			Under section 501(c)	, 527, or 4947(a)(1) of the Inte	arnal Revenue Code (exc	ont privato	foundations)	2020
				nter social security numbers				Open to Public
		the Treasury nue Service		www.irs.gov/Form990 for in	-	-		Inspection
			ar year, or tax year begi			nd ending	n.	,20
_		applicable:		eague for Animal Wel		na chang	D Emplo	yer identification number
	ddress		Doing business as	eague IOI Animai we.	IIIIE			31-0818511
H		0		D.O. how if mail is not delivered to street		Deem/auite	E Talanh	
_	ame ch	•		P.O. box if mail is not delivered to street	address)	Room/suite	E Teleph	one number
H	itial retu		4193 Taylor R					(513)735-2299
8		urn/terminated		rovince, country, and ZIP or foreign posta	al code		G Gross	
8	mendec		Batavia, OH 4				\$	2,958,001
L A	pplicatio	on pending	F Name and address of p	principal officer:			Is this a group return fo	
						``	Are all subordinate	
			501(c)(3) 501(c) (	) < (insert no.) 4947(a)(1	) or 527		If "No," attach a list	
	/ebsite:	_	.lfaw.org				Group exemption n	
	_			ssociation 🗌 Other 🕨	L Year of formation	on: <b>1949</b>	M State of lega	al domicile: OH
Par		Summar						
	1	-	-	sion or most significant activitie	-			ess cats and dogs
đ				providing a compas	sionate, no-kill	animal s	shelter an	nd programs that
Governance		promote	responsible pet	care.				
rne								
ove	2	Check this b	ox if the organization	on discontinued its operations o	or disposed of more than 2	25% of its net	assets.	
	3		0 0	verning body (Part VI, line 1a)				14
ŝ	4	Number of ir	ndependent voting membe	ers of the governing body (Part	VI, line 1b)		4	14
/itie	5	Total numbe	r of individuals employed	in calendar year 2020 (Part V,	line 2a)		5	51
Activities &	6	Total numbe	r of volunteers (estimate i	f necessary)			6	
∢	7a	Total unrelat	ed business revenue from	n Part VIII, column (C), line 12			7a	0
	b	Net unrelate	d business taxable incom	ne from Form 990-T, Part I, line	11		7b	0
						Pric	or Year	Current Year
	8	Contributions	s and grants (Part VIII, lin	e1h)		. 1	,097,989	837,477
ne	9	Program ser	vice revenue (Part VIII, li	ne 2g)			160,810	198,177
Revenue	10	Investment ir	ncome (Part VIII, column	(A), lines 3, 4, and 7d)		. 1	,134,660	83,766
Rev	11	Other revenu	ue (Part VIII, column (A), I	lines 5, 6d, 8c, 9c, 10c, and 11e			22,547	26,462
	12			(must equal Part VIII, column (			,416,006	1,145,882
	13	Grants and s	similar amounts paid (Par	t IX, column (A), lines 1-3)				0
	14	Benefits paid	to or for members (Part	IX, column (A), line 4)				0
	15	•	```	ee benefits (Part IX, column (A)			944,726	875,406
ses	16a			, column (A), line 11e)			,	0
ens			sing expenses (Part IX, c		60,277	-		-
Expen	17			lines 11a-11d, 11f-24e)			694,642	677,118
-	18	•		st equal Part IX, column (A), line			,639,368	1,552,524
	19			e 18 from line 12			776,638	(406,642)
_ v							of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)				,883,462	7,704,110
<b>Sse</b> Bal	21		,				,099,283	977,583
Vet /	22		(	t line 21 from line 20			,784,179	6,726,527
Par			re Block		<u></u>	.   0	,,01,175	0,720,527
				turn, including accompanying schedules	and statements, and to the best of	of my knowledge	and belief, it is	
true, o	correct,	and complete. De	claration of preparer (other than o	officer) is based on all information of whic	ch preparer has any knowledge.	, ,		
Sigr	า		IE BATES				Date	2
							Date	-
Here	5		IE BATES, TREASU	KEK				
			print name and title		Det-			
<b>.</b> .		Print/Type pre		Preparer's signature	Date		Check X if	PTIN
Paic			IN F WESP CPA		05-10-202		self-employed	P00169473
	bare			N F WESP CPA		Firm's E	IN 🕨	
Use	Only	<b>y</b> Firm's addres	s ► 223 SW	40TH ST		Phone r	10.	

	CAPE CORAL FL 33914	513-378-4046
May the IRS	discuss this return with the preparer shown above? (see instructions)	 X Y

No

X Yes

Form **990** 

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form	990 (2020) League for Animal Welfare	31-0818511	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
1	Briefly describe the organization's mission:		
	To reduce the number of homeless cats and dogs in Greater Cincinnati by prov		
	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?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	itners,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 1,233,183 including grants of \$ ) (Revenue	\$	)
	The League shelters and cares for approximately 80 cats and 40 dogs at anyti	· · · · · · · · · · · · · · · · · · ·	l is to
	find all the animals in our care their "Forever Homes". During 2020, 1,027 a		
	cats and 521 dogs. All cats adopted receive micro-chipping, vaccination, vet	check-up,	testing
	for feline leukemia and FIV and spay/neutering. All dogs adopted receive mic		/
	vaccination, vet check-up, heartworm testing and medication and spay/neuteri	ng.	
4b	(Code: ) (Expenses \$ 75,785 including grants of \$ ) (Revenue	\$	)
	Wellness Clinic which provides veterinary care for shelter animals, other ar	ea shelters	and
	rescues and ultimately the community at large.		
4c	(Code:         ) (Expenses \$616 including grants of \$) (Revenue	\$	)
	Our unique None Left Behind (NLB) program helps reduce barriers to adoption		
	pets. This includes animals with chronic medical conditions, behavioral issu		-
	simply a significantly-long tenure in our shelter. For animals in the NLB pr		
	waives the adoption fees and reimburses adopters for all post-adoption medic	al expenses	and
	special food needs related to an animal's NLB condition.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  1,335,584		
EEA		For	m <b>990</b> (2020)

	1 990 (2020) League for Animal Welfare 31-08185	11	P	age 3
Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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				
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	<b>o i i o i i</b>			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form	990 (2020) League for Animal Welfare 31-08185	511	Р	age 4
Pa	rt 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	x	
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			
	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	05-		
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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?	054		
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	21		
20	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			
a	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		-
Ŭ	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	x	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
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			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

	990 (2020) League for Animal Welfare 31-0818	511	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
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		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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?			x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		<u> </u>
ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		v
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		x
b	gifts were not tax deductible?	Ch		
-	-	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?			x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
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			<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		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		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154		
h				
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see 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		x
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form	990 (2020) League for Animal Welfare 31-08185	11	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructior	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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		x
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_		
•	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	80		
a h	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	uo	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		x
000	The management of the section of requests information about policies not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this was done.	12c	x	
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		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and 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			

Form 990 (202	D) League for Animal Welfare	31-0818511	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employe	es, and
	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 t	his table for all persons required to be listed. Report compensation for the calendar year ending with c	or within the	
organization's	ax 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.

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

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

	ieu organizai		mper	15010	eu a	ny cun	Territ	officer, director, or	liusiee.	
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or	- In	q	Ke	en Hi	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for	dire	stitut	Officer	iy er	ghes	Forme	(1055-10130)	(	related organizations
	related organizations	ctor	iona		Key employee	/ee				
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ě	stee			Highest compensated employee				
						ă				
(1) MARILYN A GOODRICH	40.00									
EXECUTIVE DIRECTOR							х	26,881	0	0
(2) DEVON_SMITH	40.00									
EXECUTIVE DIRECTOR				х				18,031	0	0
(3) SARAH_LANGLEY	2.00									
BOARD MEMBER		х						0	0	0
(4) CAROL SANGER	2.00									
BOARD MEMBER		х						0	0	0
(5) CHRISTINA CULLIS	2.00									
BOARD MEMBER		х						0	0	0
(6) MIKE FULKERSON	2.00									
BOARD MEMBER		х						0	0	0
(7) DANEY AMRINE	2.00									
BOARD MEMBER		х						0	0	0
(8) GAURAVI SHAH	2.00									
BOARD MEMBER		x						0	0	0
(9) JON PARKER	2.00									
BOARD MEMBER		х						0	0	0
(10)BRUCE_GACK	2.00									
BOARD MEMBER		х						0	0	0
(11)JOYCE_BLERSCH	2.00									
BOARD MEMBER		х						0	0	0
(12) JAMIE LINDEMANN	2.00									
BOARD MEMBER		х						0	0	0
(13) DIANN COX	2.00									
SECRETARY	[	x		x				0	0	0
(14)BARB CASCIANI	2.00									
PRESIDENT	F	x		x				0	0	0
EEA	•									Form <b>990</b> (2020)

### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		<b>.</b>					omp	ensated Employe				
					(C)							
	(A)	(B)	(da -		Positi	on e than one	0	(D)	(E)		(F)	
	Name and title	Average				n is both a	-	Reportable	Reportable	Es	timated an	nount
		hours	offic	er and a	a direc	tor/trustee	e)	compensation	compensation		of othe	
		per week						from the organization	from related organizations		compensa from the	
		(list any hours for	or d	Inst	Officer	emp	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganization	and
		related	Individual trustee or director	tutio	er	employee Key employee	ner			rela	ted organi	zations
		organizations	ortru	nalt		e						
		below	stee	Institutional trustee		employee Key employee	nene					
		dotted line)		ĕ			aten					
(15)ANN	NIE DESIMIO	2.00										
VICE	PRESIDENT		х		x			0		)		0
(16)DEI	BBIE BATES	2.00										
TREAS	URER		х		x			0		)		0
<u>(17)</u>												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
<u> </u>												
(24)												
<u> </u>												
(25)												
<u> </u>												
1b	Subtotal											
с	Total from continuation sheets to Part VII, Sect											
	Total (add lines 1b and 1c)							44,912	C	)		0
	Total number of individuals (including but not limit								-			-
	reportable compensation from the organization			,								
											Yes	No
3	Did the organization list any former officer, direct	tor, trustee.	kev en	nplove	e. o	highes	st con	npensated				
	employee on line 1a? If "Yes," complete Schedu		-			-				. 3	x	
			manne	adar						. –		
4	For any individual listed on line 1a is the sum of re	enortable cor	mens	ation a	and o	ther cou	mnen					
	For any individual listed on line 1a, is the sum of re-	•	•				•					
	organization and related organizations greater th	ian \$150,000	)? If "Y	′es," c	omp	lete Sci	hedu	le J for such				v
	organization and related organizations greater th	ian \$150,000	)? If "Y •••	′es," c • • •	omp •••	lete Sci	hedu	le J for such		. 4		x
5	organization and related organizations greater th individual	an \$150,000	)? <i>If</i> "Y ••••	⁄es," c • • • • any ι	omp	lete Sci • • • • • ated org	hedui ••• ganiza	le J for such				
5	organization and related organizations greater th individual	an \$150,000	)? <i>If</i> "Y ••••	⁄es," c • • • • any ι	omp	lete Sci • • • • • ated org	hedui ••• ganiza	le J for such				x x
5 Sectio	organization and related organizations greater th individual	aan \$150,000 compensatic s, <i>" complete</i>	)? If "Y  on from <u>Schea</u>	/es," α • • • • any τ lule J	omp ••• Inrela	lete Sci  ated org uch per	hedu yaniz son	le J for such				
5 Sectio	organization and related organizations greater th individual	compensatic s, <i>" complete</i> ted independ	)? If "Y on from <u>Scheo</u> lent co	Yes, " c any u lule J ontract	omp	lete Sci ated org uch per	hedui ganiza son	le J for such  ation or individual  more than \$100,00	00 of	. 5		
5 Sectio	organization and related organizations greater th individual	compensatic s, <i>" complete</i> ted independ	)? If "Y on from <u>Scheo</u> lent co	Yes, " c any u lule J ontract	omp	lete Sci ated org uch per	hedui ganiza son	le J for such ation or individual 	00 of	. 5 r.		
5 Sectio	organization and related organizations greater the individual	compensation s," complete ted independent	)? If "Y on from <u>Scheo</u> lent co	Yes, " c any u lule J ontract	omp	lete Sci ated org uch per	hedui ganiza son	le J for such ation or individual more than \$100,00 or within the organ (B)	00 of hization's tax yea	. 5 r. (0	C)	
5 Sectio	organization and related organizations greater th individual	compensation s," complete ted independent	)? If "Y on from <u>Scheo</u> lent co	Yes, " c any u lule J ontract	omp	lete Sci ated org uch per	hedui ganiza son	le J for such ation or individual 	00 of hization's tax yea	. 5 r. (0	C)	
5 Sectio	organization and related organizations greater the individual	compensation s," complete ted independent	)? If "Y on from <u>Scheo</u> lent co	Yes, " c any u lule J ontract	omp	lete Sci ated org uch per	hedui ganiza son	le J for such ation or individual more than \$100,00 or within the organ (B)	00 of hization's tax yea	. 5 r. (0		
5 Sectio	organization and related organizations greater the individual	compensation s," complete ted independent	)? If "Y on from <u>Scheo</u> lent co	Yes, " c any u lule J ontract	omp	lete Sci ated org uch per	hedui ganiza son	le J for such ation or individual more than \$100,00 or within the organ (B)	00 of hization's tax yea	. 5 r. (0		
5 Sectio	organization and related organizations greater the individual	compensation s," complete ted independent	)? If "Y on from <u>Scheo</u> lent co	Yes, " c any u lule J ontract	omp	lete Sci ated org uch per	hedui ganiza son	le J for such ation or individual more than \$100,00 or within the organ (B)	00 of hization's tax yea	. 5 r. (0		
5 Sectio	organization and related organizations greater the individual	compensation s," complete ted independent	)? If "Y on from <u>Scheo</u> lent co	Yes, " c any u lule J ontract	omp	lete Sci ated org uch per	hedui ganiza son	le J for such ation or individual more than \$100,00 or within the organ (B)	00 of hization's tax yea	. 5 r. (0		

►

received more than \$100,000 of compensation from the organization

art '	90 (202 VIII	Statement of Rev		or Anima 9					31-0818	511 Page
		Check if Schedule O co	ontains	s a response	or n	ote to any line in thi	s Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
ŝ	b	Membership dues			1b					
unts	c	Fundraising events			1c	10,118				
Ē	d	Related organizations .			1d					
ar A	e	Government grants (contr	ributio	ns)	1e	152,800				
<u>i i i</u>	f	All other contributions, gif	ts, gra	ints,						
e s		and similar amounts not in		-	1f	674,559				
and Other Similar Amounts	g	Noncash contributions inc								
and		lines 1a-1f		L	1g					
	h	Total. Add lines 1a-1f	• • •		• •		837,477			
						Business Code				
ξ.		Adoption fees				900099	110,020	110,020		
Revenue						900099	88,157	88,157		
enu	C									
Rev	d									
		All other program service	rovoni	10						
•		Total. Add lines 2a-2f .					198,177			
							198,177			
		Investment income (includi other similar amounts) .					87,107			87,1
		Income from investment of					07,107			0771
		Royalties		•	•					
	Ŭ		$\square$	(i) Real	•••	(ii) Personal				
	6a	Gross rents	6a	(1) 1004						
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)				· · · · · · ►				
		Gross amount from		(i) Securitie		(ii) Other				
	10	sales of assets								
		other than inventory	7a	1,800,	603					
	b	Less: cost or other basis								
đ		and sales expenses	7b	1,803,	944					
Other Revenue	c	Gain or (loss)	7c	(3,						
х б	d	Net gain or (loss)					(3,341)			(3,3
Jer	8a	Gross income from fundra	ising							
5		events (not including \$		10,118						
		of contributions reported o	n line							
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b	1,278				
		Net income or (loss) from		ising events		<u></u> ►	(1,278)			(1,2
	9a	Gross income from gaming	-							
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
	C	Net income or (loss) from	gamin	g activities	· ·	· · · · · · •				
	10a	Gross sales of inventory, I								
		returns and allowances .			10a					
		Less: cost of goods sold			10k		/	/		
	C	Net income or (loss) from	sales	or inventory	• •		(1,381)	(1,381)		
	44-	Others !				Business Code		00.10-		
anı		Other income				900099	29,121	29,121		
	b									+
enue								1	1	
vevenue	C d									
Revenue	d	All other revenue Total. Add lines 11a-11d			•		29,121			

### League for Animal Welfare

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

	Check if Schedule O contains a response or note to not include amounts reported on lines 6b, 7b, Ob, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. 1	Grants and other assistance to domestic organizations		67061363	general expenses	07001000
•					
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	44,912		22,456	22,45
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	712,630	638,512	60,874	13,244
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	55,607	50,134	5,473	
0	Payroll taxes	62,257	52,268	6,848	3,141
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с		19,045		19,045	
d	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	25,057		25,057	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	20,730	16,567	3,535	628
2	Advertising and promotion	15,890	7,945	5,555	7,945
3	Office expenses	12,452	10,267	1,436	749
3 4		20,988		210	
		20,900	20,568	210	210
5		56 504	<b>F1</b> 005	4 9 4 9	0.5
6 7		76,504	71,385	4,843	270
7					
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0		20,536	20,536		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	148,803	147,166	1,488	149
3		15,571	13,873	1,557	143
4	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.)				
а	Kennel supplies	33,939	33,939		
b	Bottle feeding program	11,741	11,741		
с	Communications	16,152	11,468	3,553	1,131
d	Volunteer training	974	974	2,555	-,-5
u e	All other expenses	238,736	228,241	288	10,207
	Total functional expenses. Add lines 1 through 24e.				
5 6	Joint costs. Complete this line only if the	1,552,524	1,335,584	156,663	60,277
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here $\blacktriangleright$ if				

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Par	t 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	165,619	1	10,750
	2	Savings and temporary cash investments	134,433	2	302,006
	3	Pledges and grants receivable, net	300,000	3	200,000
	4		5,256	4	4,138
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥8	9	Prepaid expenses and deferred charges	4,553	9	5,023
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D         10a         4,570,455			
	b	Less: accumulated depreciation	3,301,361	10c	3,152,558
	11	Investments - publicly traded securities	3,972,240	11	4,029,635
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,883,462	16	7,704,110
	17	Accounts payable and accrued expenses	74,228	17	72,528
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties	1,025,055	23	905,055
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,099,283	26	977,583
		Organizations that follow FASB ASC 958, check here 🛛 🕨 🕱			
ŝ		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	6,780,712	27	6,726,527
ala	28	Net assets with donor restrictions	3,467	28	
Б		Organizations that do not follow FASB ASC 958, check here			
Fun		and complete lines 29 through 33.			
orl	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
let /	32	Total net assets or fund balances	6,784,179	32	6,726,527
<b>Z</b>	33	Total liabilities and net assets/fund balances	7,883,462	33	7,704,110

Form 990 (2020)

Form	990 (2020) League for Animal Welfare 33	L-081851	.1	P	age <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	145,	,882
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	552,	,524
3	Revenue less expenses. Subtract line 2 from line 1	3	(	406	,642)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,	784,	,179
5	Net unrealized gains (losses) on investments	5		348	,990
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,	726,	,527
Par	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		x
	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	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	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		
EEA				<b>990</b> (	2020)

SCHEDULE A
(Form 990 or 990-E2

SCI	IEC	DULE A	Р	ublic Charit	y Status and P	ublic Support		OMB No. 1545-0047
(Fori	n 99	0 or 990-EZ)			)1(c)(3) organization or a			2020
_					h to Form 990 or Form			Open to Public
		of the Treasury enue Service	► Got		orm990 for instruction		mation.	Inspection
Name	of th	e organization					Employer identificat	
Lea	gue	for Anima	1 Welfare				31-081851	1
Pa	rt I	Reason	for Public Charity	<b>y Status.</b> (All c	rganizations must	complete this part	t.) See instruction	S.
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check or	nly one box.)		
1	Ц				urches described in <b>sec</b>			
2	Ц				Schedule E (Form 990			
3	Ц	•		•	n described in section		····	
4			•	erated in conjunction	n with a hospital descri	bed in section 170(b)	(1)(A)(iii). Enter the	
-		•	e, city, and state:					
5		-	b)(1)(A)(iv). (Complete	-	university owned or ope	rated by a government	a unit described in	
6		•		,	init described in <b>sectio</b>	170(b)(1)(A)(v)		
7	x		•	•	of its support from a go		n the general public	
•		•	ection 170(b)(1)(A)(vi	•				
8	Π		trust described in secti		,			
9	П	-			ion 170(b)(1)(A)(ix) op	erated in conjunction v	with a land-grant colle	ge
		•	-		see instructions). Enter t	•	-	•
		university:	-			-	-	
10		An organizatio	on that normally receive	s: (1) more than 33	3 1/3% of its support fro	m contributions, memb	ership fees, and gross	
		receipts from a	activities related to its $\epsilon$	exempt functions -	subject to certain excep	tions; and (2) no more	than 33 1/3% of its	
		support from g	ross investment incom	e and unrelated bu	siness taxable income (	less section 511 tax) fr	rom businesses	
	_	acquired by th	e organization after Ju	ine 30, 1975. See	section 509(a)(2). (Cor	nplete Part III.)		
11	Ц	•	•		test for public safety. S			
12	$\square$	•	•	•	the benefit of, to perform			
				•	bed in <b>section 509(a)(1</b>		.,	
	_		•		e type of supporting or			•
	а			• •	ised, or controlled by it appoint or elect a major			ng
			• • • • •		IV, Sections A and B.			
	b	_			ontrolled in connection		nization(s) by having	
	~			•	on vested in the same p		.,	
			on(s). You must com		•			
	с				anization operated in co	onnection with, and fur	nctionally integrated w	/ith,
		its support	ted organization(s) (se	e instructions). Yo	u must complete Part	IV, Sections A, D, an	d E.	
	d	Type III ne	on-functionally integ	rated. A supporting	g organization operated	in connection with its	supported organization	on(s)
		that is not	functionally integrated.	The organization g	enerally must satisfy a	distribution requiremen	t and an attentiveness	
		requireme	ent (see instructions). Y	ou must complet	e Part IV, Sections A	and D, and Part V.		
	е		-		determination from the		Гуре II, Туре III	
				-	ntegrated supporting or	ganization.		
	f		ber of supported organ		••••••			••••
	g	Provide the fol	llowing information abo	ut the supported or	ganization(s).	(iv) is the organization	(v) Amount of monetary	(vi) Amount of

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

		r Animal We				31-081851	<u> </u>
Pa	IT II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	'i)
	(Complete only if you checked th	e box on line	5, 7, or 8 of F	Part I or if the	organization	failed to qualif	y under
	Part III. If the organization fails to	o qualify under	r the tests list	ted below, ple	ease complete	e Part III.)	
Se	ction A. Public Support						
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		~ ~ ~				
	membership fees received. (Do not						
	include any "unusual grants.")	699,146	558,856	445,675	531,387	677,843	2,912,907
2	Tax revenues levied for the	0557110	5567656	1157075	5517507	0,,,,015	275127507
-	organization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3							
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 3	699,146	558,856	445,675	531,387	677,843	2,912,907
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)						325,670
	Public support. Subtract line 5 from line 4						2,587,237
Se	ction B. Total Support	·	T				
Cal	endar year (or fiscal year beginning in)►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7	Amounts from line 4	699,146	558,856	445,675	531,387	677,843	2,912,907
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	108,906	106,239	100,120	110,007	87,107	512,379
9	Net income from unrelated business		-	-		-	<b>F</b>
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10.						3,425,286
	Gross receipts from related activities, etc. (se	en instructions)				12	5,425,200
	First five years. If the Form 990 is for the or						(3)
15	organization, check this box and <b>stop here</b>						
Sa	ction C. Computation of Public Suppor	t Percentage	· · · · · · · ·				· · · · •
	Public support percentage for 2020 (line 6, c			column (f))		14	75.53 %
	Public support percentage from 2020 (intel0, c Public support percentage from 2019 Sched					15	75.53 %
	<b>33 1/3% support test - 2020.</b> If the organization					-	
100							
	box and <b>stop here.</b> The organization qualifie						
ſ	33 1/3% support test - 2019. If the organiza						_
47	this box and <b>stop here.</b> The organization qu			-			
178	10%-facts-and-circumstances test - 2020.	•					
	10% or more, and if the organization meets t				-		
	Part VI how the organization meets the facts			-	-		_
	organization						
ł	0 10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac			-	-		_
	organization						· · · · ►
18	Private foundation. If the organization did n						
	instructions						<u></u> ► □

Sche	dule A (Form 990 or 990-EZ) 2020 League fo:	r Animal We	elfare			31-0818	511 Page 3
Pa	art III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization failed	d to qualify ι	Inder Part II.
	If the organization fails to qualify	/ under the te	ests listed bel	ow, please co	omplete Part	II.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	unrelated trade or business under section 513.						
	Tax revenues levied for the						
4							
	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						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Se	ction B. Total Support		1		1		
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
h	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	-						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first,	, second, third,	fourth, or fifth	tax year as a s	ection 501(c)	(3)
	organization, check this box and stop here						
Se	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In						
	Investment income percentage for <b>2020</b> (line			ine 13. columr	n (f))	17	%
18			•••••••			18	<u> </u>
	a 33 1/3% support tests - 2020. If the organiz						
130	17 is not more than 33 1/3%, check this box						
Ŀ		-	-	-			
a	<b>33 1/3% support tests - 2019.</b> If the organiz						
~~	line 18 is not more than 33 1/3%, check this	-	-	-	-		-
20	Private foundation. If the organization did n	IOT CHECK & DO	x on line 14, 19	ia, or 190, che	CK THIS DOX AND	i see instruction	ons 🕨 🗌

Part		<u></u>		aye <del>-</del>
1 ait	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete only if you checked box 12a, Part	to Soci	ione	Δ
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part V	.)	
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
vu	lines 3b and 3c below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ju		
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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 lines 4b and 4c below.	4a		
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.	4b		
с	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 <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
Fa	purposes.	40		
Jd	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	5		
'	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
		7		
~	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
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.	9b		
С	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 <b>Part VI</b> .	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	00		
iva	· · ·			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

League for Animal Welfare

Page 4

31-0818511

Schedule A (Form 990 or 990-EZ) 2020

ichedule A (Form 990 or 990-EZ) 2020 League for Animal Welfare	31-0818511	F	Page
Part IV Supporting Organizations (continued)			
		Yes	N
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines	11b and		
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in line 11a above?	11b	)	
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	, provide		
detail in <b>Part VI.</b>	11c		
Section B. Type I Supporting Organizations	·		
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	f one or		
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization	n(s)		
effectively operated, supervised, or controlled the organization's activities. If the organization had more than one	e supported		
organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a	mong 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," explai	in in <b>Part</b>		
VI how providing such benefit carried out the purposes of the supported organization(s) that operate			
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations			<u>.</u>
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority organization's directors or trustees during the tax year also a majority organization's during the tax year also a	directors		
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how			
or management of the supporting organization was vested in the same persons that controlled or m			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations	•		L

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a 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.*

```
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
```

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

3

rganiza	tions	
		in in Part VI). See
izations	must complete Sectio	ns A through E.
	(A) Prior Year	(B) Current Ye (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Ye (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
y integra	ted Type III supporting	g organization
	g trust or nizations 1 2 3 4 5 6 7 8 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1	1         2         3         4         5         6         7         8         (A) Prior Year         1a         1b         1c         1d         2         3         4         5         6         7         8         2         3         4         5         6         7         8         1         2         3         4         5         6         7         8         1         2         3         4         5         3         4         5         1         2         3         4         5         6         7         8

Schedule A (Form 990 or 990-EZ) 2020

	lle A (Form 990 or 990-EZ) 2020 League for Animal Welfare			08185	511 Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organiz	zations (continue	ed)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pa	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
_ <u>i</u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributions of phot years				
	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
0	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	<b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				
EEA				Schedu	e A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	<b>Supplemental Information.</b> 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

# Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization	Employer identification number		
League for Animal Welfare	31-0818511		
Organization type (check one):			

Filers of:	tion:		
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

#### 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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).

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

Name of organization

Page 2 Employer identification number

League for Animal Welfare

31-0818511

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Erman Animal Welfare Fund of GCF 200 West Fourth Street Cincinnati OH 45202-2775	\$20,818	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	David and Ann Early Foundation 101 Harbor Green Drive Suite 705 Bellevue KY 41073	\$37,282	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_	James A Green Estate 2117 Philips Rd Lebanon OH 45036	\$62,438	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Bogart Fund of Greater Cinti Fnd 200 W Fourth Street Cincinnati OH 45202	\$53,824	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_5_	Marion Bostian Estate PO Box 770001 Cincinnati OH 45277	\$44,082	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Estate of Veralee Argenbright 9403 Kenwood Road Cincinnati OH 45242	\$25,567	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B	(Form 990,	990-EZ, or	990-PF)	(2020)
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Name of organization

Page 2 Employer identification number

League for Animal Welfare

31-0818511

Part I Co	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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.

OMB No. 1545-0047

2020	
Open to Public	

	al Revenue Service <b>Go to www.irs.gov/Form</b>	990 for instructions and the latest informa	ation.	Inspection	
	of the organization		Employer identification		
	gue for Animal Welfare		31-0818511	L	
	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco			
	Complete if the organization answered "Yes" on				
	•••••	(a) Donor advised funds	(b) Funds a	nd other accounts	
1	Total number at end of year		(2) Fanac a		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised			
Ū	funds are the organization's property, subject to the organization	-		. 🏾 Yes 🗌 No	
6	Did the organization inform all grantees, donors, and donor adv	•			
Ū	only for charitable purposes and not for the benefit of the dono				
	conferring impermissible private benefit?			. 🗌 Yes 🗌 No	
Pa	rt II Conservation Easements.	•••••••			
ľu	Complete if the organization answered "Yes" or	n Form 990 Part IV line 7			
1	Purpose(s) of conservation easements held by the organization				
•	Preservation of land for public use (e.g., recreation or edu		f a historically import	ant land area	
	Protection of natural habitat		f a certified historic s		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation		
-	easement on the last day of the tax year.			he End of the Tax Year	
а					
b					
c	Number of conservation easements on a certified historic struc				
d	Number of conservation easements included in (c) acquired at				
u			2d		
3	Number of conservation easements modified, transferred, rele				
3	tax year ►	ased, extinguished, or terminated by the org			
4	Number of states where property subject to conservation ease	ament is located			
- 5	Does the organization have a written policy regarding the period				
3	violations, and enforcement of the conservation easements it h			. 🏾 Yes 🗌 No	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha				
U		nulling of violations, and enforcing conservat		j the year	
7	Amount of expenses incurred in monitoring, inspecting, handlir	a of violations, and onforcing conservation of	acomente durina the	Voor	
'		ig of violations, and enforcing conservation e		year	
8	\$ Does each conservation easement reported on line 2(d) above	a actisfy the requirements of apotion 170/h)//	1)(D)(i)		
0				. 🏾 Yes 🗌 No	
9	In Part XIII, describe how the organization reports conservatio				
3	balance sheet, and include, if applicable, the text of the footnote				
	organization's accounting for conservation easements.		la describes trie		
Pa	rt III Organizations Maintaining Collections	of Art Historical Treasures or C	ther Similar As	sots	
ιa	Complete if the organization answered "Yes" of			5013.	
1a	If the organization elected, as permitted under FASB ASC 958		alance sheet works		
Ia	of art, historical treasures, or other similar assets held for publi	•			
	service, provide, in Part XIII the text of the footnote to its finan				
ь	•		and about works of		
D	<b>b</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:		- <b>^</b>		
		••••••••••••••••••			
~	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treas	-	in, provide the		
	following amounts required to be reported under FASB ASC 9	-			
а	Revenue included on Form 990, Part VIII, line 1		🕨 \$		

▶ \$

Sched	ule D (Form 990) 2020 League for Anima					31-081		Page	
Pa	rt III Organizations Maintaining C	Collections of	Art, Histori	cal Treasures	s, or Ot	her Similar A	ssets (co	ontinue	ed)
3	Using the organization's acquisition, accession,	and other records,	check any of th	ne following that m	ake signi	ificant use of its			
	collection items (check all that apply):		-	-	•				
а	Public exhibition		d 🗌	Loan or exchange	program	IS			
b	Scholarly research			Other	program				
	Preservation for future generations		C []						
C		ations and surface l	h			t autore in Deut			
4	Provide a description of the organization's colle	ections and explain	now they furthe	r the organization	s exemp	t purpose in Part			
_	XIII.								
5	During the year, did the organization solicit or re								
_	assets to be sold to raise funds rather than to b		irt of the organi	zation's collection	?		. 🗌 Ye	6 <u> </u> N	lo
Pa	rt IV Escrow and Custodial Arran				-			_	
	Complete if the organization ar	nswered "Yes"	on Form 99	0, Part IV, line	9, or re	eported an an	nount on I	-orm	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian		-				_	_	
							🗌 Ye	s 🗌 N	o
b	If "Yes," explain the arrangement in Part XIII an	nd complete the follo	owing table:						
						A	mount		
С	Beginning balance				. 10	:			
d	Additions during the year				. 10	ł			
е						•			
f	Ending balance				. 1f				
2a	Did the organization include an amount on Form	n 990. Part X. line 2	1. for escrow o	r custodial accour	nt liability	?	. 🗌 Ye	s 🗌 N	о
b	If "Yes," explain the arrangement in Part XIII. C				•				
	rt V Endowment Funds.								
	Complete if the organization ar	nswered "Yes"	on Form 99	0. Part IV. line	10.				
		(a) Current year	(b) Prior yea			(d) Three years bac	k (a) Four	vears back	
1a	Beginning of year balance	(a) Current year			13 Dack	(u) Three years bac		years back	<u> </u>
	Contributions								
b									
С	Net investment earnings, gains, and								
-1									
a	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	t year end balance	(line 1g, columi	n (a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment  %								
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possession	ion of the organizat	ion that are hel	d and administere	d for the				
	organization by:							Yes N	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule	R?			. 3b		
4	Describe in Part XIII the intended uses of the o	rganization's endov	vment funds.						
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization ar		on Form 99	0, Part IV, line	11a. S	ee Form 990.	Part X, li	ne 10.	
	Description of property	(a) Cost or othe		Cost or other basis		Accumulated	(d) Boo		
		(investme		(other)		epreciation	(,00		
1a	Land			632,742				532,74	2
b	Buildings			2,968,015		768,093		L99,92	
c i	Leasehold improvements	•		286,521	1	107,757		L78,76	
d	Equipment			683,177	1	542,047		L41,13	
u e				003,177	+	572,047	-		5
	Other		rt X column /P	) line 10c )	<u> </u>		· · ·	152,55	0
, ora		yuui i uiii 330, Fal	cr, counni (D	,			<i></i>		0

EEA

Schedule D (Form 990) 2020

Part VII

31-0818511

Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	umn (b) must equal Form 990. Part X. col. (B) line 2	25.). ►

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

	ule D (Form 990) 2020 League for Animal Welfare			L-0818511	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme			r Return.	
	Complete if the organization answered "Yes" on Form 990, P	Part I	V, line 12a.	1	
1	Total revenue, gains, and other support per audited financial statements $\ldots$			1	1,469,815
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	348,990		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	348,990
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,120,825
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	25,057		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	25,057
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,145,882
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ment	s With Expenses	per Returr	۱.
	Complete if the organization answered "Yes" on Form 990, F	Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements			1	1,527,467
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,527,467
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,057		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	25,057
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,552,524
Pa	rt XIII Supplemental Information.				

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

CHEDULE G	Supplemer	ntal Informatio	on Regard	ling Fund	raising or Gam	ing Act	ivities	OMB No. 1545-0047		
Form 990 or 990-EZ) epartment of the Treasury 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.										
										ernal Revenue Service
0	Walfawa									
eague for Animal Part I Fundraisi		Complete if t	ho organi-	zation ane	wered "Yes" on	Form 00		18511 line 17		
Form 990-E	Z filers are not	t required to con	nplete this p	oart.			, i aitiv			
1 Indicate whether the	organization rais	ed funds through	·	-						
a Mail solicitations					f non-government gra	ants				
<b>b</b> Internet and email			=		f government grants					
c Phone solicitation			g 🗌 🤅	Special fundr	aising events					
d 🗌 In-person solicitat										
2a Did the organization		-	-		-					
or key employees list <b>b</b> If "Yes," list the 10 hi compensated at leas	ghest paid individ	duals or entities (fu		•	0			<b>es ∟ No</b> e		
(i) Name and address or entity (fundra		(ii) Activity	custody o	draiser have r control of putions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in tol. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No			- ()			
				►						
3 List all states in which registration or licensin	-	n is registered or lic	censed to sol	icit contributi	ons or has been noti	fied it is e	xempt from			

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Schedule G (F	Form 990 or 990-EZ) 2020	League for	Animal	Welfare		31	-0818511	P	
Part II	Fundraising Events	. Complete if the	organizatio	on answered "	Yes" on Form 990,	Part IV, line 18	, or reported r	more	
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events wit								
	aross receipts areate	r than \$5,000							

		giuss receipis greater than a	p0,000.			
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Ine						
Revenue	1	Gross receipts				
Ř	2	Less: Contributions				
	2	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
	-					
ses	6	Rent/facility costs				
pens	_					
Ę	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	1 through 9 in column (d)			
	11	Net income summary. Subtract line				
Pa	rt II	<b>Gaming.</b> Complete if the or	ganization answered "	Yes" on Form 990, Part	IV, line 19, or reported n	nore than
		\$15,000 on Form 990-EZ, li	ine 6a.			
en			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (c))
Revenue		-		0100		
~~~	1	Gross revenue				
	_					
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
t EX						
irec	4	Rent/facility costs				
	F	Other direct evenesses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No //	□ 103 //	□ 103 /₀	
		_				
	7	Direct expense summary. Add lines	2 through 5 in column (d)	•••••	· · · · · · · · · · · •	
	8	Net gaming income summary. Subtr	act line 7 from line 1 colur	mn (d)	•	
		The gaming moorne summary. Subtr		···· (\$) • • • • • • • • • •		
9		ter the state(s) in which the organization				
a		the organization licensed to conduct ga	aming activities in each of	these states?		Yes 🗌 No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming lie	censes revoked, suspende	ed, or terminated during the	tax year?	Yes 🗌 No
		ere any of the organization's gaming lid Yes," explain:	censes revoked, suspende	ed, or terminated during the	tax year?	Yes 🗌 No

SCHEDULE J	OMB No. 1545-0047					
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	2020				
Department of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>	Open to Public				
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification num	Inspec	tion			
League for Anima						
	ns Regarding Compensation					
			Yes	No		
990, Part VII, Se First-class of Travel for co Tax indemni	opriate box(es) if the organization provided any of the following to or for a person listed on Formaction A, line 1a. Complete Part III to provide any relevant information regarding these items.r charter travelHousing allowance or residence for personal usempanionsPayments for business use of personal residencefication and gross-up paymentsHealth or social club dues or initiation feesy spending accountPersonal services (such as maid, chauffeur, chef)					
or reimburseme	es on line 1a are checked, did the organization follow a written policy regarding payment nt or provision of all of the expenses described above? If "No," complete Part III to					
explain	•••••••••••••••••••••••••••••••••••••••	1b				
directors, trustee	ation require substantiation prior to reimbursing or allowing expenses incurred by all es, and officers, including the CEO/Executive Director, regarding the items checked on line	2				
organization's C related organiza Compensatio Independent	f any, of the following the organization used to establish the compensation of the EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a tion to establish compensation of the CEO/Executive Director, but explain in Part III. On committee University Written employment contract Compensation consultant Compensation survey or study Approval by the board or compensation committee					
	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing a related organization:					
-	ance payment or change-of-control payment?	4a		x		
b Participate in or	receive payment from a supplemental nonqualified retirement plan?	4b		x		
c Participate in or	receive payment from an equity-based compensation arrangement?	4c		x		
If "Yes" to any o	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only costion F(	N(a)(2) E0((a)(4) and E0((a)(20) arguminations must complete lines E.O.					
	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	ontingent on the revenues of:					
	1?	5a		x		
•	anization?	5b		x		
If "Yes" on line 5	5a or 5b, describe in Part III.					
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any on accrue any on the net earnings of:					
		6a		x		
•	anization?	6b		x		
• •	Sa or 6b, describe in Part III.					
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed					
	escribed on lines 5 and 6? If "Yes," describe in Part III	7		x		
-	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					
and areas and a second		8		x		
	3, did the organization also follow the rebuttable presumption procedure described in					
	tion 53.4958-6(c)?	9				
E	on Act Nation can the Instructions for Form 000	· /		0000		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	f W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARILYN A GOODRICH	(i)	26,881	0	0	0	0	26,881	0
1 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
_	(i)							
5	(ii)							
	(i)							
6	(ii)							
7	(i) (ii)							
7	(i)							
8	(i) (ii)							
0	(i)							
9	(ii)							
<u> </u>	(i)							
0	(ii)							
-	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							

Schedule J (Form 990) 2020

31-0818511

Page 2

EEA

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Inspection

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

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

EEA

#### Employer identification number

31-0818511

			Welfare
Dort	Т	unas of	Droporty

Part	Types of Property	1						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cor			
1	Art - Works of art			r onn ooo, r art vin, into rg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		3	32,581	Fair Marl	ket w	zalue	3
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Supplies)	x		13,874	Fair Marl	cet \	/alue	2
26	Other ► ()							
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received by the	3	J	tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization rece	•	•••••	•				
	28, that it must hold for at least three yea			•				
	to be used for exempt purposes for the e	-	period?			30a		x
b	If "Yes," describe the arrangement in Par							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					31	x	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
						32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amour	ntin column	(c) for a type of property for whi	ch column (a) is checked,				
	describe in Part II.							
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

League for Animal Welfare

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

Employer identification number

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) (2020)	Page
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 animal	s 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	