┌</b> っ.			to test for public safety,	See sec	tion 509	)(a)(4).			
11	""" or more public	ly supported or	ganizations described	for the benefit of, to per in section 509(a)(1) or s porting organization and	section 5	09(2)(2)	s of, or to carry out the property of the section 509(a)(3).	urposes of one Check the box in		
a	Type I. A support organization(s	orting organiza	ition operated, supervisedularly appoint or ele	sed, or controlled by its	upported	Lorgania	zation(s), typically by givi f the supporting organiza	ng the supported tion. <b>You mus</b> t		
b	Type II. A suppose management of	porting organiza	ation supervised or cor	ntrolled in connection with the same persons that	h its supp Loontrol c	oorted o	rganization(s), by having ge the supported organiz	control or ation(s). You		
c	(			nization operated in con ete Part IV, Sections A	nection w D, and I	rith, and E.	functionally integrated w	ith, its supported		
d	tunctionally into	earated. The or	ganization generally m	organization operated in nust satisfy a distribution a A and D, and Part V.	connect requirem	ion with lent and	its supported organizatio an attentiveness require	n(s) that is not ment (see		
e	Check this box integrated, or 1	if the organiza Type III non-fun	tion received a written ctionally integrated sup	determination from the i			I, Type II, Type III functi	onally		
f	Enter the number	of supported or	ganizations							
g	Provide the followi	ng information	about the supported o	rganization(s).				L		
	(i) Name of organiz	supported ration	(II) ERV	(iii) Type of organization (described on lines 1-9 above of IRC section (see instructions))	(iv) is organizati in your go docun	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)						-				
edera of many	***************************************									
(B)										
(C)				***************************************						
(D)	(D)									
<u>(E)</u>										
Total	or Pananuark Da	dustion Acas	ation and the least	tions for Form 990 or 9	1 1		Canada da Austria	000 000 ==== 00		
₩O.	or rabermork K6	GREGORI WEEK	ouce, see me instruc	uons for norm 990 or 9	りひ~にん.		Schedule A (Form	990 or 990-EZ) 2014		

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

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

Sec	ction A. Public Support						
Cale begi	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		Activate a sea of the first hard hard hard hard hard to the first hard hard hard hard hard hard hard hard			A STATE OF THE STA	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4 , , ,						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support, Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see instruc	tions)			12	
13	First five years. If the Form 990 is organization, check this box and st	for the organization top here	on's first, second,	third, fourth, or fifth	tax year as a secti	on 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 2014		•			-	<u>%</u>
15	Public support percentage from 20	13 Schedule A, Pa	irt II, line 14			15	<u>%</u>
16 a	33-1/3% support test $-$ 2014. If t and stop here. The organization ${\bf q}$						
b	33-1/3% support test — 2013, If the and stop here. The organization q						
	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-ar	els the 'facts-and-	circumstances' tes	st, check this box a	nd <b>stop here,</b> Expl	ain in Part VI how	▶ □
	10%-facts-and-circumstances teror more, and if the organization meorganization meets the 'facts-and-circumstance's and companization meets the 'facts-and-circumstance's and circumstance's teror more, and circumstance's teror more, and if the organization meets the circumstance's and circumstance's	ets the 'facts-and- circumstances' test	circumstances' tes . The organization	st, check this box ar n qualifies as a publ	nd <b>stop here</b> , Expi icly supported orga	ain in Part VI how tanization	he •••• □
18	Private foundation. If the organiza	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	s <b>&gt;</b> _

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

(Complete only if you checked the box on line 9 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	tion A. Public Support						
	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include	2 1 4 2 0 7 2	2 222 146	2 023 524	2 905 682	2,523,628.	14,828,052.
2	any 'unusual grants.')	3,143,072.	3,232,190.	3,023,324.	2,303,002.	2,323,020.	11,020,002.
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	457,982.	530,986.	661,439.	1,109,689.	1,379,486.	4,139,582.
3	Gross receipts from activities	1977395	33373331				
	that are not an unrelated trade or business under section 513.	103,267.	16,310.	21,321.	82,392.	107,483.	330,773.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge	<u> </u>					
6	Total. Add lines 1 through 5	3,704,321.	3,779,442.	3,706,284.	4,097,763.	4,010,597.	19,298,407.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						19,298,407.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	3,704,321.	3,779,442.	3,706,284.	4,097,763.	4,010,597.	19,298,407.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	95,479.	79,204.	61,081.	49,272.	38,362.	323,398.
b	durrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	93,417.	12,203.	01,001.	3.2.6.6.10	30/302.	
c	Add lines 10a and 10b	95,479.	79,204.	61,081.	49,272.	38,362.	323,398.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)	3,799,800.	3,858,646.	3,767,365.	4,147,035.	4,048,959.	19,621,805.
	First five years. If the Form 990 i organization, check this box and s	stop here		third, fourth, or fift)	n tax year as a sec	tion 501(c)(3)	, ▶
Sec	tion C. Computation of Pu	blic Support F	Percentage	2 ( (0)		15	00 21 8
	Public support percentage for 201						98.35 % 98.24 %
	Public support percentage from 2						98.24 %
<u>5ec</u>	tion D. Computation of Inv	/estiment incol	me rercentag	vine 13 column /	(I)	17	1.65 %
	Investment income percentage for Investment income percentage from						1.76 %
18 40	investment income percentage iro i 33-1/3% support tests — 2014. I	THE ORGANIZATION O	n, rais iii, iiie 17 lid not chock the h	ox on line 14 and	line 15 is more tha	n 33-1/3%, and line	
	is not more than 33-1/3%, check t	this box and <b>stop</b> h	iere. The organiza	tion qualifies as a	publicly supported	organization	►   A
	33-1/3% support tests - 2013. I line 18 is not more than 33-1/3%,	check this box and	l stop here. The o	rganization qualitie	es as a publicly sur	ported organizatio	n . , , , ▶ [_
20	Private foundation, If the organization	zation did not checl	k a box on line 14,	raa, or rab, cnec		obadula A (Coro O	

Part IV Supporting Organizations
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ļ	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	3 b		
•	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	3 c		
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
1	o 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	4b		
(	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	4c		
5 (	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
i	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?	5b		•••••
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 a	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	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
C	Did a disqualified person (as defined in line 9(a)) 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	9c		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
Ė	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.)	10b		

	nedule A (Form 990 or 990-EZ) 2014 The Arizona Animal Welfare League 23-71494	53		Page
Pa	art IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b	<b> </b>	<del> </del>
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		<u> </u>
Se	ction B. Type I Supporting Organizations	<u></u>	.d	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
		,	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations		~~~~	
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
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).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(	The organization supported a governmental entity. Describe in Part Vi now you supported a government entity (see instruct	ons).		
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 (a) and (b) below.	, "J"	T	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3 b		

23-7149453 Schedule A (Form 990 or 990-EZ) 2014 The Arizona Animal Welfare League Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 2 2 3 3 4 4 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for 6 7 Other expenses (see instructions) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a 1 b 1 c 1 d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 6 7 7 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) . . . . . . . . . 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization

Schedule A (Form 990 or 990-EZ) 2014

BAA

7

(see instructions)

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiz	ations (continued)	
Sec	tion D - Distributions		n vina ni min modelih e kosomina kala i kampina kin ubawa na kinabawa Ada kwa Afrikana k	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempl purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations 🕠		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	, ,		
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	,		
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
¢				
d				
e	From 2013			***************************************
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			·····
	Applied to 2014 distributable amount			
~	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			•
4	Distributions for 2014 from Section D.			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
Ç	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### Schedule B

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

**Schedule of Contributors** 

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of or		1	oyer identification number
***************************************	rizona Animal Welfare League		-7149453
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Bellann J Kravetz		Person X
	16622 N 30th Ave	\$100,00	2. Noncash
	Phoenix AZ 85053	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Steven Cage		Person X
	371 Brakwater Dr	\$76,88	البسبية "
	Fishers IN 46037		(Complete Part II for nencash contributions.)
(a) Number	(b) Name, address, and ZłP + 4	(c) Total contributions	(d) Type of contribution
3	Caroline Morong 360 Belfast Rd	\$63_03	Person X Payroll Noncash
			(Complete Part II for
	Fenton MI 48430		noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Richard Bresnahan		Person X
	721 Camden Rd	\$	L
	Ruth MI 48470		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	City of Phoenix		Person X
	251 West Washington Street	\$84,080	Payroli   Noncash
	Phoenix AZ 85003		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Maddie's Fund		Person X Payroll
***************************************	6160 Stoneridge Mall Road Ste 120	\$250,000	2250
	PleasantonCA 94588		(Complete Part II for noncash contributions.)
BAA	TE8A0702 07/17/14	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2014)

1 of

1 of Part 1

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

### SCHEDULE D (Form 990)

# Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

The Arizona Animal Welfare League 23-71.49453 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) . . . . 3 Aggregate value of grants from (during year) . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive fegal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **>** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization efected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items; If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Schedule <b>D</b> (Form 990) 2014 The A	rizona A	unimal Welfare	League	23-71	49453		Page
Part III Organizations Maintai						ontini	
Using the organization's acquisition items (check all that apply):							
a Public exhibition		d 🗍 Loa	n or exchange programs	S			
b Scholarly research		e Oth					
c Preservation for future general	ions						
4 Provide a description of the organiz Part XIII.		tions and explain how t	hey further the organiza	ation's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather than	n solicit or red to be mainta	ceive donations of art, I sined as part of the orga	nistorical treasures, or o unization's collection?	ther similar assets	Yes		No
Part IV Escrow and Custodial line 9, or reported an ar	Arrangen mount on F	nents. Complete it form 990, Part X, li	the organization aine 21.	nswered Yes' to Forn	1 990, P	art IV	/, 
1 a Is the organization an agent, truste on Form 990, Part X?				assets not included	Yes	[	XNo
b If 'Yes,' explain the arrangement in	Part XIII and	complete the following	table:		A		
				4.	Amount	\$ 1000 to \$ 1000 to \$1000 to \$	·**
c Beginning balance					·····		
d Additions during the year						······································	·····
e Distributions during the year				1e	·		
<ul><li>f Ending balance</li><li>2 a Did the organization include an ame</li></ul>					X Yes	—т	No
b If 'Yes,' explain the arrangement in					_	-	No.
bili res, explain the arrangement in	Part XIII. Che	еск пете в тое ехріапав	on has been provided a	I Fall All		٠. ٢	
Part V Endowment Funds. C	omplata if t	he organization ar	swared 'Ves' to Fo	rm 990 Part IV line	10		
Tarr V   Lindownierr Funds.	(a) Current					our year	e back
1 a Beginning of year balance	(a) Conen	year (D) FROE ye	(c) Two years is	du (u) timee years bach	(6)10	ui yean	5 Oack
b Contributions							a marine / command and marine
							***************************************
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of			1g, column (a)) held as:				
a Board designated or quasi-endown		······································					
b Permanent endowment -	· · · · · · · · · · · · · · · · · · ·						
c Temporarily restricted endowment	·						
The percentages in lines 2a, 2b, an	d 2c should e	equal 100%.					
3 a Are there endowment funds not in to organization by:	he passessio	n of the organization th	at are held and adminis	tered for the		Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					. 3a(ii)		
b If 'Yes' to 3a(ii), are the related orga	anizations list	ed as required on Sche	dule R?		. 3b	**********	
4 Describe in Part XIII the intended u							
Part VI Land, Buildings, and I	Equipment	t.					
Complete if the organize			990, Part IV, line 1	1a. See Form 990, P	art X, line	e 10.	
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ook va	lue
1 a Land		753,046				753	.046.
b Buildings		4,452,199		1,089,852.			347,
c Leasehold improvements							
d Equipment		366 174		280 076		Ω6	ΛΟΩ

. ► 4,250,495. Schedule D (Form 990) 2014 BAA

49,004.

Part VII Investments — Other Securities.		5 1 D. P. 441 0 - F- 7 000 D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete if the organization answered "			
(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)			
(8)			
(C)			
(D) (E)	ļ		
(F)			
(G)			
(H)			
(i)			
Total, (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related. Complete if the organization answered	Voe' to Form 990	Part IV line 11c See Form 990 Pa	art X line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) linc 13.) > Part IX  Other Assets.	<u> </u>		***************************************
Complete if the organization answered		Part IV, line 11d. See Form 990, Pa	art X, line 15.
	scription		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			<del></del>
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) BOOK VAIGE		
(2)			
(3)			
(4)			
(5)			
(6)		A SAN TRANSPORTED TO THE PARTY OF THE PARTY	
	***************************************		
(9)			
(10)			
(11)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
Total. (Column (b) must equal Form 990, Parl X, column (B) line 25)	<b>&gt;</b>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fool			ity for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote	has been provided in Part XI	II ,	

The first fi	23-7149453	Page
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return,	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	4,238,642.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	<u>.</u>	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	202,845.
3 Subtract line 2e from line 1	3	4,035,797.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 75		
b Other (Describe in Part XIII.)	_	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,035,797.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	4,332,449.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	_	
e Add lines 2a through 2d	. 2 e	-188,504,
3 Subtract line 2e from line 1		4,520,953.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	<u>4,520,953.</u>
Part XIII Supplemental Information		

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

The League acts as an agent for various donors. These funds will be released when donors request them to be transferred to various charitable organization. As an agent for these funds, the League does not record contribution revenue or expense for activity in these funds. Pt IV, Line 2b Loss on disposal of asset of \$6,581. Fundraising expenses of \$188,504 included in Part VIII Statement of Revenue Line 8b Pt XI, Line 2d Fundraising expenses included in Part VIII Statement of Revenue Line 8b Pt XII, Line 2d

BAA Schedule D (Form 990) 2014

# SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047 2014

► Attach to Form 990 or Form 990-EZ.

Open to Public

interna	Revenue Service	► Information	about Schedule	G (Form 990	or 990-EZ) a	and its instructions is at wv	vw.irs.gov/form990.	Mapeonon		
Name	of the organization	<del>//</del>					Employer Identifica			
The	Arizona An	imal Welfar	e League				23-714945	3		
Par	Form 990-E2	Z filers are not requ	ired to complet	te this part.		s' to Form 990, Part IV, li				
1		-	sed funds throu	igh any of		g activities. Check all the				
а	Services .				e	X Solicitation of non-g	•			
b		mail solicitations			f	Solicitation of gover	-			
C	c Phone solicitations g X Special fundraising events									
d	اسسا									
2 a	Did the organization of the complexity of the complexity of the complex of the co	on have a written o in Form 990, Part \	or oral agreeme /II) or entity in o	nt with any connection	individual ( with profes	(including officers, direct sional fundraising service	ors, trustees or key es?	XYes No		
b	If 'Yes,' list the ter compensated at le	highest paid indiverse \$5,000 by the	iduals or entitie organization.	s (fundrais	ers) pursua		which the fundraiser is to			
(i)	Name and address or entity (fund		(ii) Activity	have custo	fundraiser dy or control fibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization		
				Yes	No					
1						155 000	26 116			
	Phoenix Confe	rence Planners	ETP	-	X	155,980.	36,115.	119,865.		
2	Phoenix Confe	rence Planners	Walk		Χ	114,398.	13,618.	100,780.		
3										
	Phoenix Inco	vation Group	ETP		X	155,980.	12,595.	143,385.		
4	Phoenix Inno	vation Group	Walk		Х	114,398.	20,152.	94,246.		
5										
6	***	***************************************								
7		national descriptions of the second s								
8										
9										
10										
	edynym skyly glyste in yt frantal ergene en en en en en et florie frêde et e		<u></u>	<u> </u>						
	List all states in w	hich the organizati				. 540,756 contributions or has beer	82,480. notified it is exempt from	458,276. m registration		
	orlicensing. Arizona									
		•								
			<i></i> _							
								Ann puri buya men man area pina Ann yann dan ama		

Schedule G (Form 990 or 990-EZ) 2014 The Arizona Animal Welfare League 23-7149453 Page 2 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 (b) Event #2 (c) Other events (add column (a) OTHER Dinner Walk through column (c)) (event type) (event type) (total number) 109,698 26,720. 292,398. 1 Gross receipts . . . . . 155,980. 18,577. 73,145. 76,757. 168,479. 123,919. 32,941 8,143. Gross income (line 1 minus line 2).... 82,835. Cash prizes . . . . Noncash prizes . . . . . DIRECT 29,216 8,034. 4,673. 41,923. Rent/facility costs . Food and beverages . . ESSENTE SES 2,500. 2,500 Entertainment . . . <u>51,</u>980. 1,589. 118,546. Other direct expenses. . 64,977. 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . . . . . . . 162,969. -39,050. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (c) Other gaming (a) Bingo bingo/progressive bingo (add column (a) REVENUE through column (c) 3 Noncash prizes . . 4 Rent/facility costs . . 5 Other direct expenses . . . . Yes Yes Yes No No No 6 Volunteer labor -7 Direct expense summary, Add lines 2 through 5 in column (d) . . . . . . . . . . 8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? . . . . . . . . . . . . . No b If 'No,' explain:

Yes

Nο

b If Yes, explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sche		1.49453	Page 3
11	Does the organization operate gaming activities with nonmembers?	· · Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	·· [] Yes	No
13	Indicate the percentage of gaming activity conducted in:	1	
	a The organization's facility	a	2g
	o An outside facility		ş
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name *		110 111 TONE year nome
	Address *		
£	a Does the organization have a contact with a third party from whom the organization receives gaming revenue? o If 'Yes,' enter the amount of gaming revenue received by the organization \$ s and the amount of gaming revenue retained by the third party \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	· · · TYes	No
·	on 165, errer name and address of the time 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 the		
	organization's own exempt activities during the tax year \$		***************************************
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (information) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition information (see instructions).	ii) and (v), ial	

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Schedule G (Form 990 or 990-EZ) 2014

### SCHEDULE L (Form 990 or 990-EZ)

Part I

# **Transactions With Interested Persons**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer Identification number Name of the organization 23-7149453 The Arizona Animal Welfare League

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person 1 Yes No (1) (2)(3)(4)(5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

➤ S **>** \$

Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From	Yes			No	Yes	No	Yes	No	
(1)									***********				
(2)													
(3)													
(4)			Ĭ										
(5)													
(6)								.,					
(7)													
(8)													
(9)													
(10)						{		}					

#### Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered 'Ves' on Form 990, Part IV, line 27

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					,
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					}

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

Schedule L. (Form 990 or 990-EZ) 2014

(a) Name of interested person	(b) Relationship between inforested person and the organization	(c) Amount of transaction	(d) Description of transaction		(e) Sharing of organization's revenues?	
				Yes	No	
(1) Phoenix Innovation Group	CEO is former Board Officer	50,380.	Fundraising & marketing		Х	
(2) Phoenix Conferencc Planners	CEO is former Board Officer	77,867.	Fundraising & marketing		Х	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

# SCHEDULE M (Form 990)

# **Noncash Contributions**

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

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer Identification number

The	The Arizona Animal Welfare League 123-7149453									
Pa	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts					
1	Art – Works of art									
2	Art - Historical treasures									
3	Art — Fractional interests									
4	Books and publications		are and a september 16 of 16 for a between the 16 for a second and the second and the second and the second and							
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	<u></u>								
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	X	500	114,865.	FMV					
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
23	Scientific specimens									
24	Archeological artifacts									
25	Other (Silent Auction Items) .	X	200	2,135.	FMV					
26	Other (Capital Equipment ) .	X	1	2,800.	FMV					
27	Other • ()									
28	Other ► ( ).	^~~~		1						
29	Number of Forms 8283 received by the organization									
	organization completed Form 8283, Part IV, Donee A	Acknowledgen	nent		29					
					Yes No					
30a	During the year, did the organization receive by control hold for at least three years from the date of the initial purposes for the entire holding period?	al contribution,	and which is not requir	red to be used for exemp	ot					
b	If 'Yes,' describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy	that requires t	he review of any non-st	tandaro contributions?	31 X					
32a	Does the organization hire or use third parties or rela noncash contributions?				32a X					
b	If 'Yes,' describe in Part II.									
33	If the organization did not report an amount in column describe in Part II.	n (c) for a type	e of property for which o	column (a) is checked,						

Schedule M (Form 990) (2014) The Arizona Animal Welfare League 23-7149453 F

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

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990.

The Arizona Animal Welfare League

23-7149453

Employer identification number

The 990 is presented by the CPA to teh CEO for review. After initial review, the CEO presents copies to the board for their review. If there are any revisions or questions, they are presented and discussed with the CPA. The 990 is resubmitted to the CEO for final review and signature and is filed by the Organization.

Pt VI, Line 11b

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 ncessary, the board decides the best course of action for the Organization in accordance with IRS guidelines and requirements.

Pt VI, Line 12c

The Organization uses an outside professional firm, National PEO, to handle all human resource issues. National PEO provides the board and management with comparative data for executive positions, primarily the CEO, and counsels on appropriate decisions. The Executive Committee of the Board of Directors makes recommendations for any increases or salary/compensation decisions to the full board, and a vote is taken and recorded in board minutes. The President and CEO work with National PEO to determine competitive and comparable salary ranges, and salary decisions for other managers in the Organization. None of the board members receive compensation.

Pt VI, Line 15a Pt XI

Part XI Line 9 - Loss on disposal of assets.

The Organization provides full financial disclosure when requested by foundations, grantors, donors, rating organizations, etc. The Form 990 is available online through many different sources, including Guidestar. In addition, key financial statements are included in an annual report which is sent to the Organization's mailing lists and is available on its website. All new board members (and committee members) receive a board orientation packet which includes our conflict of interest policy, by-laws and other governing documents. Board members are provided with updated financial documents at monthly board meetings and review them with the Finance Committee. The Audit Committee oversees the audit of the financial statements and presents any findings to the board.

Pt VI, Line 19

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

in stable and loving homes; to promote and provide spay/neuter surgeries to reduce the unwanted animal population; and to educate the community on the proper care and treatment of animals.