Extended to November 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

and ending A For the 2023 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change The Animal League of Green Valley Name change 74-2378040 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 1600 W. Duval Mine Road 520-625-3170 termin-ated 1,785,748. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return Green Valley, AZ 85614-5025 H(a) Is this a group return Applica-F Name and address of principal officer: Theodore Schultz Yes X No for subordinates? pending same as C above ∐Yes L No **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or (insert no.) If "No," attach a list. See instructions https://talgv.org/ H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 1984 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities: TALGV's mission is 1) to provide Activities & Governance compassionate care, shelter, training, adoption opportunities, oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 3 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 400 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 1,375,682. 1,245,363. Contributions and grants (Part VIII, line 1h) Revenue 47,829. 50,142. Program service revenue (Part VIII, line 2g) 61,223. 48,683. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 20,638. 11,371. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,492,832. 1,368,099. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 802,050. 929,039. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 802,050. 929,039. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 690,782. 439,060. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5,936,402. 6,672,320. 20 Total assets (Part X, line 16) 36,130. 58,705. 21 Total liabilities (Part X, line 26) 5,900,272. 6,613,615. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Theodore Schultz, Treasurer Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid Carla J. Keegan P00596839 Firm's EIN 86-0750225 Keegan Linscott & Associates, P.C. Preparer Firm's name Use Only Firm's address 3443 N. Campbell Avenue, Suite 115 Phone no. (520) 884-0176Tucson, AZ 85719 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TALGV's mission is 1) to provide compassionate care, shelter,
	training, adoption opportunities, emotional support, and medical care,
	including spaying and neutering, for needy and homeless cats and dogs
	in Green Valley and surrounding areas.
	Did the organization undertake any significant program services during the year which were not listed on the
2	77
	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
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	, (manual grammer)
	Animal Care Services:
	All of the resources of The Animal League of Green Valley go towards
	caring for shelter animals and helping people of limited financial
	means care for their pets.
	Animals taken in: 630 cats, 394 dogs, total 1,024
	Animals going out:
	Adoptions 581 cats, 310 dogs, total 891
	Other 51 cats, 69 dogs, total 120
	Total going out 632 cats, 379 dogs, total 1,011
	Note that it is possible to adopt out more animals than were taken in
	because some animals remained from the previous year and some were born
	at The Animal League.
4b	00.343
TD	Financial Assistance (Outreach):
	All of the resources of The Animal League of Green Valley go towards
	caring for shelter animals and helping people of limited financial
	means care for their pets.
	Expenses incurred for MEDICAL OUTREACH:
	Spay and Neuter Outreach \$30,877
	Veterinary Care Outreach \$49,532
	Pharmaceutical Outreach \$121
	Medical Outreach-Customer Co-Pay (\$187)
	Total MEDICAL OUTREACH \$80,343
	TOTAL MEDICAL OUTREACH \$00,343
4-	(Code:) (Expenses \$ 78,022 • including grants of \$) (Revenue \$
4C	(Code:) (Expenses \$/8,022 • including grants of \$) (Revenue \$
	(Medical Vet Care for Life and Medical Vet Care Support and Post
	Adoption Support):
	All of the resources of the Animal League of Green Valley go towards
	caring for Shelter animals and helping people of limited financial
	means care for their pets.
	Expenses incurred for medical assistance to owners of pets adopted from
	TALGV:
	Post Adoption Support (net) \$5,694
	Medical Vet Care for Life \$72,328
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 707,103.
<u>4e</u>	Total program service expenses /U / , 1 U 3 • Form 990 (202)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
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			$ _{\mathbf{x}}$
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	э		122
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	21	
IZa	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	and the second section of the second			

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			 ₩
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
h	Schedule K. If "No," go to line 25a	24a 24b		122
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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,	<u> </u>		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? 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		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Α.
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	_ A	<u> </u>
ı a	Check if Schedule O contains a response or note to any line in this Part V			X
	Check ii Ochedule O contains a response of hote to any line in this fait v			No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21		Yes	NO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	

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The Animal League of Green Valley Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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	2a 3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X				
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 A	ccounts (FBAR).							
5a									
b									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	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 contribut	ions 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 set	vices provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w								
	to file Form 8282?	l I	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X				
f	J , J , I ,								
g									
h	3								
8	, , , , , , , , , , , , , , , , , , , ,								
_	sponsoring organization have excess business holdings at any time during the year?								
	9 Sponsoring organizations maintaining donor advised funds.								
_	a Did the sponsoring organization make any taxable distributions under section 4966?								
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				х				
excess parachute payment(s) during the year?									
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	t income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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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			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1								
	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		X						
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		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6	Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b		Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
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	X							
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a		X						
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		X						
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) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X 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	nd fina	ncial							
	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									
	Theodore Schultz - 520-625-3170									
	1600 W. Duval Mine Road, Green Valley, AZ 85614-5025									

Form **990** (2023)

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Form 990 (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	١,,		Pos	ition	١		Reportable	Reportable	Estimated	
	hours per	box	(do not check more box, unless person is			is bot	h an	compensation	compensation	amount of	
	week	officer and a director/trustee)				or/trus	tee)	from	from related	other	
	(list any hours for	irecto						the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation	
	related	ω Individual trustee or director	stee			sated				from the organization	
	organizations	truste	al trus		yee	mper				and related	
	below	/idual	Institutional trustee	ь	Key employee	est co loyee	Jer.			organizations	
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forn				
(1) Kimberly Eisele	44.00										
President		Х		Х				0.	0.	0	
(2) Rose Welliver	24.00										
Vice President		Х		Х				0.	0.	0	
(3) Caroline Hewatt	19.00								_	_	
Secretary		Х		Х				0.	0.	0	
(4) Ted Schultz	11.00										
Treasurer		Х		Х				0.	0.	0	
(5) Michele Miner	42.00										
Member		Х						0.	0.	0	
(6) Kareen Kell	31.00										
Member		Х						0.	0.	0	
(7) Georgia Puttock	33.00										
Member		Х						0.	0.	0	
(8) Pam White	34.00	l									
Member		Х						0.	0.	0	
(9) Mary Ziegelbauer	9.00	١									
Member		Х						0.	0.	0	
		1									
		1									
			<u> </u>	_							
]				1	1				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos heck	ition more) than d	ne	Reportable	Reportable		Estimate	d
	hours per week	box	, unle	ss pe	rson	is both or/trus	an	compensation	compensatio		amount o	of
	(list any						,	from the	from related organizations		other compensat	tion
	hours for	Individual trustee or director				p		organization	(W-2/1099-MIS		from the	
	related	tee or	ustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		organizati	on
	organizations	al trus	nal trı		oyee	omp		1099-NEC)			and relate	
	below line)	lividu	Institutional trustee	Officer	Key employee	jhest (ploye	Former				organizatio	ons
	11110)	Ĕ	lus	HO.	Š	en Hi	요					
		_				Н						
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)									000 - 6			0.
2 Total number of individuals (including but n compensation from the organization	ioi iiriilea to tr	iose	iiste	u ai	DOVE	e) Wi	016	eceived more than \$100	,000 or reportable	е		0
											Yes	No
3 Did the organization list any former officer,	director, trust											
line 1a? If "Yes," complete Schedule J for s											3	<u>X</u>
4 For any individual listed on line 1a, is the su	-		-					•	the organization			v
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-		elat	ed organization or indiv	idual for services		5	X
Section B. Independent Contractors	picte dericaun	0 1	01 30	ici i	pers	oon .					<u> </u>	
Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	rs t	hat received more than	\$100,000 of com	pens	ation from	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	thir	n the organization's tax	year.			
(A) Name and business	addross							(B) Description of s	convicos	C	(C) ompensatior	
							\dashv	Description of s	iei vices		ompensation	<u> </u>
Santa Cruz Veterinary Clinic 5408 S 12th Ave, Tucson, AZ 85706 Veterinary treatment								109,03	34.			
2100 2 11011 1110, 1402011,	112 007							vecer many e	2 3 4 3 11 3 1			
							+					
							\downarrow					
2 Total number of independent contractors (i	ncludina but n	ot lii	mite	d to	tho	se lis	ted	d above) who received m	nore than			

Form **990** (2023)

\$100,000 of compensation from the organization

	ITT V	4111			=			
			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
<u>s</u> s	1	_	Federated campaigns 1a					30000013 312 314
Contributions, Gifts, Grants and Other Similar Amounts	'		Membership dues 1b					
			Fundraising events 1c					
iifts ar A			Related organizations 1d					
S, G			Government grants (contributions) 1e					
rion			All other contributions, gifts, grants, and					
the the				245,363.				
d d		g		246,383.				
<u>ම් ල</u>		h	Total. Add lines 1a-1f		1,245,363.			
				Business Code				
9	2		Adoption Fees	812910	49,807.	49,807.		
ēŽ		b	Boarding Fees	812910	335.	335.		
Senu		С						
ran Sev		d						
Program Service Revenue		е						
<u>п</u>			All other program service revenue		FO 140			
		g			50,142.			
	3		Investment income (including dividends, interests	· ·	93,005.			93,005.
			other similar amounts)		93,003.			93,003.
	5		Income from investment of tax-exempt bond p					
	3		Royalties	(ii) Personal				
	6	a		(ii) i diddiidi				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	1		Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 164,705.					
		b	Less: cost or other basis					
Jue			and sales expenses					
Revenue		С	Gain or (loss) 7c - 31, 782.					
		d	Net gain or (loss)		-31,782.			-31,782.
Other	8		Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See Part IV. line 18					
		h	Part IV, line 18 8a Less: direct expenses 8b					
	1		Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	•	_	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
	1		Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
				229,013.				
		b	Less: cost of goods sold10b	221,162.				
		С	Net income or (loss) from sales of inventory		7,851.	7,851.		
ns			Ni maallamaari	Business Code	3 530	2 500		
Miscellaneous Revenue	11		Miscellaneous	812910	3,520.	3,520.		
ilar		b						
Sce		c	All other revenue					
Ξ			All other revenue Total. Add lines 11a-11d		3,520.			
	12		Total revenue. See instructions		1,368,099.	61,513.	0.	61,223.

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 respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
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	3,083.		3,083.	
С	Accounting	18,500.		18,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,068.		15,068.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	14,370.		14,370.	
12	Advertising and promotion	36,932.	13,844.		23,088 21,660
13	Office expenses	39,728.	16,681.	1,387.	21,660
14	Information technology				
15	Royalties				
16	Occupancy	69,828.	36,852.	11,024.	21,952
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	126,211.	89,434.	26,754.	10,023
23	Insurance	14,851.		14,851.	
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		452,705.	452,705.		
b		57,726.	57,726.		
С	Materials and Supplies	31,118.	17,790.	3,045.	10,283
d	Repairs and Maintenance	30,463.	20,522.	5,232.	4,709
е	All other expenses	18,456.	1,549.	11,842.	5,065
25	Total functional expenses. Add lines 1 through 24e	929,039.	707,103.	125,156.	96,780
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)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	990.	1	990.
	2	Savings and temporary cash investments	1,539,489.	2	2,040,190.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	7,773.	9	22,506.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 3,816,076. 10b 1,487,138.			
	b	Less: accumulated depreciation 10b 1,487,138.	2,417,138. 1,971,012.	10c	2,328,938. 2,279,696.
	11	Investments - publicly traded securities	1,971,012.	11	2,279,696.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,936,402.	16	6,672,320.
	17	Accounts payable and accrued expenses	36,130.	17	58,705.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	26.422	25	50 505
	26	Total liabilities. Add lines 17 through 25	36,130.	26	58,705.
ű		Organizations that follow FASB ASC 958, check here			
ည		and complete lines 27, 28, 32, and 33.	5 000 050		6 612 615
alai	27	Net assets without donor restrictions	5,900,272.	27	6,613,615.
B	28	Net assets with donor restrictions		28	
Š		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	F 000 000	31	C (12 (15
Š	32	Total net assets or fund balances	5,900,272.	32	6,613,615.
	33	Total liabilities and net assets/fund balances	5,936,402.	33	6,672,320.

Pa	rt 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 1	.,36						
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,0	$\frac{39.}{60.}$				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5								
5									
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 6	6,61	3,6	15.				
Pa	rt XII Financial Statements and Reporting	•							
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
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	d 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 separat								
	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	e 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 Schedule O.								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2023)				

SCHEDULE A

(Form 990)

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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		The	Anımal Lea	gue of Green	Vall	ey		7	4-23/8040
Pa	ırt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	See instructions.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit	describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7		An organization that norma						general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	unction with a lan	d-grant	college
		or university or a non-land-g							
		university:							
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership	fees, ar	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of its s	support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	uired by the organ	nization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry	out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509	(a)(3). C	Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and 1	2g.	
а			anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typi	cally by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees	of the s	upporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b	. L		anization supervised	I or controlled in connec	tion with it	s support	ed organization(s), by ha	ving
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage	the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
c	: L_		egrated. A supporting	g organization operated	in connec	tion with,	and functionally i	ntegrate	ed with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
C			y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported	d organi	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and a	n attenti	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		☐ Check this box if the orga					a Type I, Type II,	Type III	
		functionally integrated, or							
f		er the number of supported							
		vide the following information i) Name of supported			(iv) Is the orga	nization lieted	1 (-1) A management of mana	notou.	(vi) Amazunat af athan
	(organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of mo support (see instru		(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No	capport (coc metro	301.01.07	
	al								
. 01	41						1		

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	•	,			12			
13	First 5 years. If the Form 990 is for th	_							
800	organization, check this box and stop ction C. Computation of Publ						<u></u>		
				L		144			
	Public support percentage for 2023 (I					15	<u>%</u>		
	Public support percentage from 2022 33 1/3% support test - 2023. If the o						% av and		
IUa	stop here. The organization qualifies								
h	33 1/3% support test - 2022. If the o								
	and stop here. The organization qual								
17 a	10% -facts-and-circumstances tes								
. r a	and if the organization meets the fact								
	meets the facts-and-circumstances to				· ·	viriow trie organiz			
h	10% -facts-and-circumstances tes	-		*					
	more, and if the organization meets the	-					. 3,0 01		
	organization meets the facts-and-circle								
18									
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

332022 12-21-23

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(d) 2022	(a) 2022	(f) Total		
	Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(a) 2022	(e) 2023	(I) Total		
'	membership fees received. (Do not								
	include any "unusual grants.")	1,625,947.	1,310,368.	1,656,755.	1,375,682.	1,245,363.	7,214,115.		
2		1,023,547.	1,310,300.	1,030,733.	1,373,002.	1,243,303.	7,214,113.		
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	54,866.	44,292.	37,685.	47,829.	50,142.	234,814.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities						_		
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5	1,680,813.	1,354,660.	1,694,440.	1,423,511.	1,295,505.	7,448,929.		
	Amounts included on lines 1, 2, and				. ,		, ,		
	3 received from disqualified persons	290,000.		89,188.		16,045.	395,233.		
t	Amounts included on lines 2 and 3 received from other than disqualified persons that	-		-		-			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	170,632.	500,631.	706,600.	461,736.	354,665.	2,194,264.		
	: Add lines 7a and 7b		500,631.		461,736.	370,710.	2,589,497.		
	Public support. (Subtract line 7c from line 6.)		·	·		·	4,859,432.		
Se	ction B. Total Support						, ,		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
9	Amounts from line 6	1,680,813.	1,354,660.	1,694,440.	1,423,511.	1,295,505.	7,448,929.		
	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,027.	11,053.	22,649.	80,543.	93,005.	210,277.		
k	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3,027.	11,053.	22,649.	80,543.	93,005.	210,277.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	84,534.	33,539.	21,877.	20,638.	11,371.	171,959.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,768,374.	1,399,252.	1,738,966.	1,524,692.	1,399,881.	7,831,165.		
	First 5 years. If the Form 990 is for th						<u> </u>		
	check this box and stop here		, , ,	,	,				
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2023 (I			column (f))		15	62.05 %		
	Public support percentage from 2022					16	64.84 %		
	ction D. Computation of Inves						,,		
17	Investment income percentage for 20			ne 13. column (fl)		17	2.69 %		
18	Investment income percentage from 2					18	1.52 %		
	33 1/3% support tests - 2023. If the						, -		
	more than 33 1/3%, check this box a						X		
k	33 1/3% support tests - 2022. If the						and		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization			
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ЭIJ		
	9с		
	- 55		
	10a		
	iva		
	10b		2000
dule	A (Forr	n 990)	2023

Schedule A (Form 99 332024 12-21-23

Par	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	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	-		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regardtion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	20)	
с 2	Activities Test. Answer lines 2a and 2b below.	iruciioi 	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	£a		
D	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.	Z.U		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	edule A (Form 990) 2023 The Intimat Beagae of G			1 2370010 Page 0
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	te 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			

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

Schedule A (Form 990) 2023

instructions).

emergency temporary reduction (see instructions).

7

Other distributions (describe in Part VI). See instructions.

Distributions to attentive supported organizations to which the organization is responsive

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2023 from Section C, line 6

(provide details in Part VI). See instructions.

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

6

7

8 9

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

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

Schedule of Contributors

Employer identification number

ŗ.	The Animal League of Green Valley	74-2378040
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	1
	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 General Rule	in is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Specia	
•	any one contributor. Complete Parts I and II. See instructions for determining a cont	
Special Rules		
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	16b, and that received from any one
contributor, duri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ing the year, total contributions of more than \$1,000 exclusively for religious, charitational purposes, or for the prevention of cruelty to children or animals. Complete Porton (b) instead of the contributor name and address), II, and III.	able, scientific,
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions toter here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becausele, etc., contributions totaling \$5,000 or more during the year	taled more than \$1,000. If this box eligious, charitable, etc., ause it received <i>nonexclusively</i>
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 iling requirements of Schedule B (Form 990)	-

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

The Animal League of Green Valley

Employer identification number 74-2378040

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the			
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d 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		eld in donor advise	d funds			
	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring			
	impermissible private benefit?			Yes No			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	<u>-</u>				
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area			
	Protection of natural habitat		Preservation of a	certified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements						
С	Number of conservation easements on a certified historic str	ructure included on line 2	?a	2c			
d	Number of conservation easements included on line 2c acqu	•					
	on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax			
	year						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the per		tion, handling of				
_	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	ervation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcing consorvation	on agraments during the year			
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and el	norching conservation	on easements during the year			
8	Does each conservation easement reported on line 2d above	e satisfy the requirement	s 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 conservati						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statemer	nts that describes the			
	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections o	•	easures, or Otl	her Similar Assets.			
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pul	·	•	•			
	service, provide in Part XIII the text of the footnote to its final						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	e exhibition, education, o	r research in furthe	erance of public service,			
	provide the following amounts relating to these items.			_			
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
_							
2	If the organization received or held works of art, historical tre			gaın, provide			
	the following amounts required to be reported under FASB A			*			
a	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X			\$			

332051 09-28-23

Schedule D (Form 990) 2023

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

Sche	edule D (Form 990) 2023 The Anima	al League of	Green	Valley		74-23	378040	Page 2
	rt III Organizations Maintaining Col				r Other			
3	Using the organization's acquisition, accession,	and other records, che	eck any of the	following that	make sign	ificant use of it	s	
	collection items (check all that apply).		·	· ·	· ·			
а	Public exhibition	d 🗀	Loan or exc	hange progran	n			
b	Scholarly research	е 🗆	_	0.0				
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain how	thev further t	the organization	n's exemn	t nurnose in Pa	rt XIII	
5	During the year, did the organization solicit or re						a c Am.	
3	to be sold to raise funds rather than to be maint						Yes	☐ No
Pai	rt IV Escrow and Custodial Arrange							140_
<u>. a.</u>	reported an amount on Form 990, Part X	•	ie organizatio	ir answered Tr	es dill'oi	iii 990, i ait iv,	iii le 3, 0i	
12	Is the organization an agent, trustee, custodian.		for contribution	ne or other see	ents not in	cluded		
ıa		•					Yes	□ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and						163	NO
b	ii res, explain the arrangement in Fart Alli and	a complete the following	g table.				Amount	
_	Decimaliza halana					4-	Amount	
С.	Beginning balance					1c		
а	Additions during the year					1d		
e	Distributions during the year					1e		
Ť	Ending balance						1	
	Did the organization include an amount on Form				•	?∟	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII. Ch							
Pai	rt V Endowment Funds Complete if the					Three years heal	(I -) Four	rooro book
	<u> </u>	a) Current year (b)	Prior year	(c) Two years	Dack (a)	Three years back	(e) Four y	rears Dack
1a								
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curren	t year end balance (line	g 1g, column (a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.						
За	Are there endowment funds not in the possessi	ion of the organization t	that are held a	and administer	ed for the			
	organization by:						7	Yes No
	(i) Unrelated organizations?						3a(i)	
b	If "Yes" on line 3a(ii), are the related organization						~	
4	Describe in Part XIII the intended uses of the or							
	rt VI Land, Buildings, and Equipmer							
	Complete if the organization answered "		IV, line 11a.	See Form 990.	Part X, lin	e 10.		
	Description of property	(a) Cost or other		t or other	(c) Accu		(d) Book	value
	2000 Ipalott of proporty	basis (investment)		(other)		ciation	(w, Dook	. 3.33
12	Land	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1,692.			111	,692.
	Buildings			7,494.	1.31	7,941.	2,149	

2,328,938. Schedule D (Form 990) 2023

93,942.

75,255.

60,841. 6,852.

e Other

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

d Equipment

154,783.

82,107.

Schedule D (Form 990) 2023 The Animal I Part VII Investments - Other Securities	League of Gre	een Valley 7	4-2378040 Page
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1) Financial derivatives	(2) 20011 14.10.0	(0)	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990, Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)	.,		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities Complete if the organization answered "Yes" or	on Form 990, Part IV. line	e 11e or 11f. See Form 990, Part X. line	25.
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, ., .,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
			+

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2023

(6) (7) (8)

Sche	edule D (Form 990) 2023	The Animal	League of	Green	Valley	74-2378	3040 Page 4
Pai	rt XI Reconciliation	of Revenue per A	udited Financia	ıl Statemei	nts With Revenu	e per Return	
	Complete if the orga	anization answered "Ye	s" on Form 990, Par	t IV, line 12a.			
1	Total revenue, gains, and o	other support per audite	ed financial statemen	nts		1	
2	Amounts included on line 1	1 but not on Form 990,	Part VIII, line 12:				
а	Net unrealized gains (losse	es) on investments			2a		
b	Donated services and use	of facilities			2b		
С	Recoveries of prior year gra	ants			2c		
d	Other (Describe in Part XIII	.)			2d		
е						2e	
3	Subtract line 2e from line 1	l				3	
4	Amounts included on Form	n 990, Part VIII, line 12,	but not on line 1:				
а	Investment expenses not in	ncluded on Form 990, F	Part VIII, line 7b		4a		
b	Other (Describe in Part XIII	.)			4b		
С	Add lines 4a and 4b					4c	
	Total revenue. Add lines 3						
Pa	rt XII Reconciliation	of Expenses per A	Audited Financi	al Stateme	ents With Expen	ses per Return	
	Complete if the orga	anization answered "Ye	s" on Form 990, Par	t IV, line 12a.			
1	Total expenses and losses	per audited financial st	tatements			1	
2	Amounts included on line 1	1 but not on Form 990,	Part IX, line 25:				
а	Donated services and use	of facilities			2a		
b	Prior year adjustments				2b		
С	Other losses				2c		
d	Other (Describe in Part XIII	.)			2d		
е	Add lines 2a through 2d					2e	
3	Subtract line 2e from line 1	l				3	
4	Amounts included on Form						

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information

b Other (Describe in Part XIII.) c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

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

Part X, Line 2:

The League is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code, as an organization described in Section 501(c)(3), which qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi) and (viii), and has been determined not to be a private foundation under Sections 509(a)(1) and (3), respectively. Accordingly, no provision for federal or state income taxes is recorded in the accompanying financial statements. Income from certain activities not directly related to the League's tax-exempt purpose, however, may be subject to taxation as unrelated business income.

Management has considered its tax positions in accordance with the

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	The Animal I	eague	of Green	Valley	74-2	378	040	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X			Resale valu	.e		
6	Cars and other vehicles	X	1	9,139.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	16,082.	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 organ	ization durin	g the tax year for c	contributions	•			
	for which the organization completed Form 82							
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?		•	• •		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part II.			· · · · · · · · · · · · · · · · · · ·	·			

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The Animal League of Green Valley

Form 990 Part III Line 4a Program Service Accomplishments:

Employer identification number 74-2378040

Form 990, Part I, Line 1, Description of Organization Mission:	
emotional support, and medical care, including spaying and neutering,	
for needy and homeless cats and dogs in Green Valley and surrounding	
areas, by carefully managing donated funds and volunteer talents; 2) to	
raise awareness and funding for TALGV through the profitable managing	
of the Attic Thrift Store; 3) to reduce the number of unwanted pets	
through subsidized spay/neuter programs and education; 4) to	
collaborate with other animal agencies to help animals find a place to	
call home.	

roim 990, raid iii, line 4a, riogram bervice Accomprishments.	
The Animal League incurred the following expens	es to treat and care for
the animals in its shelter:	
Contracted Veterinary Services TALGV (in house)	38,302
Payroll Animal Care TALGV (in house)	15,832
Payroll Tax Animal Care TALGV (in house)	1,426
Veterinary Care TALGV (in house)	89,673
Pharmaceutical TALGV (in house)	101,499
Total MEDICAL EXPENSES TALGV (IN HOUSE)	246,732

Form 990, Part V, Line 7h:

The donor of the vehicle did not provide the necessary information for the organization to be able to file Form 1098-C.

Form 990, Part VI, Section A, line 6:

The Organization had 1,335 members in 2023. The Organization considers For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23 Schedule O (Form 990) 2023 Page **2**

Name of the organization

The Animal League of Green Valley

Employer identification number 74-2378040

anyone who has donated \$25 or more for the twelve months prior to the date of the annual meeting to be a dues paying member and to have the right to vote for the election of 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 A, line 8b:

The organization has no standing committees.

Form 990, Part VI, Section B, line 11b:

A draft of Form 990 is distributed to the Board prior to the filing of the return. Any questions or errors are corrected prior to filing of the return.

Form 990, Part VI, Section B, Line 12c:

Directors are required to notify the board of any conflicts of interest.

The Board Member will abstain from voting on matters where there is a conflict of interest.

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 also available on the Organization's website.