Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public

Inspection

<u> </u>	For the	2019 calendar yea	ar, or tax year begii	nning	, 2019 , a	ınd ending		, 20				
В	Check if ap	pplicable: C	Name of organization Le	eague for Animal Welfa	are		D Emplo	yer identification number				
Π,	Address ch	hange	Doing business as					31-0818511				
_	Name chai			P.O. box if mail is not delivered to street add	lress)	Room/suite	E Teleph	one number				
_	nitial retur	-	193 Taylor Rd		,			(513)735-2299				
=		n/terminated	_	ovince, country, and ZIP or foreign postal co	nde		G Gross receipts					
=	Amended i		atavia, OH 45		oue		\$	9,012,520				
=			Name and address of pr			H(a) Is a	his a group return fo					
′	Application	r pending F	rvame and address or pr	incipal officer.		' '						
	F	pt status: X 501(c)	(0)	1047(5)(4) 55			e all subordinates	- -				
	Fax-exemp) ◀ (insert no.)	527			. (see instructions)				
	Nebsite:				I	' '	roup exemption					
Pa		ganization: X Corpor	ration Trust As	sociation Other >	L Year of formati	on: 1949	M State of lega	I domicile: OH				
Га		Summary Driefly describe the	a araani-atian'a mis	sion or most significant satisfica.	m 1 +1-		£ 11-					
		•	· ·	sion or most significant activities:	•			ess cats and dogs				
ė				providing a compassi	onate, no-kill	anımaı sn	elter an	d programs that				
Governance		promote resp	onsible pet o	are.								
/err		Objects the second			Para and a Caracan disas	050/ -{:1	1-					
39		•	_	n discontinued its operations or d	•		1 1					
જ		ŭ	· ·	, ,				13				
ies		•	· ·	rs of the governing body (Part VI	•			13				
Activities &				n calendar year 2019 (Part V, line	,			50				
Act			olunteers (estimate if	• • • • • • • • • • • • • • • • • • • •				250				
-				Part VIII, column (C), line 12 .			7a	0				
	b	Net unrelated busi	iness taxable income	e from Form 990-T, line 39			7b	0				
						Prior \	'ear	Current Year				
	8	Contributions and	grants (Part VIII, line	e 1h)		. 1,7	788,441	1,097,989				
Revenue	9	Program service re	evenue (Part VIII, lin	ie 2g)			106,380	160,810				
š	10	Investment income	e (Part VIII, column (A), lines 3, 4, and 7d)			243,880	1,134,660				
ď	11	Other revenue (Pa	ırt VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e)			9,501	22,547				
	12	Total revenue - add	d lines 8 through 11	(must equal Part VIII, column (A),	, line 12)	. 2,1	L48,202	2,416,006				
	13	Grants and similar	amounts paid (Part	IX, column (A), lines 1-3)		•		0				
	14	Benefits paid to or		0								
"	15	Salaries, other con	mpensation, employe	e benefits (Part IX, column (A), lii	nes 5-10)	. 8	309,253	944,726				
Expenses	16a	Professional fundr	aising fees (Part IX,	column (A), line 11e)				0				
per	b	Total fundraising e	expenses (Part IX, co	olumn (D), line 25) ▶	134,746							
Ä	17	Other expenses (P	Part IX, column (A), li	nes 11a-11d, 11f-24e)			501,161	694,642				
	18	Total expenses. A	dd lines 13-17 (mus	t equal Part IX, column (A), line 2	5)	. 1,4	110,414	1,639,368				
	19	Revenue less expe	enses. Subtract line	18 from line 12			737,788	776,638				
or						Beginning of	Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part	X, line 16)			. 6,4	160,359	7,883,462				
ASS	21	Total liabilities (Pa	rt X, line 26)				36,753	1,099,283				
Š	22	Net assets or fund	l balances. Subtract	t line 21 from line 20		. 6,4	123,606	6,784,179				
Pa	rt II	Signature B	lock									
				urn, including accompanying schedules and fificer) is based on all information of which p		of my knowledge an	d belief, it is					
iiuo,	COTTECT, A	and complete. Declaration	To preparer (other than or	Titler) is based on all illionnation of which p	reparer has any knowledge.							
		DEBBIE B	BATES									
Sig	n	Signature of office	cer				Date)				
Her	e	DEBBIE B	BATES, TREASUE	RER								
_		Type or print nar	me and title									
		Print/Type preparer's	name	Preparer's signature	Date	Ch	eck X if	PTIN				
Pai	d	KATHLEEN F	WESP CPA	Kathleen F Wesp CF	A 06-26-20	20 sel	f-employed	P00169473				
	parer	Firm's name ▶	KATHLEE	N F WESP CPA	•	Firm's EIN		-				
	Only		223 SW 4			Phone no.						
	,			RAL FL 33914			513-3	78-4046				
May	the IRS	discuss this return		hown above? (see instructions)		I		X Ves No				

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:							
	To reduce the number of homeless cats and dogs in Greater Cincinnati by providing a							
	compassionate, no-kill animal shelter and programs that promote responsible pet care.							
2	Did the organization undertake any significant program services during the year which were not listed on the							
	prior Form 990 or 990-EZ?							
	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?							
	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	(Code:) (Expenses \$ 1,221,364 including grants of \$) (Revenue \$)							
4 a								
	The League shelters and cares for approximately 80 cats and 40 dogs at anytime. Our goal is to find all the animals in our care their "Forever Homes". During 2019, 992 adoptions occured; 437							
	cats and 555 dogs. All cats adopted receive micro-chipping, vaccination, vet check-up, testing							
	for feline leukemia and FIV and spay/neutering. All dogs adopted receive micro-chipping,							
	vaccination, vet check-up, heartworm testing and medication and spay/neutering.							
4b	(Code:) (Expenses \$94,203 including grants of \$) (Revenue \$)							
	Medical care is performed utilizing a Mobile Veterinary Clinic RV (MVC) and starting in 2019							
	construction was completed on the Wellness Clinic which provides veterinary care for shelter							
	animals, other area shelters and rescues and ultimately the community at large.							
4c	(Code:) (Expenses \$22,611 including grants of \$) (Revenue \$50,295)							
	Our unique None Left Behind (NLB) program helps reduce barriers to adoption of special-needs							
	pets. This includes animals with chronic medical conditions, behavioral issues, advanced age or							
	simply a significantly-long tenure in our shelter. For animals in the NLB program, the League							
	waives the adoption fees and reimburses adopters for all post-adoption medical expenses and							
	special food needs related to an animal's NLB condition. During 2019, 18 animals were adopted							
	under the NLB program							
4d	Other program services (Describe on Schedule O.)							
	(Expenses \$ including grants of \$) (Revenue \$)							
4e	Total program service expenses ► 1,338,178							

31-0818511

Form 990 (2019)

League for Animal Welfare

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
c	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		Х
•	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? <i>If</i> "Yes,"	•		Λ
•	complete 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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d		44.1		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Х
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	111		
124	Schedule D, Parts XI and XII	12a	x	
b	the control of the co	124	Λ	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4-	_	
40	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?	40		
20 -	If "Yes," complete Schedule G, Part III	19		X
20 a		20a 20b		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2019)

League for Animal Welfare

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
-1	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see 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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	00		
27	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	27		
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O.	38	v	
Par		30	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	oncord in Concordic C contains a response of note to any line in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
ıa b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		x
				

19) League for Animal Welfare 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 50)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. 7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	. 15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

The second secon
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	x	
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	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in 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 in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		
800	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled Ohio Section 6404 requires on exempiration to make its Forms 4033 (4034 or 4034 A if applicable) 000 and 000 T (Section 504(a))			
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) available for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website ✓ Another's website X Upon request ✓ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records DEBBIE BATES (513)735-2299, 4193 Taylor Rd, Batavia, OH 45103-9792			
	DEDDIE DAIED (DID)/DD-4477, TIYO IdYIOF KU, DdldVId, UH 451U5-Y/Y4			

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average					han one s both an		Reportable compensation	Reportable	Estimated amount
	hours					/trustee)			compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	or c	Inst	Office	Ke)	Hig emi	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	nstitutional trustee	cer	Key employee	hest oloye	mer			related organizations
	organizations	al tru	nal		oloye	com				
	below	stee	ruste		ě	pens				
	dotted line)		e			Highest compensated employee				
(1) DEBBIE BATES	2.00									
TREASURER		Х		х				0	0	0
(2) BARB_CASCIANI	2.00									
PRESIDENT		Х		х				0	0	0
(3) DIANN COX	2.00									
SECRETARY		х		Х				0	0	0
(4) BRUCE GACK	2.00									
BOARD MEMBER		х						0	0	0
(5) JON PARKER	2.00									
VICE PRESIDENT		х		х				0	0	0
(6) JOYCE BLERSCH	2.00									
BOARD MEMBER		х						0	0	0
(7) JAMIE LINDEMANN	2.00									
BOARD MEMBER		х						0	0	0
(8) ELIZABETH GRAPA	2.00									
BOARD MEMBER		х						0	0	0
(9) CHRISTINA CULLIS	2.00									
BOARD MEMBER		х						0	0	0
(10)CAROL SANGER	2.00									
BOARD MEMBER		х						0	0	0
(11)SARAH LANGLEY	2.00									
BOARD MEMBER		х						0	0	0
(12)GAURAVI SHAH	2.00									
BOARD MEMBER		х						0	0	0
(13)ANNIE DESIMIO	2.00									
BOARD MEMBER		х						0	0	0
(14)MARILYN A GOODRICH	40.00									

Form **990** (2019)

EXECUTIVE DIRECTOR

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C)													
	(A)	(B)	(do r	ot ob		sition	han one		(D)	(E)		(F)		
	Name and title	Average	,			nan one s both ai		Reportable	Reportable	Estin	nated am	ount		
		hours	offic	er and	d a dii	rector	/trustee))	compensation from the	compensation from related		of other		
		per week (list any			_	_			organization	organizations	1	compensation from the		
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	nization d organiz		
		related	dual	ution	¥,	mplo	est co oyee	er			Telate	u Organiz	Lations	
		organizations below	trust	al tru		руее	ompe							
		dotted line)	ee	stee			ensat							
							led							
(15)														
1.5/														
(16)														
Δ =/														
(17)														
\ _'														
(18)														
(19)														
(20)														
<u>(21)</u>														
(22)														
(23)														
(24)														
(OE)														
(25)														
1b	Subtotal													
C	Total from continuation sheets to Part VII, Sect							-						
d	Total (add lines 1b and 1c)							-	80,412	0			0	
2	Total number of individuals (including but not limit										1			
_	reportable compensation from the organization		.0.0 4 4		,				σ. σ. τ. τ. σ.	.			0	
												Yes	No	
3	Did the organization list any former officer, direc	tor, trustee,	key en	nploy	/ee,	or h	ighest	t con	npensated					
	employee on line 1a? If "Yes," complete Schedul		-				-				3		x	
4	For any individual listed on line 1a, is the sum of re	eportable cor	mpensa	ation	and	oth	er con	npen	sation from the					
	organization and related organizations greater th	an \$150,000)? If "Y	'es,"	con	nplei	te Sch	edul	le J for such					
	individual										4		х	
5	Did any person listed on line 1a receive or accrue	compensation	n from	any	unr	elate	ed org	aniza	ation or individual					
	for services rendered to the organization? If "Yes	s," complete	Schea	ule .	J for	suc	h pers	son			5		x	
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensa													
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	ending	with	or within the orga	nization's tax year.				
	(A)								(B)		(C)			
	Name and business addres	SS							Description of service	es	Compens	sation		
	Total number of independent contractors (in about	a but not line	itad ta	thas	م اند	+c~	abayıs'	\ \ \a,b	•					
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				icu i	above	, wil	U					
	received inore than \$100,000 OF COMPENSATION NO	nn me organi	∠au∪⊓	_										

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

			•		,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512–514
	1a	Federated campaigns .		1a					
ω	b	Membership dues		1b					
ant	С	Fundraising events		1c					
ğ Ğ	d	Related organizations .		1d					
3ifts ar A	е	Government grants (contr	ibutions)	1e					
imil Hill	f	All other contributions, gift	ts, grants,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not in	ncluded above	1f	1,097,989				
ë ş	g	Noncash contributions inc	luded in						
ond (lines 1a-1f		1g	\$ 22,623				
	h	Total. Add lines 1a-1f			▶	1,097,989			
					Business Code				
Φ	2a	Adoption fees			900099	110,515	110,515		
. <u>S</u>	b	Veterinary fees			900099	50,295	50,295		
S in	С	_							
am									
Program Service Revenue	е								
<u>~</u>	f	All other program service r	revenue						
	g	Total. Add lines 2a-2f .				160,810			
	3	Investment income (includi							
		other similar amounts) .				110,007			110,007
		Income from investment of	•	•	i i				
	5	Royalties			▶				
	_		(i) Rea	l	(ii) Personal				
		Gross rents							
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7a	Gross amount from	(i) Securiti	es	(ii) Other				
		sales of assets other than inventory	_						
o.	b	Less: cost or other basis	7a 7,565						
ther Revenue		and sales expenses							
e e		Gain or (loss)				1 004 653			1 004 653
E .		Net gain or (loss) Gross income from fundrai		· <u></u>	▶	1,024,653			1,024,653
ð Ş	oa	events (not including \$	sing						
•		of contributions reported o	n line	-					
		1c). See Part IV, line 18		8a	65,105				
	h	Less: direct expenses .		8b					
		Net income or (loss) from f				19,603			19,603
		Gross income from gaming	_			23,000			25,005
		activities, See Part IV, line		9a					
	b	Less: direct expenses .		9b					
		Net income or (loss) from g							
		Gross sales of inventory, le	-						
	100	returns and allowances .		10a	11,715				
	b	Less: cost of goods sold		10b					
		Net income or (loss) from s		y		1,802	1,802		
		, ,			Business Code	·			
ns	11a	Other income			900099	1,142	1,142		
Miscellanous Revenue	b								_
selk evel	С								
Aisc Re	d	All other revenue							
	е	Total. Add lines 11a-11d	<u> </u>		.	1,142			
	12	Total revenue. See instru	ctions		. >	2,416,006	163,754	0	1,154,263

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Compensation of current officers, directors, 80,412 41,082 8,856 30,474 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 703,250 585,848 77,347 40,055 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 96,047 76,838 10,565 8,644 10 65,017 52,052 7,130 5,835 11 Fees for services (nonemployees): b Legal....... d Professional fundraising services. See Part IV, line 17 . f 18,230 18,230 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 25,829 7,568 13,352 4,909 12 46,700 18,090 1,924 26,686 13 26,312 2,631 21,050 2,631 14 24,542 24,052 245 245 15 16 2,058 88,460 82,904 3,498 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 12,735 12,735 21 22 Depreciation, depletion, and amortization 116,507 114,177 1,165 1,165 23 9,725 6,796 2,929 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Kennel supplies 77,769 77,769 Bottle feeding program 1,397 1,397 185 c Communications 18,478 18,108 185 d Volunteer training 1,588 1,588 e All other expenses 226,370 214,543 1,408 10,419 Total functional expenses. Add lines 1 through 24e. . 25 1,639,368 1,338,178 166,444 134,746 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)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any	line in	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	48,417	1	165,619		
	2	Savings and temporary cash investments	589,894	2	134,433		
	3	Pledges and grants receivable, net	400,000	3	300,000		
	4	Accounts receivable, net		4	5,256		
	5	Loans and other receivables from any current or former of					
		trustee, key employee, creator or founder, substantial cor	ntributo	r, or 35%			
		controlled entity or family member of any of these persor	ns .			5	
	6	Loans and other receivables from other disqualified person	defined				
		under section 4958(f)(1)), and persons described in sect	ion 495	58(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			29,440	9	4,553
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,570,455			
	b	Less: accumulated depreciation	10b	1,269,094	1,877,133	10c	3,301,361
	11	Investments - publicly traded securities	3,515,475	11	3,972,240		
	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 3	33)		6,460,359	16	7,883,462
	17	Accounts payable and accrued expenses			36,753	17	74,228
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of	dule D		21		
es	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial cor		r, or 35%			
Liał		controlled entity or family member of any of these persor				22	
	23	Secured mortgages and notes payable to unrelated third		F		23	1,025,055
	24	Unsecured notes and loans payable to unrelated third pa		F		24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			36,753	26	1,099,283
		Organizations that follow FASB ASC 958, check here	•	x			
ses		and complete lines 27, 28, 32, and 33.					
lanc	27				5,628,459	27	6,780,712
Bal	28				795,147	28	3,467
pur		Organizations that do not follow FASB ASC 958, che	ck ner	e ▶ ∐			
r F	20	and complete lines 29 through 33.				29	
ts o	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment				30	
Net Assets or Fund Balances	30 31	Retained earnings, endowment, accumulated income, or				31	
¥ A	32	Total net assets or fund balances		F	6,423,606	32	6,784,179
ž	33	Total liabilities and net assets/fund balances		F		33	7,883,462
	JJ	TOTAL HADIILIES AND HEL ASSELS/IUITU DAIAILES			6,460,359	JJ	1,003,402

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,	416,	006	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	639,	368	
3	Revenue less expenses. Subtract line 2 from line 1	3			776,	638	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,	423,	606	
5	Net unrealized gains (losses) on investments	5		(416,065			
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,	784,	179	
Pai	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 Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	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 on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		📙	2b	х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	X Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?			3a		x	
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			
				orm	000 (2010)	

SCHEDULE A

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Inspection

Employer identification number

League for Animal Welfare 31-0818511 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

31-0818511 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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	- 11, 3 11 12, 11 11 11 11 11						
	membership fees received. (Do not						
	include any "unusual grants.")	391,944	699,146	558,856	445,675	531,387	2,627,008
2							
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	391,944	699,146	558,856	445,675	531,387	2,627,008
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)						366,492
	Public support. Subtract line 5 from line 4						2,260,516
	ction B. Total Support	(.) 0045	(1.) 0040	(.) 0047	(1) 0040	(.) 0040	
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	391,944	699,146	558,856	445,675	531,387	2,627,008
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
^	similar sources	109,137	108,906	106,239	100,120	110,007	534,409
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	S						
	loss from the sale of capital assets						
11	(Explain in Part VI.)						2 161 415
	Gross receipts from related activities, etc. (se	ao inatrustiana)				12	3,161,417
	First five years. If the Form 990 is for the or			d fourth or fift	l l		1/3)
13	organization, check this box and stop here	•			•	, ,	· ·
<u>S</u>	ction C. Computation of Public Suppor				· · · · · · · ·		· · · · · · · ·
	Public support percentage for 2019 (line 6, c			rolumn (f))		14	71.50 %
	Public support percentage from 2018 Sched					15	70.32 %
	a 33 1/3% support test - 2019. If the organiza						
	box and stop here. The organization qualifie						_
	33 1/3% support test - 2018. If the organization						
	this box and stop here. The organization qu						_
17:	10%-facts-and-circumstances test - 2019.	-		-			
	10% or more, and if the organization meets t	•					
	Part VI how the organization meets the "facts						
	organization			-	· ·		
	o 10%-facts-and-circumstances test - 2018.						
•	15 is 10% or more, and if the organization m	•					-
	Explain in Part VI how the organization meet						icly
	supported organization						
18	Private foundation. If the organization did n						
_	instructions						▶ □

31-0818511

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.)

Sed	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support			T			
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	∟ rganization's fi	rst second thi	rd fourth or fit	⊥ fth tax vear as a	section 501(c)(3)
•	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor						<u> </u>
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In					1 1	70
	Investment income percentage for 2019 (line			ine 13. columr	n (f))	17	%
	Investment income percentage from 2018 Se		• •			18	——————————————————————————————————————
	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-	•		

Part IV Support

Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

		Var	NI-
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4,		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	0		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
A (Fo	rm 990	or 990-E	Z) 2019

Pa	t IV Supporting Organizations (continued)			
			Yes	No
	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 in (b) and (c)			
		11a		
	, ,	11b		
		11c		
Sec	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion 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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truci	tions)).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	, , , , , , , , , , , , , , , , , , ,	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2h		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2b		
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	J u		
		3b		

Schedul	e A (Form 990 or 990-EZ) 2019 League for Animal Welfare		31-08185	511 Page
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1 [Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organia	zations	s must complete Sections	A through E.
Sooti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
36011	on A - Adjusted Net Income		(A) FIIOI Teal	(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			
	ection of gross income or for management, conservation, or			
mai	ntenance 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	ructions for short tax year or assets held for part of year):			
	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			
fac	tors (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 1-1/2% 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 .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	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			
eme	ergency temporary reduction (see instructions).	6		

instructions). EEA Schedule A (Form 990 or 990-EZ) 2019

	le A (Form 990 or 990-EZ) 2019 League for Animal Welfare		31-081	8511 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	<u> </u>	(1)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	, , , , , , , , , , , , , , , , , , ,	Excess Distributions	Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
С	From 2016			
	From 2017			
е	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			

8 Breakdown of line 7: a Excess from 2015 **b** Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

League for Animal Welfare

Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Employer identification number

31-0818511

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

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
League for Animal Welfare 31-0818511

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Anonymous Fund of GCF 200 W Fourth Street Cincinnati, OH 45202-2602	\$\$	Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Joanie Bernard Foundation 38 Fountain Square Plaza Cincinnati, OH 45263-3102	\$100,000	Person X Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Carol Sanger 8450 Willow Run Ct Cincinnati, OH 45243	\$55,000	Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	David and Ann Early Foundation 101 Harbor Green Drive Suite 705 Bellevue, KY 41073	\$26,177	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person

SCHEDULE D (Form 990)

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.

Department of the Treasury
Internal Revenue Service

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

2019

OMB No. 1545-0047

Inspection

Open to Public

Name of the organization Employer identification number League for Animal Welfare 31-0818511 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 🗌 Yes 🔲 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

3 Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection tems (check all the apply): a Public exhibition	Pai	t III Organizations Maintaining	Collections of	Art, His	stor	ical T	reasures,	or Ot	her Similar <i>F</i>	Assets	(coni	tinued)
a Public exhibition d Loan or exchange programs b Scholary research e Other c Prevered of the future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solict or receive donations of an, historical treasures, or other similar assets to be add to raise future at rather than to be maintenined as pant of the organization's exempt purpose in Part XIII. 5 During the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent russies, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or outstacted account liability? Yes No b If Yes, 'explain the arrangement in Part XIII. Check here if the explanation include an amount on Form 990, Part X, line 21, for escrow or outstacted account liability? Yes No b If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provised on Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (0) Currecyses (0) Trice years back (0	3	Using the organization's acquisition, accession	, and other records	s, check an	y of t	the follo	wing that ma	ake signi	ficant use of its			
b		collection items (check all that apply):										
Presentation for future generations	а	Public exhibition		d		Loan o	r exchange	program	s			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	b	Scholarly research		е		Other						
XII. Duting the year, did the organization solicit or receive donesions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	С	Preservation for future generations										
5 During the year, did the organization solicit or receive donesions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	4	Provide a description of the organization's colle	ections and explain	how they	furth	er the o	rganization's	exempt	purpose in Part			
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.		XIII.		-								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	5	During the year, did the organization solicit or re	eceive donations of	of art, histor	ical t	reasure	es, or other s	imilar				
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									. .	\sqcap	Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai											
Included on Form 990, Part X?		Complete if the organization a		on Forn	n 99	90, Pa	rt IV, line	9, or re	eported an an	nount o	n Foi	rm
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for cont	ribut	ions or	other assets	not				
d Additions during the year 1d		included on Form 990, Part X?								🗆	Yes	☐ No
c Beginning balance	b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing tabl	e:							
d Additions during the year Distributions during the year Did the organization include an amount on Form 99.0, Part X, line 21, for escrow or custodial account liability? Did the organization include an amount on Form 99.0, Part X, line 21, for escrow or custodial account liability? Did the organization include an amount on Form 99.0, Part X, line 21, for escrow or custodial account liability? Did the organization answered "Yes" on Form 99.0, Part IV, line 10. Complete if the organization answered "Yes" on Form 99.0, Part IV, line 10. Did Beginning of year balance Contributions Contribu									A	mount		
e Distributions during the year f Endring balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? \ Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V	С	Beginning balance						. 10	:			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additions during the year						. 10	I			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year						. 1e				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f	Ending balance						. 1f				
B F Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds.	2a	_						' -	·	П	Yes	No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A	b	<u> </u>						-				\Box
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	Pai											
ta Beginning of year balance			nswered "Yes'	on Forr	n 99	0. Pa	rt IV. line	10.				
Beginning of year balance									(d) Three years had	k (e)	our vea	ars back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	1a	Reginging of year balance	(a) carrent year	(5)	nor yo	·ui	(b) Two yours	DUON	(a) Three years but	(6)	our you	aro buok
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	_											
Iosses Carants or scholarships Carants												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 8 Board designated or quasi-endowment	·	• • • • • • • • • • • • • • • • • • • •										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	لد	E										
programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment %												
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment b	е	-										
g End of year balance		' "										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		·										
a Board designated or quasi-endowment ▶		,										
b Permanent endowment	2		-	e (line 1g, c	olum	ın (a)) h	ield as:					
c Term endowment ▶	а											
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation 1a Land 632,742 b Buildings 2,968,015 689,621 2,278,394 c Leasehold improvements 286,521 94,529 191,992 d Equipment 683,177 484,944 198,233 e Other	b	Permanent endowment > %										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (other) (other) (d) Book value 4 Land 4 Land 5 (32,742 6 (32,742 6 (4) Book value 6 (4) Book value 6 (5) Accumulated depreciation 6 (6) Accumulated depreciation 6 (7) Accumulated depreciation 6 (8) Accumulated depreciation 6 (9) Accumulated depreciation 6 (1) Book value 6 (1) Book value 6 (2) Accumulated depreciation 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (32,742 6 (33,742 6 (33,742 6 (33,742 6 (33,742 6 (34,742 6	С											
organization by: Yes No (i) Unrelated organizations 3a(i) 3a(ii) 3b 3a(ii) 3b 3b <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			•									
(ii) Unrelated organizations (iii) Related organizations (3a	Are there endowment funds not in the possess	sion of the organiza	ation that a	re he	eld and a	administered	for the			_	
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value 2,968,015 689,621 2,278,394 c Leasehold improvements 286,521 94,529 191,992 d Equipment 683,177 484,944 198,233 e Other		organization by:								_	Ye	es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) Unrelated organizations								3a	(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 2,968,015 689,621 2,278,394 c Leasehold improvements 286,521 94,529 191,992 d Equipment 683,177 484,944 198,233 e Other		(ii) Related organizations								3a	(ii)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation	b	If "Yes" on line 3a(ii), are the related organization	ions listed as requi	red on Sch	edul	e R?	. .			3	b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 632,742 b Buildings	4	Describe in Part XIII the intended uses of the o	organization's endo	owment fur	ıds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Pai											
tall Land (investment) (other) depreciation 1a Land 632,742 632,742 b Buildings 2,968,015 689,621 2,278,394 c Leasehold improvements 286,521 94,529 191,992 d Equipment 683,177 484,944 198,233 e Other 0		Complete if the organization a	nswered "Yes'	on Forr	n 99	90, Pa	rt IV, line	11a. S	<u>ee Form 99</u> 0,	Part X	, line	10.
1a Land 632,742 632,742 b Buildings 2,968,015 689,621 2,278,394 c Leasehold improvements 286,521 94,529 191,992 d Equipment 683,177 484,944 198,233 e Other 191,992 191,992		Description of property	(a) Cost or ot	ther basis	(k) Cost or	other basis	(c)	Accumulated	(d)	Book va	ilue
b Buildings 2,968,015 689,621 2,278,394 c Leasehold improvements 286,521 94,529 191,992 d Equipment 683,177 484,944 198,233 e Other 191,992 191,992			(investr	nent)		(o	ther)	d	epreciation			
b Buildings 2,968,015 689,621 2,278,394 c Leasehold improvements 286,521 94,529 191,992 d Equipment 683,177 484,944 198,233 e Other 191,992 191,992	1a	Land				6	32,742				632	2,742
c Leasehold improvements 286,521 94,529 191,992 d Equipment 683,177 484,944 198,233 e Other 191,992 191,992	b	Buildings							689,621	2		
d Equipment 683,177 484,944 198,233 e Other 198,233	С	Leasehold improvements										
e Other	d											
							- ,		. ,			,
	_			art X, colur	nn (E	3), <i>line</i>	10.c.)			3	3,301	1,361

Page 3

Part VII	Investments - Other Securities. Complete if the organization answered "Yes	s" on Form	990, Part IV,	line 11b. See Forr	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation: or end-of-year market value
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	🕨 📗			
Part VIII	Investments - Program Related.				000 5 ()/ !! 40
	Complete if the organization answered "Yes	s" on Form	990, Part IV,	line 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation:
				Cost	or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9)	n /h) must a must Farm 2000 Part V and (D) line 42.)				
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	•			
Part IX	Complete if the organization answered "Yes	s" on Form	000 Part IV	ling 11d Soc Form	n 000 Part V lina 15
	•		990, Fait IV,	ille TTu. See Foll	
(1)	(a) Description	n			(b) Book value
(1)					
(2)					
(3)					
<u>(4)</u>					
(5)					
(6)					
(7)					
(8) (9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities.	· · · · · · · ·			
I alt X	Complete if the organization answered "Yes	s" on Form	990 Part IV	line 11e or 11f Se	e Form 990 Part X
	line 25.	3 OII I OIIII	550, 1 ait 10,		or onn 330, ran A,
1.	(a) Description of liability	(b) Book value			
	ncome taxes	(b) Book value	·		
(2)	ncome taxes				
(3)					
(4)					
-					
(5)					
(6)					
(7)					
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 25.). ▶				
	uncertain tax positions. In Part XIII, provide the text of the	e footnote to th	e organization's	financial statements tha	t 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.

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,981,711
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(416,065)
3	Subtract line 2e from line 1	3	2,397,776
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 18,230		
b	Other (Describe in Part XIII.)		
_C	Add lines 4a and 4b	4c	18,230
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Do	2,416,006
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	4	1 601 100
1	Total expenses and losses per audited financial statements	1	1,621,138
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	20	
е 3	Subtract line 2e from line 1	2e 3	1 (21 120
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	1,621,138
т а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	18,230
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,639,368
	rt XIII Supplemental Information.		1,033,300
	ride 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; F	art X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

	gue for Animal Welfare						31-081		
Pa	rt I Fundraising Activities	•	-		wered "Yes" on	Form 990,	Part IV,	line 17.	
1	Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
' a	□ · · ·	oca ranas unough		-	f non-government gr				
b	<u> </u>				f government grants	anto			
C	□				raising events				
d			9 🗆	Opcolar rana	raiding events				
	Did the organization have a written o	r oral agreement w	ith any indiv	idual (includir	na officers directors	trustees			
	or key employees listed in Form 990,						☐ Ye	es No	
b	If "Yes," list the 10 highest paid indivi				-		_	_	
	compensated at least \$5,000 by the		, ,		,				
	•								
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amour (or retair fundraiser col.	ned by) listed in	(vi) Amount paid to (or retained by) organization	
			Yes	No		COI.	(1)		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
		I	1	I					
	<u> </u>								
3	List all states in which the organization	n is registered or lic	censed to so	licit contribut	ions or has been not	ified it is exer	npt from		
	registration or licensing.								

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

		gross receipts greater than	\$5,000			
		gross receipts greater triair	(a) Event #1	(b) Event #2	(c) Other events	
			• •	1		(d) Total events (add col. (a) through
			Wine/Whisker	Summer Event	1	col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	54,174	5,961	4,970	65,105
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	54,174	5,961	4,970	65,105
Direct Expenses		,		2,222	2,010	,
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	39,556	1,350	4,596	45,502
	10 Direct expense summary. Add lines 4 through 9 in column (d)					45,502
	11 Net income summary. Subtract line 10 from line 3, column (d)					19,603
Pa	rt II	II Gaming. Complete if the c	rganization answered "	Yes" on Form 990, Part I	V, line 19, or reported r	more than
		\$15,000 on Form 990-EZ,	line 6a.			
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
rect Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
rect Expenses	2 3 4	Cash prizes	(a) Bingo Yes % No		(c) Other gaming Yes % No	
rect Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	☐ Yes%	
rect Expenses	2 3 4 5	Cash prizes	☐ Yes % ☐ No 2 through 5 in column (d)	bingo/progressive bingo Yes % No	☐ Yes % ☐ No	
rect Expenses	2 3 4 5 6 7	Cash prizes	☐ Yes % ☐ No 2 through 5 in column (d)	bingo/progressive bingo Yes % No	☐ Yes % ☐ No	
rect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d) tract line 7 from line 1, colu	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c)
6 Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No 2 through 5 in column (d) tract line 7 from line 1, colu	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 En Is Is If "	Cash prizes	Yes % No 2 through 5 in column (d) cract line 7 from line 1, coluction conducts gaming activities in each o	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 En Is Is If "	Cash prizes	Yes % No 2 through 5 in column (d) cract line 7 from line 1, coluction conducts gaming activities in each o	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-E2.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

League for Animal Welfare 31-0818511 01. Members or stockholder classes and rights (Part VI, line 6) Members 02. Member election for additional members (Part VI, line 7a) Board members along with the management staff 03. Form 990 governing body review (Part VI, line 11) Form 990 is prepared by an outside accountant and reviewed by the treasurer. A copy of the 990 is provided to all board members prior to filing. 04. Conflict of interest policy compliance (Part VI, line 12c) On an annual basis board members are required to sign the conflict of interest policy 05. CEO, executive director, top management comp (Part VI, line 15a) The President of the Board of Directors, in consultation with other officers', all of whom are independent, determine the compensation for the Executive Director, Operations Manager and Animal Care Manager. In doing so, comparable data is used based on similiar positions. 06. Other officer or key employee compensation (Part VI, line 15b No officers receive any compensation and there are no other key employees. 07. Governing documents, etc, available to public (Part VI, line 19) The governing documents, policies, and financial statements are available at the shelter upon request.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number League for Animal Welfare 31-0818511 08. Significant program services not listed on prior year return (Part III, line 2) The organization opened a Wellness Clinic and began treating League animals and other rescue/shelters adoptable animals as well as volunteer/staff/adopted pets. 09. List of other expenses (Part IX, line 24e) See detailed overflow schedule