### EXTENDED TO NOVEMBER 15, 2022

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2021 calendar year, or tax year beginning	and	ending									
В	Check if applicat	c Name of organization			D Employer ident	tification number							
	Addr	ress THE ANIMAL LEAGUE OF GREEN VALLE	Y										
	Name Chan	ne			74-2378040								
	Initia returi	al	elivered to street address)	Room/suite	E Telephone num	ber							
F	Final returi	1 1600 W DIWAT, MINE ROAD	,	170									
	termi ated	City or town, state or province, country, and	ZIP or foreign postal code	G Gross receipts \$	1,971,149.								
		ended CDEEN WALLEY AT 05614 5025	3 1		H(a) Is this a group								
F	Appli		DORE SCHULTZ		for subordinate								
	pend	SAME AS C ABOVE			1	es included? Yes No							
$\overline{\Gamma}$	Tax-ex	xempt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 52		a list. See instructions							
		Site: HTTP://WWW.TALGV.ORG/			H(c) Group exemp								
			ssociation Other >	<b>L</b> Year	r of formation: 1984	M State of legal domicile; AZ							
	art I				-	<u> </u>							
	1	Briefly describe the organization's mission or most	t significant activities: SEE SC	HEDULE O	)								
Governance		, ,											
na.	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Ş	3	Number of voting members of the governing body	(Part VI, line 1a)			3 9							
		Number of independent voting members of the go				<b>4</b> 9							
Š	5	Total number of individuals employed in calendar				5 0							
itie	6	Total number of volunteers (estimate if necessary)				6 450							
Activities &	7 a	a Total unrelated business revenue from Part VIII, co				7a 0.							
_ ⋖	b	Net unrelated business taxable income from Form				7b 0.							
O)					Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)			1,310,368	1,656,755.							
Ď	9	Program service revenue (Part VIII, line 2g)			44,292	2. 37,685.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	., and 7d)		23,143	1. 38,057.							
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		22,039	102,587.								
	12	Total revenue - add lines 8 through 11 (must equal			1,399,840	1,835,084.							
	13	Grants and similar amounts paid (Part IX, column	(A), lines 1-3)		(	0.							
	14	Benefits paid to or for members (Part IX, column (A			(	0.							
Ø	15	Salaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)		(	0.							
Expenses	16a	a Professional fundraising fees (Part IX, column (A),			(	0.							
ē	. b	Total fundraising expenses (Part IX, column (D), lin	_	0.									
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d	l, 11f-24e)		975,21	753,846.							
		Total expenses. Add lines 13-17 (must equal Part			975,21								
	19	Revenue less expenses. Subtract line 18 from line	12		424,62	1,081,238.							
JO S	G C			В	eginning of Current Yea	r End of Year							
sets	20	Total assets (Part X, line 16)			4,414,265	5,574,037.							
L As	21	Total liabilities (Part X, line 26)			26,391								
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	ı line 20		4,387,874	5,549,518.							
	art II												
	•	nalties of perjury, I declare that I have examined this return			•	my knowledge and belief, it is							
true	, corre	ect, and complete. Declaration of preparer (other than offic	er) is based on all information of wl	nich prepare	r has any knowledge.								
Sig	n	Signature of officer			Date								
He	re	THEODORE SCHULTZ, TREASURER											
		Type or print name and title	1	Т	Data I.	DTIN							
		Print/Type preparer's name	Preparer's signature		Date Check if	PTIN							
Pai		SUSAN M. VOS, CPA/CFE	SUSAN M. VOS, CPA/CFE		10/28/22 self-em								
	parer	Firm's name REGIER CARR & MONROE, L			Firm's EIN	48-0573184							
Use	Only		SUITE 501										
		TUCSON, AZ 85711			Phone no.5	20-624-8229							
Ма	y the I	IRS discuss this return with the preparer shown about	ove? See instructions			X Yes No							

74-2378040

Га	otatement of Frogram dervice Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROMOTE AND PROVIDE FOR THE HUMANE TREATMENT OF COMPANION ANIMALS	
	IN THE GREATER GREEN VALLEY/SAHUARITA AREA. THE LEAGUE ACCEPTS AS	
	MANY UNWANTED OR ABANDONED ANIMALS AS ITS SPACE PERMITS, WITH THE GOAL	
	OF FINDING EACH PET ITS FOREVER HOME.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	res No
	,	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	
4a		<u>119,555.</u> )
	ANIMAL CARE SERVICES:	
	PROVIDE CARE FOR AS MANY UNWANTED ANIMALS AS WE HAVE SPACE FOR UNTIL	
	HOMES ARE FOUND FOR THEM. TOOK IN 420 CATS AND 365 DOGS. ADOPTED OUT	
	354 CATS AND 282 DOGS.	
	70.502	
4b	(Code:) (Expenses \$	)
	FINANCIAL ASSISTANCE:	
	SPENT \$72,593 ASSISTING FINANCIALLY DISTRESSED PEOPLE CARE FOR THEIR	
	PETS' SPAY-NEUTER, VETERINARY AND PHARMACEUTICALS NEEDS.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
40	Total program consists expenses • 642, 494	,

## Form 990 (2021) THE ANIMAL LEAGUE OF GREEN VALLEY Part IV Checklist of Required Schedules

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		Х
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			17
_	Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			Х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		Х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		А
11				
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	, ,	11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	ı ıa		
J	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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		х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domodio government on Fartis, column (7), interfigure 1. If Tyes, Complete Schedule I, Parts I and II	41		

Form 990 (2021) THE ANIMAL LEAGUE OF GREEN VALLEY

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
<b>24</b> a				
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  1c			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
ŭ	(gambling) winnings to prize winners?	1c		
	<u> </u>			

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O21) THE ANIMAL LEAGUE OF GREEN VALLEY

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2021)
Part V Sta

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
	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		<del>                                     </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c			
	Did the appropriation provides any property for independent or provides a device the toy years.	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2021) THE ANIMAL LEAGUE OF GREEN VALLEY 74-2378040 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
b		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
366	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40-	Did the constant of the book o	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Α
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77	
12a	1 ,, go to	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	THEODORE SCHULTZ - (520) 625-3170			
	1600 W DUVAL MINE RD, GREEN VALLEY, AZ 85614			

### THE ANIMAL LEAGUE OF GREEN VALLEY

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

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

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

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

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

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	pox, unless person is both a officer and a director/trustee		an	compensation	compensation	amount of		
	week		Ler an	uau	recto	rrius	iee)	from	from related	other
	(list any hours for	Individual trustee or director	stee			_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0				satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	In stit utio nal tru stee		yee	Highest compensated employee		1099-NEC)	10001120)	and related
	below	idual	ution	-i-	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) KAREEN KELL	36.00									
DIRECTOR		Х						0.	0.	0.
(2) MICHELLE MINER	30.00									
DIRECTOR		Х						0.	0.	0.
(3) GEORGIA PUTTOCK	34.00									
DIRECTOR		Х						0.	0.	0.
(4) PAM WHITE	35.00									
DIRECTOR		Х						0.	0.	0.
(5) SHARON KEEL	17.00									
DIRECTOR		Х						0.	0.	0.
(6) KIM EISELE	50.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) ROSE WELLIVER	35.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) CAROLINE HEWATT	23.00									
SECRETARY		Х		Х				0.	0.	0.
(9) THEODORE SCHULTZ	9.00									
TREASURER		Х		Х				0.	0.	0.

132007 12-09-21 Form **990** (2021)

Form 990 (2021) THE ANIMAL I	EAGUE OF GR	EEN	VA	LLE	Y				74-23	7804	0	Р	age 8
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average hours per		not c		more	than o		Reportable	Reportable			timate	
	week		box, unless pers officer and a dir					compensation from	compensation from related	l l		nount other	
	(list any	ctor						the	organization		com	pensa	
	hours for	or dire	a.			ted		organization	(W-2/1099-MIS		fr	om th	е
	related organizations	ustee	trustee		92	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
	below	Individual trustee or director	Institutional t	_	Key employee	Highest compensated employee	70	1				u reiai anizati	
	line)	Individ	Institu	Officer	Key en	Highe emplo	Former				0.9.		
		-											
		-											
		$\vdash$	$\vdash$										
		1											
		1											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							0 r		000 of reportable				••
compensation from the organization	iot iiiiited to ti	1036	11310	u ac	JOVE	<i>y</i> vvii	016	eceived more triair \$100,	ooo or reportable	,			0
compensation from the organization												Yes	No
3 Did the organization list any former office	, director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes,	," со	mple	ete S	Sche	dule	J t	for such individual			4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." cor	nplete Schedul	e J f	or st	ıch ı	oers	on .					5		Х
Section B. Independent Contractors		J = =							2100 000				
1 Complete this table for your five highest co the organization. Report compensation for										pensa	tion ire	om	
(A)	trie caleridar y	cai c	iluli	ig w	iui c	JI VVI		(B)	ear.		((	<u>.</u> )	
Name and busines	s address	NO:	NE					Description of s	services	С	ompe		n
,							_						
							$\dashv$						
2 Total number of independent contractors (	includina but n	ot lin	nited	d to	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ						)		,					

Form 990 (2021) THE ANIMAL
Part VIII Statement of Revenue

		Check if Schedule O	ontain	s a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts									
جَ جَ		Membership dues							
Ţ\$,		Fundraising events							
ia i		Related organizations							
ns, Sim		Government grants (contri							
er S	f	All other contributions, gifts,			4 656 555				
ξģ		similar amounts not included			1,656,755.				
dat	g	Noncash contributions included in	ines 1a-1	f <b>1g</b> \$	231,971.				
<u>ठ</u> ह	h	Total. Add lines 1a-1f				1,656,755.			
					Business Code				
e l	2 a	ADOPTION FEES			812910	37,685.	37,685.		
r Š	b								
Se	С								
an	d								
Program Service Revenue	е								
Pro	f	All other program service	revenue	 e					
		Total. Add lines 2a-2f				37,685.			
	3	Investment income (include				·			
	_	other similar amounts)	-			22,649.			22,649.
	4	Income from investment of				, -			, -
	5	Royalties		-	='				
	3	noyanies		(i) Real	(ii) Personal				
	٠.	O	ا دا	(i) Hour	(ii) i crocriai				
		Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of		i) Securities	(ii) Other				
		assets other than inventory	7a	148,813	. 1,500.				
	b	Less: cost or other basis							
ne		and sales expenses	7b	134,905	. 0.				
len/	С	Gain or (loss)	7c	13,908	1,500.				
Revenue	d	Net gain or (loss)		<u></u>	<b>)</b>	15,408.			15,408.
her		Gross income from fundraising							
₹		including \$		of					
		contributions reported on	line 1c	. See					
		Part IV, line 18	•	8	21,877.				
	b	Less: direct expenses		I .	1,160.				
		Net income or (loss) from				20,717.			20,717.
		Gross income from gamin							·
		Part IV, line 19	_	<b>I</b>					
	h	Less: direct expenses							
		Net income or (loss) from			<u> </u>				
		Gross sales of inventory, I							
	10 a			<b>I</b>					
		and allowances		<b>I</b>					
		Less: cost of goods sold			•				
$\rightarrow$	С	Net income or (loss) from	sales o	rinventory					
2		MICCELL AMERICA			Business Code	01 080	04 070		
eor re	11 a				900099	81,870.	81,870.		
lan en	b								
Miscellaneous Revenue	С								
Mis		All other revenue							
$\perp$	е	Total. Add lines 11a-11d				81,870.			
	12	Total revenue. See instruction	ns		<b>&gt;</b>	1,835,084.	119,555.	0.	58,774.

### 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 respons	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	800.		800.	
С	Accounting	14,100.		14,100.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	20.650	22 244	7 414	
12	Advertising and promotion	29,658.	22,244.	7,414.	
13	Office expenses	37,798.	28,348.	9,450.	
14	Information technology				
15	Royalties	55,402.	41,552.	13,850.	
16	Occupancy	33,402.	41,332.	13,030.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	112,362.	84,272.	28,090.	
23	Insurance	13,197.	9,898.	3,299.	
24	Other expenses. Itemize expenses not covered	,	,	,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	ANIMAL MEDICAL	283,165.	283,165.		
b	REPAIR AND MAINTENANCE	59,411.	44,558.	14,853.	
С	ANIMAL PROGRAMS	38,688.	38,688.		
d	MATERIAL AND SUPPLIES	36,137.	27,103.	9,034.	
е	All other expenses	73,128.	62,666.	10,462.	
25	Total functional expenses. Add lines 1 through 24e	753,846.	642,494.	111,352.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

## Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,160,182.	2	1,452,721.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	contributor, or 35%				
		controlled entity or family member of any of th	ons		5		
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				7,180.	9	14,613.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,720,345.			
	b	Less: accumulated depreciation			2,490,425.	10c	2,464,633.
	11	Investments - publicly traded securities			754,018.	11	1,642,070.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		2,460.	15		
	16	Total assets. Add lines 1 through 15 (must ed			4,414,265.	16	5,574,037.
	17	Accounts payable and accrued expenses			26,391.	17	24,519.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
တ္က	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
abi		controlled entity or family member of any of th	ese pers	ons		22	
=	23	Secured mortgages and notes payable to unre	lated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third	oarties		24	
	25	Other liabilities (including federal income tax, p	payables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			26,391.	26	24,519.
		Organizations that follow FASB ASC 958, ch	neck her	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			4,379,120.	27	5,549,518.
Ва	28	Net assets with donor restrictions		<u></u>	8,754.	28	0.
pur		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🔲			
ŗ		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current fund				29	
se	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
t As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,387,874.	32	5,549,518.
	33	Total liabilities and net assets/fund balances			4,414,265.	33	5,574,037.

Form **990** (2021)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			835,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			753,	846.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,	081,	238.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,	387,	874.
5	Net unrealized gains (losses) on investments	5			80,	406.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		5,	549,	518.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C	<b>)</b> .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	<u> </u>					

Form **990** (2021)

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization THE ANIMAL LEAGUE OF GREEN VALLEY 74-2378040 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	The portion of total contributions							
Ŭ	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,							
6	Public support. Subtract line 5 from line 4.							
_	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	(4) 2011	(6) 2010	(0) 2013	(4) 2020	(6) 2021	(i) Total	
	Gross income from interest.							
•	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
44	Total support. Add lines 7 through 10							
	Gross receipts from related activities,	ata (aaa inatuustis				12		
	First 5 years. If the Form 990 is for th			fourth or fifth toy			-	
13	organization, check this box and <b>stop</b>	· ·		·	•	. , . ,	ightharpoonup	
Sec	ction C. Computation of Public							
	Public support percentage for 2021 (li			column (fl)		14	%	
	Public support percentage from 2020					15	<del></del>	
	<b>33 1/3% support test - 2021.</b> If the o							
	<b>stop here.</b> The organization qualifies a							
b	33 1/3% support test - 2020. If the o		•					
-	and <b>stop here.</b> The organization quali							
17a								
	'a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	mosts the fasts and size materials test. The exceptization qualifies as a publicly supported exceptization						$\sim$	
h	10% -facts-and-circumstances test	-	•	* ''	-	 17a. and line 15 is 1		
-	more, and if the organization meets th	_					. = , <b>v · v</b> .	
	organization meets the facts-and-circu				-			
18	<b>Private foundation.</b> If the organization			•	•			
		:=::::::::::::::::::::::::::::::::::::		,,,	,			

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

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

Se	ction A. Public Support	now, picase compi	ctc r art n.,				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		( )	. ,	,	( )	
	membership fees received. (Do not						
	include any "unusual grants.")	1,599,549.	1,267,338.	1,625,947.	1,310,368.	1,656,755.	7,459,957.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	82,540.	51,992.	54,866.	44,292.	37,685.	271,375.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,682,089.	1,319,330.	1,680,813.	1,354,660.	1,694,440.	7,731,332.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons			290,000.		89,188.	379,188.
ŀ	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	261,165.	201,195.	170,632.	500,631.	706,600.	1,840,223.
•	Add lines 7a and 7b	261,165.	201,195.	460,632.	500,631.	795,788.	2,219,411.
	Public support. (Subtract line 7c from line 6.)						5,511,921.
Se	ction B. Total Support		ı				
Cale	endar year (or fiscal year beginning in) 🕨 📙	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1,682,089.	1,319,330.	1,680,813.	1,354,660.	1,694,440.	7,731,332.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,154.	1,006.	3,027.	11,053.	22,649.	38,889.
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	1,154.	1,006.	3,027.	11,053.	22,649.	38,889.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	·	·	·	·	·	· ·
12	Other income. Do not include gain or loss from the sale of capital	34,791.	41,122.	84,534.	33,539.	21,877.	215,863.
13	assets (Explain in Part VI.)	1,718,034.	1,361,458.	1,768,374.	1,399,252.	1,738,966.	7,986,084.
	First 5 years. If the Form 990 is for the	e organization's fir	st, second. third. fo	•			n,
				,		(,(,)	·
Se	ction C. Computation of Public						<u>, —</u>
15	Public support percentage for 2021 (lin	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	69.02 %
16	16 Public support percentage from 2020 Schedule A, Part III, line 15						
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>21</b> (line 10c, colum	nn (f), divided by lir	e 13, column (f))		17	.49 %
18	Investment income percentage from 2	2020 Schedule A, F	Part III, line 17			18	.23 %
19	a 33 1/3% support tests - 2021. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17	
	more than 33 1/3%, check this box and	d <b>stop here.</b> The o	organization qualif	es as a publicly su	upported organizat	ion	<b>▶</b> X
ŀ	o 33 1/3% support tests - 2020. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mor	re than 33 1/3%, ar	nd
	line 18 is not more than 33 1/3%, chec	k this box and sto	<b>op here.</b> The orgar	nization qualifies as	s a publicly suppor	rted organization	<b>&gt;</b>
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check thi	s box and see inst	ructions	

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
<b></b>		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	rt IV   Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	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			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction 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 instruc	tions).		
a	Somplete Selem			
b		( :tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			l
	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			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continue)</sub>	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Section	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
	Underdistributions, if any, for years prior to 2021 (reason-			$\neg$	
_	able cause required - explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			$\neg$	
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
•	line 7: \$				
a	Applied to underdistributions of prior years			$\neg$	
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
_					

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

THE ANIMAL LEAGUE OF GREEN VALLEY

Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
ESTATE OF WILLIAM HARDY	0.	0.	290,000.	0.	0.
LINDA MOSER	0.	0.	0.	0.	89,188.
Total to Schedule A, Part III, Line 7a			290,000.		89,188.

Schedule A

## Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
ANACKER ESTATE	0.	0.	0.	184,007.	0.
BETTY GOFF	0.	0.	0.	236,007.	2,610.
DAVID & DONNA MATHEWS	0.	0.	0.	0.	12,853.
DOROTHY POWERS	0.	0.	147,316.	0.	0.
DOUGLAS A SCHIF TRUST	0.	0.	0.	11,007.	0.
EDITH WILLIAMS	0.	0.	0.	0.	257,610.
ESTATE OF BETTY OWENS	0.	0.	0.	0.	7,522.
ESTATE OF COOPER FAMILY TRUST	0.	0.	0.	0.	205,961.
ESTATE OF DENISE V WATSON	0.	0.	0.	0.	88,610.
ESTATE OF ROSE ELLEN WEST	0.	0.	0.	1,007.	0.
JOSEPH SPRINKLE	37,820.	26,385.	23,316.	22,007.	0.
JOSEPH F LETUKS EST IRR TRUST	0.	86,385.	0.	0.	0.
LINDA MOSER	83,820.	88,425.	0.	46,007.	0.
MARY SPRINKLE	0.	0.	0.	0.	42,610.
NANCY RAPP	0.	0.	0.	589.	0.
PAMELA JEAN MILLER	139,525.	0.	0.	0.	0.
VICTOR & LYDIA BRANDFORD	0.	0.	0.	0.	18,610.
ESTATE OF JOHN CRAVEN ESTATE OF WILLIAMS FAMILY	0.	0.	0.	0.	54,228.
TRUST	0.	0.	0.	0.	15,986.
Total to Schedule A, Part III, Line 7b	261,165.	201,195.	170,632.	500,631.	706,600.

### Schedule A

# Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	Amount Received in 2021	2021 Excess Payments
BETTY GOFF	20,000.	2,610.
DAVID & DONNA MATHEWS	30,243.	12,853.
EDITH WILLIAMS	275,000.	257,610.
ESTATE OF BETTY OWENS	24,912.	7,522.
ESTATE OF COOPER FAMILY TRUST	223,351.	205,961.
ESTATE OF DENISE V WATSON	106,000.	88,610.
MARY SPRINKLE	60,000.	42,610.
VICTOR & LYDIA BRANDFORD	36,000.	18,610.
ESTATE OF JOHN CRAVEN	71,618.	54,228.
ESTATE OF WILLIAMS FAMILY TRUST	33,376.	15,986.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		706,600.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

THE ANIMAL LEAGUE OF GREEN VALLEY

THE ANIMAL LEAGUE OF GREEN VALLEY

74-2378040

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

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE ANIMAL LEAGUE OF GREEN VALLEY

74-2378040

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	LINDA MOSER  943 E SAWMILL CANYON PL  GREEN VALLEY, AZ 85614	\$89,188.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	EDITH WILLIAMS  102 E SANTA REBECCA DR  GREEN VALLEY, AZ 85614	\$275,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	ESTATE OF COOPER FAMILY TRUST  2003 E ALOHA ST  SEATTLE, WA 98112	\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No4	Name, address, and ZIP + 4  ESTATE OF DENISE V WATSON  23 DIAMOND DRIVE  CABOT, AR 72023	Total contributions  \$106,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	ESTATE OF JOHN CRAVEN  12 W CALLE FRAMBUESA  GREEN VALLEY, AZ 85615	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	MARY SPRINKLE  PO BOX 6483  DENVER, CO 80206	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

THE ANIMAL LEAGUE OF GREEN VALLEY

74-2378040

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	VICTOR AND LYDIA BRADFORD  27663 WOODPECKER HILL  POULSBO, WA 98370	\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ESTATE OF WILLIAMS FAMILY TRUST  464 SANTA ANA AVE  NEWPORT BEACH, CA 92663	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE ANIMAL LEAGUE OF GREEN VALLEY

74-2378040

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

**Employer identification number** 

Name of organization

THE ANIMAL LEAGUE OF GREEN VALLEY  $74 \!-\! 2378040$ Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE ANIMAL LEAGUE OF GREEN VALLEY

**Employer identification number**  $74 \!-\! 2378040$ 

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
_	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
			4.
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 956	•	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 956	8, 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 furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			<u> </u>
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under FASB A	<b>G</b>	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 900 Part V		<b>L</b> ¢

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tensis (check all that apply):  a Public exhibition	Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other S	Similar	Assets	(contir	ued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check	any of the fo	ollowing that r	nake sign	ificant us	e of its			
b Scholarly research e Other    Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds arther than to be maritaned as part of the organization's collection?   Yes   No		collection items (check all that apply):										
c Peservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition	d	I 🔲 I	Loan or excl	nange progran	n					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part XII Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b Is the organization and the year  1c Is all the organization and the year  1c Beginning balance  2d Additions during the year  1 Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  1 Yes No  1 Is Beginning of year balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2 Part Y Endowment Funds. Complete if the organization has been provided on Part XIII.  Part Y Endowment Funds. Complete if the organization in answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  1b Contributions  1c No Horwest Funds. (b) Prior year (c) Invoves Back (d) Time years back (e) Four years back  1c) To year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	b	Scholarly research	е	,	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	e organization	's exemp	t purpose	in Part	XIII.		
Part V   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV   Yes	5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	ures, or other	similar as	sets				
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   10		to be sold to raise funds rather than to be ma	aintained as part of th	he organ	ization's col	lection?				Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "Y	es" on Fo	orm 990,	Part IV, I	ine 9, or		
on Form 990, Part X7  b if "Yes," explain the arrangement in Part XIII and complete the following table:    Amount		reported an amount on Form 990, Par	rt X, line 21.									
C   Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contributions	or other asse	ts not inc	luded				
C   Beginning balance     C		on Form 990, Part X?							$\square$	Yes		No
d Additions during the year	b											
d Additions during the year  E Distributions during the year  E Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves No If 'Ves', evaloain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (for the years back)  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the years back)  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the years back)  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the years back)  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the years back (e) Four years back (for the years back (for the years back (for the years back)  [a] Current year (b) Prior year (c) Two years back (for the years back)  [b] Contributions  [c] Contributions  [a] Current year (b) Prior year (c) Two years back (for the years back										Amoun	t	
d Additions during the year  E Distributions during the year  E Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves No It 'Ves e,' evolain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Fart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (for the years back (e) Four years back (for the years back	С	Beginning balance						1c				
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (for this years back)  [a] Beginning of year balance  [b] Contributions  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for this years back)  [a] Beginning of year balance  [b] Contributions  [a] Current year (b) Prior year (c) Two years back (d) Three years back (for this years back)  [a] Beginning of year balance  [b] Contributions  [c] Net investment earnings, gains, and losses  [d] Grants or scholarships  [e] Other expenditures for facilities  [f] Administrative expenses  [g] End of year balance  [g] End of year balance  [g] End of year balance  [g] Permanent endowment								1d				
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Part V   Endowment Funds. Complete if the explanation has been provided on Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Cal Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back								1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_							1f				
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back	2a							?	$\square$	Yes		No
a Beginning of year balance	b											
Beginning of year balance b Contributions 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  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4. Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (b) Cost or other depreciation  1a Land  Description of property  (a) Cost or other basis (other) (b) Cost or other depreciation  1a Land  111,692. 111,692. 111,692. 111,692. 111,692. 111,692. 111,692. 2,300,574. C Leasehold improvements C Equipment C Equip	Pai	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part I\	/, line 10.					
b Contributions 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 the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment			(a) Current year	<b>(b)</b> P	rior year	(c) Two years	back (d	) Three ye	ars back	(e) Four	years	s back
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 the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance										
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 the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b	Contributions										
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships										
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶												
g End of year balance		and programs										
g End of year balance	f											
a Board designated or quasi-endowment												
b Permanent endowment ▶	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	j, column (a)	) held as:						
c Term endowment ▶	а	Board designated or quasi-endowment		%								
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iiii) Related organizations  (iv) In a 3a(iv)   3a	b	Permanent endowment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  c Leasehold improvements d Equipment  4 Equipment  99,710. 57,012. 42,698. 9,669.	С	Term endowment	%									
Ves   No   (i)   Unrelated organizations   3a(i)		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(ii) Unrelated organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iv) Related org	За	Are there endowment funds not in the posse	ssion of the organiza	tion that	t are held an	d administere	d for the o	organizati	ion	_		
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  111,692.  111,692.  b Buildings  3,426,836.  1,126,262.  2,300,574.  c Leasehold improvements  d Equipment  99,710.  57,012.  42,698. e Other		by:									Yes	No
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  111,692.  111,692.  b Buildings  3,426,836.  1,126,262.  2,300,574.  c Leasehold improvements  d Equipment  99,710.  57,012.  42,698. e Other		(i) Unrelated organizations								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  111,692.  b Buildings  3,426,836.  1,126,262.  2,300,574.  c Leasehold improvements  d Equipment  99,710.  57,012.  42,698. e Other										3a(ii)		
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  111,692.  Buildings  C Leasehold improvements  d Equipment  Other  Other  199,710.  Description of property  (b) Cost or other basis (other)  (c) Accumulated depreciation  111,692.  111,692.  111,692.  2,300,574.  242,698.  82,107.  72,438.  9,669.	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation     1a Land	4			wment fu	unds.							
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	Pai											
basis (investment)         basis (other)         depreciation           1a Land         111,692.         111,692.           b Buildings         3,426,836.         1,126,262.         2,300,574.           c Leasehold improvements         99,710.         57,012.         42,698.           e Other         82,107.         72,438.         9,669.		Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990, I	Part X, lin	e 10.				
b Buildings     3,426,836.     1,126,262.     2,300,574.       c Leasehold improvements     99,710.     57,012.     42,698.       e Other     82,107.     72,438.     9,669.		Description of property	1 ' '							(d) Boo	k valu	ue
b Buildings     3,426,836.     1,126,262.     2,300,574.       c Leasehold improvements     99,710.     57,012.     42,698.       e Other     82,107.     72,438.     9,669.	1a	Land				111,692.					111	,692.
c Leasehold improvements       99,710.       57,012.       42,698.         e Other       82,107.       72,438.       9,669.					3	,426,836.	1	,126,2	62.	2,	300	,574.
d Equipment     99,710.     57,012.     42,698.       e Other     82,107.     72,438.     9,669.												
e Other 82,107. 72,438. 9,669.			I			99,710.		57,0	12.		42	,698.
						82,107.		72,4	38.		9	,669.
	_			X. colum	nn (B). line 10	Oc.)				2,	464	,633.

	D OI GREEN VILLER	,	zarovio Page C
Part VII Investments - Other Securities.	an Farma 000 Part IV line	11h Can Faura 000 Bart V Brand 0	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	(2) 20011 12:20	(e) meaned or raination occurs on	a or your marrier raise
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Daaleesalee
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	e 15.)	<b>&gt;</b>	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11a or 11f See Form 000 Bort V line 05	
(a) Description of liability	on rolling 30, Fait IV, IIIIe	THE OF THE OCCUPANT SOU, FAIL A, III LE 25	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			

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

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

Pai	rt XI Reconciliation of Revenue per Audited Financial S	statements with Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expenses per I	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	I		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
·			<del></del>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lin		5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lir rt XIII Supplemental Information.	ne 18.)	5	
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V, line 4	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lir rt XIII Supplemental Information.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V, line 4	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V, line 4	5	l,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V, line 4	5	l,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V, line 4	5	l,
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Prov lines	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	ne 18.)  nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.	5	l,
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Prov lines PART THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirert XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide X, LINE 2:  LEAGUE IS ORGANIZED AS AN ARIZONA NONPROFIT CORPORATION	nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  IN AND HAS BEEN	5	Ι,
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### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number THE ANIMAL LEAGUE OF GREEN VALLEY 74-2378040 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

THE ANIMAL LEAGUE OF GREEN VALLEY Schedule G (Form 990) 2021 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events JIM CLICK RAFFLE NONE (add col. (a) through SALES col. (c)) (event type) (total number) (event type) 21,877. 21,877. 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 21,877. 21,877. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs ..... 7 Food and beverages 8 Entertainment 1,160. 1,160. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 1,160. 20,717. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on 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 (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **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? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2021 THE ANIMAL LEAGUE OF GREEN VALLEY 74	1-2378040	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	. 13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >		
c	If "Yes," enter name and address of the third party:		
	Nama 🏲		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	solutions 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 > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990) Supplemental Info	THE ANIMAL LEAGUE O	OF GREEN VALLEY	74-2378040	Page 4
Part IV	Supplemental Info	mation (continued)			

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization Employer identification number THE ANIMAL LEAGUE OF GREEN VALLEY 74-2378040

Par	t 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 dete noncash contributi	•	:s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		206,348.	RESALE VALUE		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	3	25,623.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	83, Part V, L	onee Acknowledg	ement <b>29</b>			Γ
20-	Duning the constraint the constraint or service by			autodia Daut I liana 4 thuasa	r 00 45-4 it	Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date					20-	х
<b>L</b>	exempt purposes for the entire holding period?  If "Yes," describe the arrangement in Part II.	·				30a	
31	Does the organization have a gift acceptance p	ooliov that re	acuires the review	of any nonetandard contribut	ions?	31	х
	Does the organization hire or use third parties of					31	<del> </del>
JZa				· ·		32a	x
h	If "Yes," describe in Part II.				·····	JEU	
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked.		
	describe in Part II.		, p= =, p; opo(t)	men selami (a) le orioc			

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

Schedule M (Form 990) 2021

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE ANIMAL LEAGUE OF GREEN VALLEY

**Employer identification number** 74-2378040

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PROMOTE AND PROVIDE FOR THE HUMANE TREATMENT OF COMPANION ANIMALS IN
THE GREATER GREEN VALLEY/SAHUARITA AREA. THE ANIMAL LEAGUE OF GREEN
VALLEY GIVES PRIORITY TO ANIMALS OF OWNERS WHO ARE UNABLE TO CARE FOR
THEM FOR REASONS OF HEALTH OR CHANGE IN LIFE SITUATIONS. THE LEAGUE
ALSO ACCEPTS AS MANY UNWANTED OR ABANDONED ANIMALS AS ITS SPACE
PERMITS.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS AROUND 950 OUTSIDE MEMBERS WHO MAKE CONTRIBUTIONS EACH
YEAR. THE ORGANIZATION CONSIDERS ANYONE WHO DONATES \$20 OR MORE ANNUALLY
TO BE A MEMBER AND HAVE THE RIGHT TO ELECT THE BOARD OF DIRECTORS AT THE
ANNUAL MEETING.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION HAS MEMBERS WHO ELECT BOARD OF DIRECTORS AT THE ANNUAL
MEETING ACCORDING TO THE ORGANIZATION'S BY-LAWS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 DRAFT WILL BE SENT TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE
FILING. ANY COMMENTS AND CHANGES FROM BOARD OF DIRECTORS WILL BE DISCUSSED
WITH TAX PREPARER AND ADDRESSED ACCORDINGLY.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ARE ALSO