OUELLETTE & ASSOCIATES, P.A. 1111 LISBON STREET LEWISTON, ME 04240

> ANIMAL WELFARE SOCIETY, INC. PO BOX, 43 WEST KENNEBUNK, ME 04094

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CLIENT'S COPY



November 12, 2024

Animal Welfare Society, Inc. PO Box 43 West Kennebunk, ME 04094

Animal Welfare Society, Inc.:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

STEVEN R. LAMONTAGNE, CPA

Form <b>88</b>	79-TE		IRS E-file Signature Authorization for a Tax Exempt Entity							
		For calendar ye	ear 2023, or fi	scal year beginning	JUL 1 ,2	023, and ending	<u>N 30</u> , 20 2	24	2023	
Department (	of the Treasury			Do not send t	to the IRS. Keep f	or your records.			Ζυζυ	
Internal Reve			Go	to www.irs.gov/	Form8879TE for	he latest informati	on.			
Name of fil							EI	N or SSN		
	ANIMAI	L WELFAR		IETY, IN			2	23-7018	3176	
Name and	title of officer or p	erson subject to		BIGAIL SM						
Devil	<b>.</b>	<b>D</b>			DIRECTOR					
Part I	I ype of	Return and	Return	n Information						
or 10a be whicheve than one 1a F 2a F 3a F 4a F 5a F 6a F 7a F 8a F 9a F 10a F Part II Under per of entity) 2023 elec complete intermedi acknowle of any ref	low, and the am r is applicable, b line in Part I. orm 990 check orm 990-EZ ch orm 1120-POL orm 990-PF ch orm 8868 check orm 990-T check orm 5227 check orm 5330 check orm 5330 check orm 8038-CP c Declara halties of perjung tronic return an . I further declar at service prov dgement of rece	hount on that lin blank (do not er here eck here check here eck here k here k here k here k here k here heck here tition and Sig y, I declare that d accompanyir e that the amou ider, transmitte eipt or reason fi e, I authorize ti	he for the hter -0-). B	return being filed ut, if you entered Total revenue, Total revenue, Total tax (Form Tax based on i Balance due (F Total tax (Form Total tax (Form FMV of assets Tax due (Form <u>Amount of cree</u> Authorization n an officer of the les and statement I above is the a ronic return origi n of the transmise easury and its de	d with this form wa d -0- on the return, if any (Form 990, if any (Form 990-E n 1120-POL, line 22 investment incom Form 8868, line 3c) n 990-T, Part III, line a 4720, Part III, line a 4720, Part III, line dit payment requi- on of Officer o e above entity or , (E nts, and, to the be mount shown on t inator (ERO) to ser ssion, (b) the reas seignated Financia	s blank, then leave l then enter -0- on the Part VIII, column (A) Z, line 9) e (Form 990-PF, Pa e (Form 990-PF, Pa e 4) 1) (Form 5227, Item I 9) ested (Form 8038-C r <b>Person Subje</b> I am a person s IN) st of my knowledge he copy of the elect d the return to the l	tine <b>1b</b> , <b>2b</b> , <b>3b</b> e applicable line , line 12) rt V, line 5) CP, Part III, line <b>ct to Tax</b> subject to tax v and belief, they ronic return. I c RS and to rece processing the r electronic fun	, 4b, 5b, 6b below. D 1b 2b 2b 2b 3b 3b 4b 5b 6b 5b 6b 5b 6b 5b 6b 9b 22) 10 9b 22) 10 9b 22) 10 9b 22) 10 9b 22) 10	amined a copy of the orrect, and llow my IRS <b>(a)</b> an und, and <b>(c)</b> the date ral (direct debit)	
financial i later than payment personal i <b>PIN: cheo</b>	nstitution to deb 2 business day of taxes to receidentification nu ck one box only	bit the entry to s prior to the p ive confidential mber (PIN) as r	this accou ayment (s information ny signatu	Int. To revoke a ettlement) date. on necessary to are for the electro	payment, I must co I also authorize the answer inquiries ar onic return and, if a	ntáct the U.S. Trea financial institution id resolve issues rel applicable, the cons	sury Financial A is involved in th lated to the pay	Agent at 1-8 le processir /ment. I hav	88-353-4537 no g of the electronic e selected a ndrawal.	
X	I authorize OI	JELLETTE	& AS	SOCIATES	, P.A.		to en			
				ERO f	firm name				Enter five numbers, but do not enter all zeros	
	with a state age on the return's As an officer or return. If I have	ency(ies) regula disclosure con person subjec indicated with	ating chari sent scree t to tax wi in this retu	ties as part of th en. ith respect to the urn that a copy o	e IRS Fed/State pr e entity, I will enter	licated within this re ogram, I also autho my PIN as my signa g filed with a state a ent screen.	rize the aforem ature on the tax	entioned EF	O to enter my PIN electronically filed	
Signature of	officer or person subj	ect to tax						Date		
Part II	Certific	ation and A	utnenti	cation						
	FIN/PIN. Enter y EFIN) followed b	U U		ing identification cted PIN.	I	A	404321 ter all zeros	]		
-	g this return in a Returns.	accordance wit	h the requ	irements of Pub	<b>b. 4163,</b> Modernize	lectronically filed re d e-File (MeF) Inforr	nation for Auth	orized IRS		
ERO's sign	ature <u>STI</u>	EVEN R.	LAMON	TAGNE, C	PA	Date	11/12	2/24		
		Do No				See Instruction				
For Priva	cy Act and Pap			Notice, see inst				F	orm 8879-TE (2023)	
LHA 3025	21 01-05-24									

	_		Return of Organization Exempt From	m Income Tax	OMB No. 1545-0047
For	n <b>g</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2023
			Do not enter social security numbers on this form as it ma	• • • • •	Open to Public
Depa Interr	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat	test information.	Inspection
AF	or th	e 2023 calend	ar year, or tax year beginning $ { m JUL}1,2023$ and endin	ng <u>J</u> UN 30, 2024	
B c	heck if pplicat	ole: C Name of	forganization	D Employer identificat	tion number
	Addr		AL WELFARE SOCIETY, INC.		
	Name	-	usiness as	23-7018176	5
	Initial		and street (or P.0. box if mail is not delivered to street address) Room		-
	  	V PO B	OX 43	207-985-32	244
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,895,791.
	Amer	1 <b>NGOT</b>	KENNEBUNK, ME 04094	H(a) Is this a group retu	rn
	Appli tion pend	ing <b>F</b> Name a	nd address of principal officer: ABIGAIL SMITH	for subordinates?	Yes X No
		PO BO	<u>X 43, WEST KENNEBUNK, ME 04094</u>	H(b) Are all subordinates inclu	ded? Yes No
<u>  1</u>	ax-ex	empt status:		527 If "No," attach a lis	
	Vebs		ANIMALWELFARESOCIETY.ORG	H(c) Group exemption r	
	orm o art l	f organization:	X Corporation Trust Association Other L	. Year of formation: 1967 M s	State of legal domicile: ME
ГС	1	Summary			
e	1		e the organization's mission or most significant activities: ANIMAL STHE SAFETY NET FOR LOST AND HOMELES		
Activities & Governance	2	-			
/err	2	Check this bo			s. 11
ő	-		lependent voting members of the governing body (Part VI, line Ta)		11
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4				61
ties	5		of individuals employed in calendar year 2023 (Part V, line 2a)		200
tivi	6		of volunteers (estimate if necessary)	_	0.
Ac					0.
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
		Contributions	and grants (Dart )/III, line 1b)	1 421 022	2,911,764.
ne	8		and grants (Part VIII, line 1h)	1 704 075	1,764,562.
Revenue	-	•	ce revenue (Part VIII, line 2g)		295,411.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	-62,677.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2 025 110	4,909,060.
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>
	14			0	0.
	15	•	to or for members (Part IX, column (A), line 4)	0.465.400	2,393,643.
enses	1			0.	0.
en en	10a	Total fundraisi	undraising fees (Part IX, column (A), line 11e)		
Exp	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,082,171.	997,084.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,390,727.
				-512,544.	1,518,333.
	19	nevenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
ets o	20	Total assets (F	Part X line 16)	7,518,245.	9,270,691.
Asse	20			281,854.	218,008.
Net Assets or Fund Balances	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	7,236,391.	9,052,683.
_ ₽²	art II			1,230,3710	5,052,005.
		0	I declare that I have examined this return, including accompanying schedules and s	tatements, and to the hest of my kr	nowledge and helief it is
			Declaration of preparer (other than officer) is based on all information of which pro-		iomougo una bonoi, it io

Sign	Signature of officer	Date									
Here ABIGAIL SMITH, EXECUTIVE DIRECTOR  Type or print name and title											
	Print/Type preparer's name Preparer's signature Date	Check PTIN									
Paid	STEVEN R. LAMONTAGNE, CPA STEVEN R. LAMONTAGNE 11/12	/24 self-employed P00638014									
Preparer	Firm's name OUELLETTE & ASSOCIATES, P.A.	Firm's EIN 01-0448675									
Use Only	Firm's address 1111 LISBON STREET										
	LEWISTON, ME 04240	Phone no. ( 207 ) 786 – 0328									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

Т

Т

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Form 990 (2023) ANIMAL WELFARE SOCIETY, INC.	23-7018176 Page
Pai	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1		
	ANIMAL WELFARE SOCIETY EXISTS TO SERVE AS THE SAFETY	
	HOMELESS PETS AND TO PROVIDE ACCESS TO AFFORDABLE SE	
	RESOURCES NECESSARY FOR LONG TERM WELL-BEING, SO PET	IS AND THEIR
	FAMILIES STAY TOGETHER AND THRIVE.	
2		
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3		ervices? Yes X No
	If "Yes," describe these changes on Schedule O.	
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	s to others, the total expenses, and
	revenue, if any, for each program service reported.	) (Revenue \$ 1,655,683.
4a	4a (Code:) (Expenses \$ 2,892,657. including grants of \$ FOUNDED IN 1967, ANIMAL WELFARE SOCIETY (AWS) IS A F	
	NONPROFIT ANIMAL WELFARE ORGANIZATION LOCATED IN KEN	
		-
	ORGANIZATION PROVIDES SHELTER, VETERINARY CARE, TRAI	
	TO MORE THAN 10,000 PETS AND COMMUNITY MEMBERS ANNUA PROGRESSIVE ANIMAL SHELTER AND ADOPTION CENTER ON A	
	KENNEBUNK AND SERVES 18 MUNICIPALITIES IN YORK COUNT	
	CONTROL IMPOUND FACILITY FOR LOST AND ABANDONED PETS	
	RESCUE GROUPS IN OTHER PARTS OF THE COUNTRY TO BRING	
	TO MAINE FOR ADOPTION. AWS SUITE OF LIFESAVING COMMU	
	DESIGNED TO HELP KEEP PETS AND THEIR PEOPLE TOGETHER SUPPORT AND RESOURCES INCLUDING TEMPORARY BOARDING,	
	VETERINARY CARE AND ASSISTANCE WITH BEHAVIOR CONCERN	
4b		
4c	4c         (Code:) (Expenses \$ including grants of \$	_ ) (Revenue \$
4d	(Expenses \$ including grants of \$ ) (Revenue \$	)
4d 4e	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	(Expenses \$ including grants of \$ ) (Revenue \$	) Form <b>990</b> (202 ION ( S )

Form 990 (				SOCIETY,	INC.
Part IV	Ch	ecklist of Required So	chedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		105	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
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		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	4.4%		x
46	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		x

Form 990 (2023)	ANIMAL	WELFARE	SOCIETY,	INC.
Part IV Checklist o	f Required Sc	hedules (con	tinued)	

			V	
00	Did the exception report more than \$5,000 of grants or other exciptions to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part 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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
5	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?	555		
00	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			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	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>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	+ 12-21-23	Form	990	(2023)

4 2023.05000 ANIMAL WELFARE SOCIETY, I 53908\_1

Part V         Statements Regarding Other IRS Filings and Tax Compliance controlled           2a         Enter the number of employees reported on Form W3, Taramittal of Wage and Tax Statements.         2a           1         1         2b         X           2a         Enter the number of employees reported on Form W3, Taramittal of Wage and Tax Statements.         2b         X           2b         X         2b         X         2b         X           2b         X         2b         X         2b         X           2b         X         2b         X         2b         X           2b         X         X         2b         X         2b         X           2b         X         X         X         2b         X         2b         X           2b         X         X         2b         X         2b         X         2b         X           2b         X         X         2b         X         2b         X         2b         X           2b         X         X         2b         X	Form	990 (2023) ANIMAL WELFARE SOCIETY, INC.	23-7	018176	P	age <b>5</b>
2a         Ener the number of employees reported on form W3, Transmittal of Wage and Tax Statements.         2a         61           b if at least one is reported on line 2a, did the organization file an instruct dided anployment tax returns?         2a         2a           b if Thes, 'has if filed a Form 900 Tice this year? /f Wo't to line 3b, provide an explanation to Schedule 0         3a         X           a At any time during the calendery yee, ridd the organization have an threats. In co a signature or other authority over, a         4a         X           b if "res,' has if filed a Form 900 Tice this year? /f Wo't to line 3b, provide an explanation to Schedule 0         3b         X           b if "res,' enter the name of the foreign country (such as a bank account, securities account, or other financial account)?         4a         X           Sa Was the organization a party to a prohibid tax shelter transaction at any time during the tax year?         5a         X           D or year, a data the organization have an intrus of sa prohibid tax shelter transaction?         5b         X           D or year, a data the organization have an tax work organization a space statement that solutions or of the organization solution any consert statement that a normally greater than \$100,000, and did the organization solution any controluctions on that year orecleve deductible contributions under section 170(c).         6a         X           D if "Yes,' if old the organization naise as a pyrmet is exess \$155 male party as a contribution anparty to goods and seroles provided to the pyro?	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
text text or the calendary age ending with or within the year occurred by this return       12       61         36       Dot the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         36       Dot the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         41       At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a trained account in a torgan country (bush as a bank account, or other financial accountry?       4a       X         36       If "set," interest in anno of the organization in the twas or its a party to a prohibited tax shefter transaction at any time during the tax year?       5a       X         36       If "set," interest in anno of the organization in the mass and the organization in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization noicide with every solicitation an express statement that such contributions org fts were not tax deductible activitations or mass provided?       7a       X         7       Toganization sheft may greave deductible contributions and party for groots and services provided?       7a       X         8       Dot the organization neice a grant did the mass and the groot or services provided?       7a       X         7       Toganizations that may receive deductible or the value of the groot or ser			1		Yes	No
b       If a last ore is reported on line 2a, did the organization file al required federal employment tax returns?       2a       X         3a       Did the organization have unverted business grows income of \$1,000 or more during the year?       3a       X         3a       If "Yes," has it filed a Form 990 T for this year? <i>If "Not</i> to fine 3b, provide an explanation or Schedule 0       3b       X         3a       A rance all accents is a bright or control youch as a britness account, or entit framanial account; (EBAR).       5a       X         3b       Difference of the organization have an interest in, or a signature or other authority over, a frame and interest in, or a signature or other framania account; (EBAR).       5a       X         3b       Difference of the organization that encounts account, or entitient tax year?       5a       X         3b       Difference of the organization that are normally greater than \$10,000, and differe organization solid any contributions that are normally greater than \$10,000, and differe organization solid any contributions or gifts were not tax deductible?       5a       X         0       If Yes," differe organization that are normal greater explain a site and that such contributions or gifts were not tax deductible?       5a       X         0       If Yes," differe organization tax are constructions and party for goods at devices provided to the payor?       7a       X         1       If Yes," dind the organization tand tax device thave and the goods or sant/e	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
a Did the organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           b If "Yes, "Isk and Serm 3000 for this year?         3a         X           b If "Yes," isk and Serm 3000 for this year?         4a         X           b If "Yes," isk and Serm 3000 for this year?         4a         X           b If "Yes," isk the organization approximation have as hank are in interest in, or a signature or other authority over, a financial account?         4a         X           b If "Yes," is inter the name of the foreign country         5a         X         5b         X           c If "Yes is the Sa o 5b, did the organization in ForEN ForEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           c If "Yes is the Sa o 5b, did the organization for m086 f?         5c         5c         5c           c If "Yes is the Sa o 5b, did the organization for head party as continuotro?         6a         X         6a         X           b If Tes, "add the organization notwer shaft aft are continuotro?         7a         X         7a         X           c If "Yes." idid the organization notwer shaft aft are continuotro?         7a         X         7a         X           c If "Yes." idid the organization notwer shaft aft aft aft aft aft aft aft aft aft						
b       If Yes, That It field a form 690 Tor the year?       Yeo't 6 fane 3b, provide an explanation on Schedule O.       3b         4a       At any time during the calendary year, dit the organization have an intervest in, or a signature or other unknowly over, a transition so film (arguments for FinicPEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization target and two or is a party to a prohibited tark was or is a party to a prohibited tark shelter transaction?       5a       X         5a       Did any taskel party notify the organization that any taw or is a party to a prohibited tark shelter transaction?       5c       5c         6a       Does the organization have multiply solutions or gifts       5c       5c         6a       Does the organization have multiply solutions or access statement that such contributions or gifts       5c       5c         7b       Organization have multiply the donor of the value of the posite sort sort sort provided?       7a       X         7b       Organization neave multiply the donor of the value of the posite sort sort provided?       7a       X         7a       Max       Max       Max       Max       Max       Max       Max         8b       If Yes, 'indicate the number of Forms 8282 filed during the year       If Ya       Za       Za       Za       Za       Za       Za       Za <td< td=""><td>b</td><td>If at least one is reported on line 2a, did the organization file all required federal employment tax return</td><td>ıs?</td><td></td><td>X</td><td></td></td<>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		X	
4a       Aray time during the calendar year, did the organization have an interest in, or a signature or other automity over, a transaction in a trongen country (such as a bank account, securities account, or other financial accounts (FBAR).       4a       X         b       If "Nes." where the name of the foreign country.       5a       X         c)       Was the organization in party to a prohibited tax thefer transaction?       5a       X         b)       Did any taxable party notify the organization that It was or is a party to a prohibited tax shefter transaction?       5a       X         c)       If "Yes." in the fine a cale of 3d, did the organization in Exp (See Counts) (Se	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<u>3a</u>		<u> </u>
Introdial 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     5a     X       5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5b Did any taxable party notify the organization that tax sor is a party to a prohibited tax shelter transaction?     5a     X       5b Did any taxable party notify the organization that tax sor is a party to a prohibited tax shelter transaction?     5c     5c       6a Does the organization have annual gross receives that are normally greater than \$100,000, and did the organization nale contributions?     5c     X       7 Organizations that may receive deductible contributions under section 170(c).     a Did the organization necker anyment in excess of 35 made party as a contribution and party for goods and services provided?     7a     X       7 Did the organization neceive any funds, directly or indirectly, to pary premiums on a personal benefit contract?     7c     X       10 the organization neceive any funds, directly or indirectly, to pary premiums on a personal benefit contract?     7c     X       10 the organization neceive any funds, directly or indirectly, to pary premiums on a personal benefit contract?     7c     X       11 Yes, 'indicat the number of Forms \$282 filed during the year?     8a     9a     9a       10 bid the organization neceive any funds, directly or indirectly, to pary premiums on a personal benefit c	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		<u> </u>
b       If Yes, "enter the name of the toreign country.         See instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a       Was the organization aparty to a prohibited tas whether transaction at any time during the tax year?       5a         5a       Was the organization have annual gress enceipts that are normally greater than \$100,000, and did the organization solid any contributions that were normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles or schrabel contributions?       5a         5a       Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or thanking to the organization include with every solicitation under section 170(c).       7a       X         b       Uf Yes," ridi the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or therwise dispose of tangbite personal property for which it was required to the form 682?       7a       X         c       Did the organization receive a pay remixes, include the pay aprecision on a personal benefit contract?       7a       X         d       If Yes," indicate the number of Forms 828.2?       If add ording the year.       7d       Td         d       If Yes," indicate the number of Forms 828.2?       If add ording the year.       Td       Td         d       If Yes," indicate the number of Forms 828.2? <td>4a</td> <td></td> <td>-</td> <td></td> <td></td> <td></td>	4a		-			
See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         See Mas the organization a party to a prohibited tax shelter transaction at any time during the taxy see?       5a       X         Dol any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         So Dest or organization have annual gross receipts that are normally greater than \$100,000, and did the organization see annual gross receipts that are normally greater than \$100,000, and did the organization set on tax deductibles       5a       X         Or Organization have previse deductible contributions?       6b       X       5b       X         Did the organization needine asymmet in excess of 357 made party as contributions and partly for goods and services provided to the payor?       7a       X         Did the organization needine asymmet in excess of 357 made party as contribution and partly for goods and services provided?       7a       X         Did the organization needine asymmet in excess of 357 made partly as contribution are partly for words and services provided?       7a       X         Did the organization needine asymmet in excess of 357 made partly as contribution are partly for words and services provided?       7a       X         Did the organization needine asymmet in excess of 357 made partly notify the toracontable for contract?       7a       X       7a       X         Did the organization access asyt			ccount)?	<u>4a</u>		<u> </u>
5a         Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         5a         X           b         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?         5b         X           6a         Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that ween tot tax deductible or tax deductible or tax deductible organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the value of the goads or services provided?         6a         X           7         Tyes," did the organization notify the donor of the value of the goads or services provided?         7a         X           7         Tyes," did the organization notify the donor of the value of the goads or services provided?         7a         X           9         If Yes," did the organization notify the donor of the value of the goads or services provide?         7a         X           10         If Yes," indicate the number of Forms 8282? Ilied during the year         7d         7a         X           10         Ut the organization neceive a contribution of qualified intellectual property, did the organization files of the goads or services provided?         7a         X           11         Tyes, indicate the number of Forms 8282? Ilied during the year?         7a         X         7a         X	b			_		
b       Dd any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?       56         c       If "Yes" to line 5a or 5b, did the organization file Form 8888-T7       56         d       Does the organization nave annual gross receipts that are normally greater than \$100.000, and did the organization sor gifts       68       X         b       If "Yes," id life organization include with every solicitation an express statement that such contributions or gifts       68       X         b       If "Yes," id did the organization neity the donor of the value of the goods or services provided:       7a       X         b       Did the organization neity the donor of the value of the goods or services provided:       7a       X         b       If "Yes," idid the organization set, expressing big personal property for which it was required       7a       X         t       If "Yes," idid the organization set, expressing directly, or indirectly, on a personal banefit contract?       7a       7a         f       Did the organization neeve a contribution of qualified intelectual property did the organization field were available expression 4066?       7a       7a         f       The organization meave a divised funds.       1a       1a       1a         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         g		• • • • •				37
c     If 'Yes' to line 5a or 5b, did the organization flae Form 8886-T?     5c       f0     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles     5c       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     5c       b     If 'Yes,' did the organization neitide with every solicitation an express statement that such contributions or gifts were not tax deductible?     5c       b     If 'Yes,' did the organization neitide years anothabition and partly for goods and services provided?     7a       b     If 'Yes,' fidd the organization neitide years or therwise dispose of tangible personal property for which it was required to the form 8282?     7a       c     ID the organization neitide years up (unds, directly or indirectly, to pay premiums on a personal benefit contract?     7a       d     If 'Yes,' indicate the number of Forms 8282 filed during the year?     7a       f     Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?     7a       f     If the organization maintaining door advised funds.     Did a form 8298 are quire?     7a       g Sponsoring organization maker ay taxable distributions under section 4966?     9a     9b       Section 501(c)(2) organizations. Enter:     10a     10a       d for Section 501(c)(2) organi						
Ga         Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?         Ga         X           b         If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         Gb         X           c         Organizations that may receive deductible contributions under section 170(c).         Bit He organization notify the doors of the ogoods or services provided?         Za         X           c         Did the organization notify the doors of the ogoods or services provided?         Za         X           d         If "Yes," did the organization notify the doors of the ogoods or services provided?         Za         X           d         If "Yes," did the organization notify the doors or services provided?         Za         X           d         If "Yes," did the organization notify the doors or services provided?         Za         X           d         If "Yes," did the organization receive a contribution of qualified intellectual property, did the organization flate services and the organization received a contribution of qualified intellectual property, did the organization flate services         Za           d         If the organization neceived a contribution of ans, boats, alplanes, or ther vehicles, did the organization flate services         Za           Sponsoring organization marke any taxable						<u> </u>
any contributions that were not tax deductible as charitable contributions?     6a     X       b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts     6a     X       c Organizations that may receive deductible?     6a     X       b Did the organization network apprent in excess 0575 made party as contribution and party for goods and services provided to the payor?     7a     X       b T'Yes,* did the organization network apprent in excess 0575 made party as contribution and party for goods and services provided to the payor?     7a     X       c Did the organization network apprent in excess 0575 made party as contribution and party for goods and services provided to the payor?     7a     X       d If 'Yes,' ridicate the number of Forms 8282 filed during the year     Zd     7a     7d       g If the organization neeview a contribution of pay premiums on a personal benefit contract?     7e     7d       g If the organization neeview a contribution of cars, boats, aripanes, or other vehicles, did the organization file Porm 8899 as required?     7d       h If the organization meave antibution to a during the year?     8     8       9 Sponsoring organization meave antibution to a donor advised funds.     10a     10a       9 Did the sponsoring organization meave antibution to a donor advised funds.     10a     10a       9 Sponsoring organization neever subale distribution sucher section 4966?     9a       9 Did the sponsoring organizat				<u>5c</u>		<u> </u>
b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         Organizations that may receive deductible contributions under section 170(c).       7a       X         If Uthe organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         If the organization receive any funds, directly or indirectly, on personal benefit contract?       7e       X         If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       7d         If the organization received a contribution of ans, basts, alplanes, or other vehicles, did the organization file Form 8899 as required?       7h       7d         If the organization neceived a contribution of ans, basts, alplanes, or other vehicles, did the organization file Form 8899 as required?       7h       6         Sponsoring organization make adjust dorn advised funds. Did a donor advised fund maintained by the sponsoring organization make adjust distributions under section 4966?       9a       9b       9b       9b       9b       9b       9b       9b       9b       9c       9c	6a		e organization solicit			37
were not tax deductible?     6b       7     Organization start may receive deductible contributions under section 170(c).     7a       8     Ded the organization notify the donor of the value of the gato dos or services provided?     7a       7     Did the organization notify the donor of the value of the gato dos or services provided?     7a       7     Did the organization notify the donor of the value of the gato dos or services provided?     7c       2     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e       7     To     7d     7d       9     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f       9     If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file or M898 as required?     7h       1     If the organization neceive any timed uning the year?     9a       9     Sponsoring organization have excess busines holdings at any time during the year?     9a       9     Did the sponsoring organization neceive any trabel distributions under section 4966?     9a       9     Did the sponsoring organization neceive any trabel distributions under section 4966?     9a       9     Did the sponsoring organization make a distribution to a donor, donor advised fund sintained by the sponsoring organization makes any trabel distributions under section 4966?     9a    <		-		<u>6a</u>		<u> </u>
7       Organizations that may receive deductible contributions under section 170(c).       a) lid the organization netely the apament in excess of \$75 made partly as a contribution and partly for godds and services provided to the payo?       7a       X         7       If "Yes," idicate the number of Forms 8282? filed during the year       Td       7c       X         9       If "Yes," indicate the number of Forms 8282? filed during the year       Td       7c       X         9       If the organization creative any funds, directly or indirectly, or a personal benefit contract?       7t       Td         9       If the organization during the year, pay permiums, directly or indirectly, or a personal benefit contract?       7t       Td         9       Sponsoring organization, during the year, pay permiums, directly or indirectly, or a personal benefit contract?       7t       Td         9       Sponsoring organization, during the year, pay permiums, directly or indirectly, or a personal benefit contract?       7t       Td         9       Sponsoring organization maintaining donor advised funds. Uid a donor advised funds.       1d a during the year, payota       8t         9       Sponsoring organization make a distribution to a donor, donor advised fundisc.       1d0a       1d0a </td <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td>	b					
a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       72       X         b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?       76       76         c Did the organization sele, exchange, or otherwise dispose of tangble personal property for which it was required       7c       X         d If 'Yes,' did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization receive a contribution of qualified intelectual property, of the organization file Form 8298 as required?       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-0?       7g       X         g Sponsoring organization make and business holdings at any time during the year?       7g       X       X         g Sponsoring organization make and starbutions under section 4966?       9a       9a       9a         g Did the sponsoring organizations. Encler:       10a       10a       10a       10a       10a         g Section 501(c)(12) organizations. Encler:       10a       10a <td< td=""><td>_</td><td></td><td></td><td> <u>6b</u></td><td></td><td></td></td<>	_			<u>6b</u>		
b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangble 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       7d       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization filed form 8289       7d       7d         f       the organization received a contribution of cars, basts, aipplanes, or other vehicles, did the organization filed a Form 1098-07       7d       7d         d       If "Yes," indicate the number of Forms 8282 filed during the year, apy remiums, direre vehicles, did the organization filed a Form 1098-07       7d       7d         g       If the organization makes any taxable distributions under section 49667       9a       9a       9b         Sonsoring organization make any taxable distributions under section 49667       9a       9b       9c       9c       9c       9c       9c       9b       9b       9b       9b       9b       9b       9b       9b       9b       9c       9c       9c						37
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       I'''se, ''Indicate the number of Forms 8282 filed during the year       Td       7d       7e         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       7f         f       If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-02?       7h       7h         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9b       9a       9b       9a       9b       9a       9b       9a       9b	-					<u> </u>
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         P Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d         h If the organization received a contribution of cars, bats, aipplanes, or other vehicles, did the organization file Form 8899 as required?       7h         B Sponsoring organizations maintaining door advised funds.       8       9a         g Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9a         D Did the sponsoring organization. Enter:       10a       10a       10b         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         Section 501c(2)? organizations. Enter:       10a       10b       12a         a Gross income from other sources. (D on thet amounts due or paid to other sources against amounts due or realized from them.)       11b       12a         D is the organization licensed to issue qualified heath plans in more than one state?       13a       13a         Note: See the				7b		
d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7e         f Did the organization indiring the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g If the organization indiring the year, pay premiums, directly or indirectly, or a personal benefit contract?       7f         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       8f         S Sponsoring organizations maintaining door advised funds.       8         D id the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations make any taxable distributions under section 4966?       9a         b Oid the sponsoring organizations. Enter:       10a         a forss income from members or shareholders       11a         b Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       11a         13       Section 501(C)(2) organization included on Part VIII, line 12, for public use of club facilities       10b         13       Section 501(C)(2) organizations. Enter:       11b       12a         14       12a       12a       12a         15       Sectio	С			_		37
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         g       Sponsoring organization make any taxable distributions under section 4966?       9a         g       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross income from members or shareholders       11a         g       Section 501(c)(12 organizations. Enter:       11a         a       Gross income from them sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a       Section 501(c)(20 qualified nonprofit health insurance issuers.       12a         13a       Note: See the instructions for additional information the organization is required to ma				7c		_X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       70         8       71       72         9       Fornoring organization matching donor advised funds.       71       71         9       Sponsoring organization have excess business holdings at any time during the year?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         10       bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       9a       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10b       10c       10c <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td>				_		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       8         8 Sponsoring organizations maintaining doon advised funds.       9         9 Bonsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make a distribution to a door, door advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         12a       10b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a         13a       11a         14b       12a         15 T*Nes; enter the amount of tax-exempt interest received or accured during the year       12b         13a       13a         14a       13a         15b       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 in or	е					
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10	17		ivities			
If "Yes," complete Form 6069.				17		
	332005	· · ·		Form	990	(2023)

Form	990	(2023)

ANIMAL WELFARE SOCIETY, INC.

23-7018176 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	L		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>	L		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
	the internal neveral code.		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
5	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1-1	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
		120	- 23	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	х	
2	on Schedule O how this was done	12c 13	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Λ	
5	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?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
оа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		X
	taxable entity during the year?	16a		
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		
_				
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	is only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
-	X Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ABIGAIL SMITH - 207-985-3244			
	PO BOX 43, WEST KENNEBUNK, ME 04094			
	\$ 12-21-23	Eorm	9 <b>90</b>	(202

Form 990 (2023)

ANIMAL WELFARE SOCIETY, INC.

23-7018176 Page 7

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	<b>(B)</b> Average hours per	box	not cl , unles	Pos heck i ss per	more rson i	than o s both r/trus	n an	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest com pensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ABIGAIL SMITH EXECUTIVE DIRECTOR	40.00			x				141,213.	0.	18,357.
(2) JOHN CAVARETTA	4.00			^				141,413.	0.	10,357.
DIRECTOR	4.00	x						0.	0.	0.
(3) KATHARINE HUGHES	4.00									
VICE PRESIDENT		x		x				0.	Ο.	0.
(4) KATHERINE GRACZYK	4.00									
TREASURER		x		x				0.	Ο.	0.
(5) CYNTHIA TALBOT	4.00									
SECRETARY		x		x				0.	Ο.	0.
(6) RON SCHNEIDER	4.00									
PRESIDENT		x		х				0.	Ο.	0.
(7) SAM BISHOP	4.00									
DIRECTOR		x						0.	Ο.	Ο.
(8) JENNIFER BRETON	4.00									
DIRECTOR		X						0.	0.	0.
(9) SEAN MILLER	4.00									
DIRECTOR		X						0.	0.	0.
(10) DAN VIEHMANN	4.00									
DIRECTOR		X						0.	0.	0.
(11) MIKE OUELLET	4.00									
DIRECTOR		X						0.	0.	0.
(12) ROBIN CYR	4.00									
DIRECTOR		X						0.	0.	0.
		-								
		-								·
		1								
	1									<b>- 000</b> (2000)

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332007 12-21-23

Form 990 (2023)

	990 (2023) ANIMAL WE	ELFARE S	OC	IE	ΤY	',	IN	c.		23-70	)181	.76	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week (list any	box offic	not ch , unles cer and	neck r is per	ition nore son is	than c s both	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	I	Estii amo of	( <b>F)</b> mated ount of ther ensation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fror orgar and	m the nization related izations
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no	, Section A	· · · · · · · ·	·····		·····			141,213. 0. 141,213.	000 of reportable	0.0.		<u>,357.</u> 0. ,357.
2	compensation from the organization		056	IISLEC		love	) ••••		ceived more than \$100,		;		1 /es No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su											3	Yes No
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from t	ne organization			x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com									lual for services		5	X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor		-								ensati	on fron	<u>ו</u>
	the organization. Report compensation for t (A)					ith c	or wit	hin:	(B)			(C)	
	Name and business	address	NC	ONE					Description of s	ervices	Co	ompens	ation
								_					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	to t	thos C		ted	above) who received mo	ore than		orm Q	<b>90</b> (2023)
											1	0.111	(2023)

			2023) ANIMAL WELFAR	E SOCIETY	, INC.		23-7018	176 Page <b>9</b>
Pa	t١	/111	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any line				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ο, o	1	а	Federated campaigns 1a					
ant			Membership dues 1b					
ତ ହି			Fundraising events 1c					
ĽĄ			Related organizations					
ij Gi			Government grants (contributions) 1e					
Sin			All other contributions, gifts, grants, and					
er it		T		2 011 764				
iefa			similar amounts not included above 1f	2,911,764. 8,324.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f	0,524.	2 911 764			
<u>ם C</u>		n	Total. Add lines 1a-1f		2,911,764.			
	_			Business Code	1 210 055	1 210 055		<u> </u>
<u>ice</u>	2	а	SHELTER SERVICES	900099	1,318,877.	1,318,877.		
Je L		b	ADOPTION FEES	900099	281,394.	281,394.		
en C		С	MUNICIPAL FEES	900099	164,291.	164,291.		
lev Rev		d						
Program Service Revenue		е		<b>└───</b> ↓				
<u> </u>			All other program service revenue					
		g	Total. Add lines 2a-2f		1,764,562.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		62,657.			62,657.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b> 2,077,553.					
		b	Less: cost or other basis					
e			and sales expenses					
en		с	Gain or (loss)					
Revenue			Net gain or (loss)		232,754.			232,754.
Other F	8		Gross income from fundraising events (not including \$ of		,			,
5			contributions reported on line 1c). See					
			Part IV, line 18	63,463.				
		h		17,261.				
			Less: direct expenses [8b] Net income or (loss) from fundraising events	· · ·	46,202.			46,202.
	٥		Gross income from gaming activities. See		,			
	3	a	Part IV, line 19 9a					
		<b>L</b>						
			Less: direct expenses 9b Net income or (loss) from gaming activities	· · · · · · · · · · · · · · · · · · ·				
	10		Gross sales of inventory, less returns					
	10	a		15,792.				
		L.	and allowances 10a					
			Less: cost of goods sold 10b	· · · ·	-108,879.	-108,879.		
-+		С	Net income or (loss) from sales of inventory	Business Code	-100,079.	-100,079.		
s		~		Busiliess Coue				
leo e	11			├				<u> </u>
Miscellaneous Bevenue		b		├				<u> </u>
Be		c		├				
Ĭ			All other revenue	L				
			Total. Add lines 11a-11d		4 000 000	1 (55 (0))	-	244 642
	12		Total revenue. See instructions		4,909,060.	1,655,683.	0.	341,613.
332009	9 12	-21-	23					Form <b>990</b> (2023)

Form 990 (2023)
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 Form 990 (2023)
 ANIMAL WELFARE SOCIETY, INC.
 23-7018176
 Page 10

 Part IX
 Statement of Functional Expenses
 23-7018176
 Page 10

	Check if Schedule O contains a respons	e or note to anv line in t	his Part IX		<b></b>
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
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	141,213.	119,286.	10,139.	11,788
6	Compensation not included above to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,866,625.	1,565,098.	131,417.	170,110
в	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	42,741.	36,330.	3,847.	<u>2,564</u> 11,141
9	Other employee benefits	185,681.	157,829.	16,711.	11,141
0	Payroll taxes	157,383.	136,686.	7,317.	13,380
1	Fees for services (nonemployees):				
а	Management				
b	Legal	2,723.		2,723.	
с	Accounting	19,392.		19,392.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	83,403.	83,403.		
2	Advertising and promotion				
3	Office expenses	25,548.	16,082.	4,904.	<u>4,562</u> 1,098
4	Information technology	10,079.	6,786.	2,195.	1,098
5	Royalties				
6	Occupancy	67,585.	49,176.	12,273.	6,136
7	Travel	2,593.	2,593.		
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	4		1 2 2 5	
0	Interest	1,307.		1,307.	
1	Payments to affiliates	155 525	144 647	<b>F</b> 444	<b>F</b> 444
2	Depreciation, depletion, and amortization	155,535.	144,647.	5,444.	5,444
3	Insurance	54,060.	36,262.	11,865.	5,933
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 0.)				
а	SHELTER OPERATIONS	236,946.	236,946.		
a b	VETERINARY SUPPLIES	86,321.	86,321.		
c	BANK AND PAYROLL FEES	72,300.	56,896.	3,351.	12,053
d	REPAIRS AND MAINTENANCE	60,554.	47,956.	8,138.	4,460
	All other expenses	118,738.	110,360.	3,671.	4,707
5	Total functional expenses. Add lines 1 through 24e	3,390,727.	2,892,657.	244,694.	253,376
5 6	Joint costs. Complete this line only if the organization	-,,,-	_, , ,		
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2023)

ANIMAL	WELFARE	SOCIETY	, INC.
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Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			122,581.	1	255,083.
	2	Savings and temporary cash investments	418,973.	2	1,259,135.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			24,860.	4	54,264.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ខ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			104,555.	8	121,968
¥	9				45,625.	9	44,127
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,916,068.			
	b	Less: accumulated depreciation	10b	2,720,140.	3,319,004.	10c	3,195,928 4,031,264
	11	Investments - publicly traded securities			3,114,979.	11	4,031,264
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets		20,625.	14	43,142	
	15	Other assets. See Part IV, line 11	347,043.	15	265,780		
	16	Total assets. Add lines 1 through 15 (must equa			7,518,245.	16	9,270,691
	17	Accounts payable and accrued expenses		233,269.	17	172,799	
	18	Grants payable		18			
	19	Deferred revenue	48,585.	19	45,209		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	er office	er, director,			
litie		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelate	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	/ables t	o 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			281,854.	26	218,008.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27			·····	5,752,005.	27	5,572,897
Ва	28	Net assets with donor restrictions			1,484,386.	28	3,479,786
pur		Organizations that do not follow FASB ASC 958, check here					
ř		and complete lines 29 through 33.					
s	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Nei	32	Total net assets or fund balances			7,236,391.	32	9,052,683.
	33	Total liabilities and net assets/fund balances			7,518,245.	33	9,270,691. Form <b>990</b> (2023

Form 990 (2023)

Form	1 990 (2023) ANIMAL WELFARE SOCIETY, INC.	23-7	7018176	Pag	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>4,909</u> 3,390				
2							
3	Revenue less expenses. Subtract line 2 from line 1	3	1,518	-			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,236				
5	Net unrealized gains (losses) on investments	5	279	9,2	21.		
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	18	3,7	38.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
column (B)) 10 9 , 0							
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?    2a							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X 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						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						
				000			

Form **990** (2023)

SCHEI	DULE A 90)		Public Cha	OMB No. 1545-0047					
	of the Treasury	Co	494	ization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo	ritable tru	st.	or a section		<b>ZUZJ</b> Open to Public
Internal Reve			Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection
	the organization	ANIM		SOCIETY, INC				2	identification number 3-7018176
Part I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The orgar	nization is not a	private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1 🛄	A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ו 990).)				
3 🛄	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
	city, and state								
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6			-	nental unit described in			. ,		
7	-		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
	-		omplete Part II.)						
8	-			1)(A)(vi). (Complete Par	-				
9				in section 170(b)(1)(A)(					
	-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
	university:								
10 X	-		• • • •	than 33 1/3% of its supp				-	* :
				t to certain exceptions; a	. ,				•
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
			mplete Part III.)						
11	-	-	-	vely to test for public sat	•				
12	-	-	-	vely for the benefit of, to	-			•	
				d in section 509(a)(1) o					Check the box on
_	7	-	••	f supporting organizatior				-	
a 🗋				upervised, or controlled	• • • •	-			
		-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
.  _	¬ ~		complete Part IV, Se						
b 🗌			-	or controlled in connect			-		-
		-		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	Dorted
	¬ ~		t complete Part IV,						
с		-		g organization operated				ly integrate	ed with,
	¬ · ·	-		You must complete I			-		
d 🗌	••	-	-	orting organization oper				-	
			0	ation generally must sat	•		_	an attentiv	/eness
	- ·	•		nplete Part IV, Sections					
e 🗆		•		written determination fro			турет, туре	n, rype m	
f Fat	-	-		nally integrated supporti					
	er the number ( vide the followi		about the supporte	d organization(s)					
	(i) Name of suppo	0	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	organization	I		(described on lines 1-10	in your governi <b>Yes</b>	ng document? No	support (see ir	structions)	support (see instructions)
				above (see instructions))	100	110			
Total									

Schedule A (Form 990) 2023

### Schedule A (Form 990) 2023 Part II

## (Form 990) 2023 ANIMAL WELFARE SOCIETY, INC. 23-7018 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

23-7018176 Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	<del>.</del>		1	1	1	1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	•	,				
13	First 5 years. If the Form 990 is for th						
500	organization, check this box and stor tion C. Computation of Publi						
	•			column (f))		14	%
	Public support percentage for 2023 (I Public support percentage from 2022					14	<u>%</u> %
	<b>33 1/3% support test - 2023.</b> If the c					·	
104		•					
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2022. If the organization</li></ul>						
	and stop here. The organization qual						
179	10% -facts-and-circumstances test						
17 a	and if the organization meets the fact						
	meets the facts-and-circumstances te			•		0	
h	10% -facts-and-circumstances test	•	• •	,	•	17a and line 15 is	
N.	more, and if the organization meets th	-					
	organization meets the facts-and-circu				• •		
18	Private foundation. If the organizatio		-				

Schedule A (Form 990) 2023

### Schedule A (Form 990) 2023 ANIMAL WELFARE SOCIETY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) ANIMAL WELFARE SOCIETY, INC.

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

Sec	ction A. Public Support	ciów, pieżse comp					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2709893.	1245919.	1525220.	1431832.	2911764.	9824628.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	1486945.	1661166.	1681617.	1748410.	1843817.	8421955.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	4196838.	2907085.	3206837.	3180242.	4755581.	18246583.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		7,303.	7,500.	7,200.		22,003.
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		105.				105.
c	Add lines 7a and 7b		7,408.	7,500.	7,200.		22,108.
	Public support. (Subtract line 7c from line 6.)						18224475.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	4196838.	2907085.	3206837.	3180242.	4755581.	18246583.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	40,214.	38,659.	65,604.	55,766.	62,657.	262,900.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	40,214.	38,659.	65,604.	55,766.	62,657.	262,900.
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	9,805.	1,206.	1,445.	3,770.		16,226.
13	Total support. (Add lines 9, 10c, 11, and 12.)	4246857.	2946950.	3273886.	3239778.	4818238.	18525709.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatic	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>98.37 %</u>
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	98.21 %
Sec	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for 20	<b>)23</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	1.42 %
18	Investment income percentage from a	2022 Schedule A,	Part III, line 17			18	1.46 %
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	fies as a publicly s	upported organizat	tion	X
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	
33202	23 12-21-23					Schedule A	(Form 990) 2023

### ANIMAL WELFARE SOCIETY, INC.

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4c

5a

5b

5c

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9a

9b

9c

10a

Yes

No

## Schedule A (Form 990) 2023 ANII Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

332024 12-21-23

10b | Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 ANIMAL WELFARE SOCIETY, INC. 23	-701817	6 Pa	age <b>5</b>		
Pa	t IV Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c below, the governing body of a supported organization? 11a					
b	b A family member of a person described on line 11a above? 11b					
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide					
	detail in Part VI.	11c				
Sec	tion B. Type I Supporting Organizations					
			Yes	No		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.					

directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

		1 /
792600	53908	2023.

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### 12451112

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

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

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) с
- 2 Activities Test. Answer lines 2a and 2b below.

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Section D. All Type III Supporting Organizations

the supported organization(s).

- 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 on 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- 332025 12-21-23

2

# 2 Yes No 1

Yes No

1

Part V	(Form 990)	 	WELFARE	 g Organizations

ANIMAL WELFARE SOCIETY, INC.

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section /	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	t short-term capital gain	1		
<b>2</b> Red	coveries of prior-year distributions	2		
3 Oth	ner gross income (see instructions)	3		
4 Add	d lines 1 through 3.	4		
5 Dep	preciation and depletion	5		
6 Por	rtion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
7 Oth	ner expenses (see instructions)	7		
8 Adj	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection E	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Age	gregate fair market value of all non-exempt-use assets (see			
inst	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
<b>c</b> Fai	r market value of other non-exempt-use assets	1c		
d Tot	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
(ext	olain in detail in <b>Part VI</b> ):			
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2		
3 Sul	btract line 2 from line 1d.	3		
4 Cas	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
5 Net	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> Mu	Itiply line 5 by 0.035.	6		
<b>7</b> Red	coveries of prior-year distributions	7		
8 Mir	nimum Asset Amount (add line 7 to line 6)	8		
Section (	C - Distributable Amount			Current Year
1 Adj	justed net income for prior year (from Section A, line 8, column A)	1		
2 Ent	ter 0.85 of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ent	ter greater of line 2 or line 3.	4		
5 Inc	ome tax imposed in prior year	5		
6 Dis	stributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrate	d Type III supporting orga	anization (see
	instructions).			-

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Pa	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
_5	Qualified set-aside amounts (prior IRS approval required - pro		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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii) Underdistributior	ne	(iii) Distributable
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2023	13	Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023 ANIMAI

	(Form 990) 2023			SOCIETY,		23-7018176 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provident in the second structure of the sec	ovide the explan o, 4c, 5a, 6, 9a, 9 ; Part IV, Section	ations required by b, 9c, 11a, 11b, a E, lines 1c, 2a, 2b	Part II, line 10; Part II, line 17a o nd 11c; Part IV, Section B, lines b, 3a, and 3b; Part V, line 1; Part complete this part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	_					
332028 12-21-2				20	_	Schedule A (Form 990) 2023
51110 '	792600 53908			2023 0500	O ANTMAL WELFARE	COCTETV T 53008

Schedule A

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

2023

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
	0.	7,303.	7,500.	7,200.	0.
		,	,		
Fotal to Schedule A, Part III, Line 7a		7,303.	7,500.	7,200.	

323172 04-01-23

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

2023

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
	0.	105.	0.	0.	0.
	+ +				
otal to Schedule A, Part III, Line 7b	[	105.			

323173 04-01-23

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

OMB No. 1545-0047

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

Employer identification number

Name of the org	anization
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	ANIMAL WELFARE SOCIETY, INC.	23-7018176
Organization type (che	ck one):	·
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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**

X 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**

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), 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., one contributions totaling \$5,000 or more during the year for an section because it received *nonexclusively* s

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Schedule E	3 (Form	990)	(2023)
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Page 2

Employer identification number

23-7018176

ANIMAL WELFARE SOCIETY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AUBUCHON HARDWARE 1165 POST RD WELLS, ME 04090	\$ <u>7,260.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MAYANN BECKER PO BOX 43 WEST KENNEBUNK, ME 04094	\$ <u>27,883.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BENEVITY COMMUNITY IMPACT FUND 5700 DARROW RD STE 118 HUDSON, OH 44236	\$6,013.	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
4_	KATHLEEN BURKE 7 SUMMER BREEZE LN KENNEBUNKPORT, ME 04046	\$ <u>6,175.</u>	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	CATHERINE CONNORS 8 FAIRFIELD DRIVE KENNEBUNK , ME 04043	\$ <u>15,000.</u>	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
<u>6</u> 323452 12-26	DAYMARC FOUNDATION 65 WOODRIDGE RD WAYLAND, MA 01778	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B	(Form	990)	(2023)
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Page 2

Employer identification number

23-7018176

#### ANIMAL WELFARE SOCIETY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 7 DOREE TAYLOR FOUNDATION X Person Payroll 225 FRANKLIN ST 35,000. Noncash \$ (Complete Part II for BOSTON, MA 02110 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 EDITH J GOODE RESIDUARY TRUST X Person Payroll 700 PROFESSIONAL DR 5,000. Noncash (Complete Part II for GAITHERSBURG, MD 20879 noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 FIDELITY CHARITABLE X Person Payroll PO BOX 770001 7,250. Noncash (Complete Part II for CINCINNATI, OH 45277 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 CLAIRE GRAHAM X Person Payroll PO BOX 43 1,750,000. Noncash \$ (Complete Part II for WEST KENNEBUNK, ME 04094 noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 11 STEVEN HANNA X Person Payroll 7 CRESCENT AVE 7,000. Noncash \$ (Complete Part II for KENNEBUNKPORT, ME 04046 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 12 JOAN HEARTZ X Person Payroll 145,103. PO BOX 43 Noncash \$ (Complete Part II for ME 04094 WEST KENNEBUNK, noncash contributions.)

25

323452 12-26-23

Schedule B (Form 990) (2023)

Schedule B	(Form	990)	(2023)
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Page 2

Employer identification number

23-7018176

#### ANIMAL WELFARE SOCIETY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 13 HELEN BRACH FOUNDATION X Person Payroll 104 SOUTH MICHIGAN AVE 10,000. Noncash \$ (Complete Part II for CHICAGO, IL 60603 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 14 JOYCE HINDS X Person Payroll PO BOX 43 5,000. Noncash (Complete Part II for WEST KENNEBUNK, ME 04094 noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 JOHN IMO X Person Payroll PO BOX 43 30,358. Noncash (Complete Part II for WEST KENNEBUNK, ME 04094 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 KENNEBUNK SAVINGS X Person Payroll PO BOX 28 16,600. Noncash (Complete Part II for KENNEBUNK ME 04043 noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 17 LAURA NILES FOUNDATION X Person Payroll PO BOX 793 5,000. Noncash \$ (Complete Part II for GREENWICH, CT 06836 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 MAINE COMUNITY FOUNDATION X Person Payroll 15,000. 245 MAINE ST Noncash \$ (Complete Part II for ELLSWORTH, ME 04605 noncash contributions.)

26

323452 12-26-23

2023.05000 ANIMAL WELFARE SOCIETY, I 53908\_1

Schedule B (Form 990) (2023)

Schedule	В	(Form	990)	(2023)
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Page 2

Employer identification number

23-7018176

ANIMAL WELFARE SOCIETY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 19 NANCY MORSE X Person Payroll PO BOX 43 250,000. Noncash \$ (Complete Part II for WEST KENNEBUNK, ME 04094 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 20 NARRAGANSETT NUMBER ONE FOUNDATION X Person Payroll PO BOX 779 5,000. Noncash (Complete Part II for BAR MILLS, ME 04004 noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 THOMAS NEWBOLD X Person Payroll 22 ROUND RIDGE TRAIL 5,000. Noncash \$ (Complete Part II for TRUMBULL, CT 06611 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 KRISTEN RAINES X Person Payroll 1176 NORTH PITT ST 61,340. Noncash X (Complete Part II for ALEXANDRIA, VA 22314 noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 23 RAREBREED VETERINARY PARTNERS X Person Payroll 30 DANFORTH ST STE 304 20,534. Noncash \$ (Complete Part II for PORTLAND, ME 04101 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. RED ACRE FOUNDATION 24 X Person Payroll PO BOX 278 7,000. Noncash \$ (Complete Part II for STOW, MA 01775 noncash contributions.) Schedule B (Form 990) (2023)

27 2023.05000 ANIMAL WELFARE SOCIETY, I 53908\_1

Page 2

Employer identification number

#### ANIMAL WELFARE SOCIETY, INC.

23-7018176 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 25 SCHWAB CHARITABLE FOUNDATION X Person Payroll 211 MAIN ST 13,900. Noncash \$ (Complete Part II for SAN FRANCISCO, CA 94105 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 26 SIMMONS FOUNDATION X Person Payroll PO BOX 175 7,500. Noncash (Complete Part II for OXFORD, ME 04270 noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 TIMOTHY STEIN X Person Payroll PO BOX 43 100,000. Noncash \$ (Complete Part II for WEST KENNEBUNK, ME 04094 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 T ROWE PRICE CHARITABLE X Person Payroll PO BOX 17115 13,500. Noncash (Complete Part II for BALTIMORE, MD 21297 noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 29 THE BALDWIN FOUNDATION X Person Payroll 200 PARK AVE 10,000. Noncash \$ (Complete Part II for NEW YORK, NY 10017 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 30 THE EVELYN WHITNEY CLARK MEMORIAL FUND X Person Payroll 7,205. **100 WESTMINSTER STREET** Noncash \$ (Complete Part II for

> noncash contributions.) Schedule B (Form 990) (2023)

28

323452 12-26-23

PROVIDENCE,

RI 02903

Schedule I	B (Form	990)	(2023)
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Page 2

Employer identification number

23-7018176

### ANIMAL WELFARE SOCIETY, INC.

Part I	<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
31_	JANAN TUDISCO 55 SCHOONER WAY WELLS, ME 04090	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	MARGERY ZIMMER PO BOX 43 WEST KENNEBUNK, ME 04094	\$60,048.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) 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 On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

2023.05000 ANIMAL WELFARE SOCIETY, I 53908\_1

Schedule I	B (Form 990) (2023)		Page <b>3</b>
Name of o	rganization	Er	nployer identification number
ANIMA	L WELFARE SOCIETY, INC.		23-7018176
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	ditional space is needed.	
(a)	<i>4</i> .)	(c)	( ))

No. from	(b)	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
STOCK	S		
22			
		\$ 61,340.	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		 \$	
(a) No.		(c)	(-1)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		<u> </u>	
		\$	
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from Port I	Description of noncash property given	(See instructions.)	Date received
Part I			
		_	
3453 12-26-23		\$	Schedule B (Form 990) (202

30 2023.05000 ANIMAL WELFARE SOCIETY, I 53908\_1

Schedule B	(Form	990)	(2023)
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Page 4

ame of organiz	ation		Employer identification num			
NIMAL W	ELFARE SOCIETY, INC.		23-7018176			
from	any one contributor. Complete columns (a)	through (e) and the following line entry	on 501(c)(7), (8), or (10) that total more than \$1,000 for the For organizations			
com Use	pleting Part III, enter the total of exclusively religious, c e duplicate copies of Part III if additional s	haritable, etc., contributions of <b>\$1,000 or less</b>	for the year. (Enter this info. once.) \$			
a) No. from			(d) Description of how gift is hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			_			
		(e) Transfer of gift				
	Transferee's name, address, ar	<u>1d ZIP + 4</u>	Relationship of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Fulpose of gift					
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
—						
		(e) Transfer of gift				
	Transferee's name, address, ar		Relationship of transferor to transferee			
	Transferee's name, address, ar		Relationship of transferor to transferee			
	Transferee's name, address, a		Relationship of transferor to transferee			
a) No.		nd ZIP + 4				
from	Transferee's name, address, ar		Relationship of transferor to transferee (d) Description of how gift is held			
from		nd ZIP + 4				
from		nd ZIP + 4				
from		nd ZIP + 4				
from		nd ZIP + 4				
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
from		(c) Use of gift				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			

31 2023.05000 ANIMAL WELFARE SOCIETY, I 53908\_\_1

Departr	HEDULE D m 990) Iment of the Treasury	Supplementa Complete if the orga Part IV, line 6, 7, 8, 9, 10 A Go to www.irs.gov/Form99	nization answered "\ ), 11a, 11b, 11c, 11d, \ttach to Form 990.	/es" on Form 990, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
	e of the organization	ANIMAL WELFARE SOC:	IETY, INC. d Funds or Other		Employer 2	identification number 3-7018176
	organization	answered "Yes" on Form 990, Part IV, lin				
			(a) Donor adv	fised funds	(b) Funds an	d other accounts
1		of year				
2		contributions to (during year)				
3	Aggregate value of g	grants from (during year)				
4		end of year				
5	-	inform all donors and donor advisors in v	-			
		's property, subject to the organization's				Yes No
6	-	inform all grantees, donors, and donor a	-	-	-	
		ses and not for the benefit of the donor o	,	, , ,	0	
Par	impermissible privat	e benefit?			·····	Yes No
-		tion Easements. Complete if the org			V, line 7.	
1		rvation easements held by the organizatio	· · · · ·			
		of land for public use (for example, recrea	ition or education)	Preservation of a his		
		natural habitat	l	Preservation of a ce	rtified historic	structure
~	Preservation of	• •	6			
2	day of the tax year.	nrough 2d if the organization held a qualif	fied conservation cont	ribution in the form of a c		asement on the last at the End of the Tax Yea
_						
b	0	ted by conservation easements				
c C		tion easements included on line 2c acqui			20	
d		re listed in the National Register	•		2d	
3		tion easements modified, transferred, rel				n the tax
3	year	tion easements modified, transferred, re-	cased, extinguished, t	or terminated by the orga		
4		 nere property subject to conservation eas	sement is located			
5		on have a written policy regarding the per	_	ection handling of		
-	-	cement of the conservation easements it		g		Yes No
6	Staff and volunteer I	nours devoted to monitoring, inspecting,	handling of violations,	and enforcing conservat	tion easement	s during the year
7	Amount of expenses	s incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservation e	asements dur	ing the year
8	Does each conserva	tion easement reported on line 2d above	satisfy the requireme	nts of section 170(h)(4)(B	)(i)	
	and section 170(h)(4	.)(B)(ii)?				Yes No
9	In Part XIII, describe	how the organization reports conservation	on easements in its re	venue and expense state	ment and	
	balance sheet, and i	nclude, if applicable, the text of the footn	note to the organizatio	n's financial statements t	hat describes	the
		unting for conservation easements.	<del> </del>	<b>•</b> ··		
Par		ions Maintaining Collections of		reasures, or Other	Similar As	sets.
	Complete if t	he organization answered "Yes" on Form	1 990, Part IV, line 8.			
		ected, as permitted under FASB ASC 95	•			vorks
1a					anaa of nublia	
1a	of art, historical trea	sures, or other similar assets held for pub			ance of public	
	of art, historical trea service, provide in P	art XIII the text of the footnote to its finar	ncial statements that c	lescribes these items.		
	of art, historical trea service, provide in P If the organization e	art XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95	ncial statements that c 8, to report in its reve	lescribes these items. nue statement and balan	ce sheet work	s of
	of art, historical trea service, provide in P If the organization e art, historical treasu	art XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public	ncial statements that c 8, to report in its reve	lescribes these items. nue statement and balan	ce sheet work	s of
	of art, historical trea service, provide in P If the organization e art, historical treasu provide the following	art XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items.	ncial statements that c 8, to report in its rever e exhibition, education	describes these items. hue statement and baland , or research in furtherand	ce sheet work ce of public se	s of rvice,
	of art, historical trea service, provide in P If the organization e art, historical treasu provide the following (i) Revenue include	art XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1	ncial statements that c 8, to report in its reven e exhibition, education	describes these items. nue statement and baland , or research in furtherand	ce sheet work ce of public se	s of rvice,
b	of art, historical trea service, provide in P If the organization e art, historical treasu provide the following (i) Revenue included (ii) Assets included	art XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1 in Form 990, Part X	ncial statements that c 8, to report in its rever e exhibition, education	lescribes these items. nue statement and balan , or research in furtheran	ce sheet work ce of public se \$ \$	s of rvice,
b	of art, historical trea service, provide in P If the organization e art, historical treasu provide the following (i) Revenue include (ii) Assets included If the organization re	art XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1 in Form 990, Part X ceeived or held works of art, historical treat	ncial statements that of 8, to report in its rever c exhibition, education asures, or other simila	lescribes these items. nue statement and baland , or research in furtherand r assets for financial gain	ce sheet work ce of public se \$ \$	s of rvice,
b 2	of art, historical trea service, provide in P If the organization e art, historical treasu provide the following (i) Revenue included (ii) Assets included If the organization re the following amount	art XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1 in Form 990, Part X eceived or held works of art, historical trea ts required to be reported under FASB A	ncial statements that of 8, to report in its rever c exhibition, education asures, or other simila SC 958 relating to the	lescribes these items. nue statement and baland , or research in furtherand r assets for financial gain ese items:	ce sheet work ce of public se \$ , provide	s of rvice,
b 2 a	of art, historical trea service, provide in P If the organization e art, historical treasu provide the following (i) Revenue included (ii) Assets included If the organization re the following amoun Revenue included o	art XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1 in Form 990, Part X eceived or held works of art, historical trea ts required to be reported under FASB A n Form 990, Part VIII, line 1	ncial statements that c 8, to report in its rever c exhibition, education asures, or other simila LSC 958 relating to the	describes these items. hue statement and baland , or research in furtherand r assets for financial gain ese items:	ce sheet work ce of public se \$ , provide \$ \$	s of rvice,
b 2 a b	of art, historical trea service, provide in P If the organization e art, historical treasu provide the following (i) Revenue included (ii) Assets included If the organization re the following amoun Revenue included on Assets included in F	art XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1 in Form 990, Part X eceived or held works of art, historical treat ts required to be reported under FASB A in Form 990, Part VIII, line 1 form 990, Part X	ncial statements that c i8, to report in its rever e exhibition, education asures, or other simila ISC 958 relating to the	describes these items. hue statement and baland , or research in furtherand r assets for financial gain ese items:	ce sheet work ce of public se \$ , provide \$ \$	s of irvice,
b 2 a b LHA	of art, historical trea service, provide in P If the organization e art, historical treasu provide the following (i) Revenue included (ii) Assets included If the organization re the following amoun Revenue included on Assets included in F	art XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1 in Form 990, Part X eceived or held works of art, historical treat ts required to be reported under FASB A in Form 990, Part VIII, line 1	ncial statements that c i8, to report in its rever e exhibition, education asures, or other simila ISC 958 relating to the	describes these items. hue statement and baland , or research in furtherand r assets for financial gain ese items:	ce sheet work ce of public se \$ , provide \$ \$	s of rvice,

	dule D (Form 990) 2023 ANIMAL	WELFARE SO	CIETY, I	NC.	<u> </u>	<u></u>	23-70	18176	Page <b>2</b>
Par								(continu	ied)
3	Using the organization's acquisition, accession collection items (check all that apply).	on, and other record	s, check any of	the following th	nat make s	ignificant ι	use of its		
а	Public exhibition	d	I 🗌 Loan o	r exchange pro	gram				
b	Scholarly research	е	Other						
с	Preservation for future generations		-						
4	Provide a description of the organization's co	ellections and explair	how they furt	her the organiza	tion's exe	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	ne organization	's collection?				Yes	No No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the organiz	zation answered	I "Yes" on	Form 990,	, Part IV, li	ne 9, or	
-			lion (for contrib			أتعمل بطعط			
	Is the organization an agent, trustee, custodi on Form 990, Part X?							Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					Amagunat	
								Amount	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f	Ending balance					. <b>1</b> f		7	
	Did the organization include an amount on Fe					lity?	L	Yes	
Par	If "Yes," explain the arrangement in Part XIII.					•			
Fai	t V Endowment Funds Complete if	(a) Current year				0. (d) Three y	vooro book	(a) Four	/ears back
	Designing of your balance	3,439,724.	(b) Prior ye 3 , 245 ,		30,614.	., ,	77,809.		L23,796.
1a	Beginning of year balance		5,245,		,		,	<u> </u>	125,790.
b	Contributions	1,060,430.	207		40,800.		00,000.		100 227
c	Net investment earnings, gains, and losses	574,006.	297,	-4	.08,737.	0	81,600.	-	L08,327.
	Grants or scholarships								
е	Other expenditures for facilities	105 104	102		17 460		20 705	.	054 014
	and programs	185,124.	103,	1 1	17,460.		28,795.		354,314.
f	Administrative expenses	4 000 026	2 420		45 015	2 2	20 614	1.0	000
g	End of year balance	4,889,036.			45,217.	3,3	30,614.	⊥,≀	377,809.
2	Provide the estimated percentage of the curr			nn (a)) held as:					
	Board designated or quasi-endowment	79.9300	_%						
	Permanent endowment 20.0700	%							
с		%							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are he	eld and administ	tered for th	ne		5	
	organization by:								Yes No
	(i) Unrelated organizations?								X
								3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza			e R?				3b	
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.						
Fai	Complete if the organization answered		) Port IV line 1	1a Soo Form O	00 Dart V	lino 10			
			<u> </u>				.	( ) > .	
	Description of property	(a) Cost or o		Cost or other		ccumulate preciation		(d) Book	value
	Land	basis (investr		asis (other)		preciation		175	204
	Land		A	<u>475,394</u> ,057,384		590 1	60		<u>,394.</u> ,224.
	Buildings		4			589,1 420 0			
	Leasehold improvements			587,077		420,9			<u>,121.</u>
d	Equipment			796,213	•	710,0	44.	80	<u>,189.</u>
-	Other							2 105	0.2.0
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. line 10c. co</u>	lumn (B))	<u></u>			3,195	
							Schedule	D (Form	990) 2023

332052 09-28-23

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
C)			
D)			
E)			
(F)			
G)			
H)			
I. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Complete if the organization answered "Yes" or	n 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-vear market value
	(4) 2001 14140		
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
Complete if the organization answered "Yes" or (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D	n Form 990, Part IV, line rescription	11d. See Form 990, Part X, line 15.	(b) Book value
(a) D		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription		(b) Book value
-	escription		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col.	escription (B))		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities	escription (B))		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. ( <i>Column (b) must equal Form 990, Part X, line 15, col.</i> art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability	escription (B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. (art X) Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	escription (B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	escription (B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	escription (B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. ( <i>Column (b) must equal Form 990, Part X, line 15, col.</i> art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	escription (B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	escription (B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	escription (B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. ( <i>Column (b) must equal Form 990, Part X, line 15, col.</i> art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	escription (B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability	escription (B))		

Schedule D (Form 990) 2023

332053 09-28-23

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### Schedule D (Form 990) 2023 ANIMAL WELFARE SOCIETY, INC.

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

Sche	dule D (Form 990) 2023 ANIMAL WELFARE SOCIETY,	INC.		23-	7018176	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per Re	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,348,	951.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	279,221.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	18,738.			
е	Add lines 2a through 2d			2e	297,	959.
3	Subtract line 2e from line 1			3	5,050,	992.
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			_		
b	Other (Describe in Part XIII.)	4b	-141,932.			
с	Add lines 4a and 4b			4c	,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,909,	060.
Par	t XII Reconciliation of Expenses per Audited Financial Sta		n Expenses per l	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1				1	3,532,	659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	<u>2</u> a		_		
b	Prior year adjustments			_		
С	Other losses					
d	Other (Describe in Part XIII.)	2d	141,932.			
е	Add lines 2a through 2d			2e	<u>141</u> , 3,390,	932.
3	Subtract line 2e from line 1			3	3,390,	727.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b			_		
а		4b				
a b	Other (Describe in Part XIII.)	40				-
	Add lines 4a and 4b			4c		0.
b				4c	3,390,	-

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

PART V, LINE 4:

THE SOCIETY SPENDS THE EARNINGS OF THE ABOVE FUNDS FOR PURPOSES AS DEEMED
NECESSARY BY THE SOCIETY. OVER THE LONGTERM, THE SOCIETY EXPECTS THE
CURRENT POLICY TO ALLOW ITS ENDOWMENT FUNDS TO GROW AT AN AVERAGE OF 34%
ANNUALLY. THIS IS CONSISTENT WITH THE SOCIETY'S OBJECTIVE TO PROVIDE A
PREDICTABLE STREAM OF FUNDING FROM ITS ENDOWMENT FUNDS, WHILE ALSO
MAINTAINING THE PURCHASING POWER OF THE ENDOWMENT ASSETS AND PROVIDING
ADDITIONAL REAL GROWTH THROUGH INVESTMENT RETURN. THE FUND WILL MEET THIS
OBJECTIVE BY INVESTING ENDOWMENT FUNDS IN FIXED INCOME AND EQUITY
INVESTMENTS.

35

PART X, LINE 2:

332054 09-28-23

Schedule D (Form 990) 2023       ANIMAL WELFARE SOCIETY, INC.       23-7018176       Page 5         Part XIII       Supplemental Information (continued)
MANAGEMENT HAS EVALUATED THE SOCIETY'S TAX POSITIONS AND CONCLUDED THAT AS
OF JUNE 30, 2024, IT DOES
NOT BELIEVE THAT ANY TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS TO THE
FINANCIAL STATEMENTS HAVE BEEN
TAKEN. AS OF JUNE 30, 2024, THE SOCIETY WAS OPEN TO AUDIT UNDER THE
STATUTE OF LIMITATIONS BY THE
INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES FOR THE YEARS ENDED
JUNE 30, 2021 THROUGH
2024 .
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF INTEREST IN TRUSTS 18,738.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
MERCHANDISE FOR RESALE EXPENSE -124,671.
SPECIAL EVENET EXPENSE -17,261.
TOTAL TO SCHEDULE D, PART XI, LINE 4B -141,932.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
MERCHANDISE FOR RESALE EXPENSE 124,671.
SPECIAL EVENTS EXPENSE 17,261.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 141,932.
Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2023
Department of the Treasury		Attach to Form 990 o						Open to Public
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instruc	tions	and t	ne latest information	า.	Employer is	Inspection lentification number
Name of the organization		WELFARE SOCIETY, II	NC.				23-701	
		Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
a Aail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list	tions email solicitations tations licitations on have a written c ed in Form 990, P ) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursus	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	( <b>vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from I	registration
For Paperwork Reducti	ion Act Notice, se	e the Instructions for Form 990 or	990-E	Ζ.			Schedu	le G (Form 990) 2023

LHA 332081 09-13-23

Schedule G (Form 990) 2023 ANIMAL WELFARE SOCIETY, INC.
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990. Part IV. line 18. or rep

23-7018176 Page 2

Pa	ırt I					
		of fundraising event contributions and gro	1		<b>v</b> i	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue						
Revenue	1	Gross receipts	63,463.			63,463.
£						
	2	Less: Contributions				
			62 462			62 462
	3	Gross income (line 1 minus line 2)	63,463.			63,463.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
xper	6	Rent/facility costs				
ш с	7	Food and beverages				
Dire	-					
	8	Entertainment				
	9	Other direct expenses				17,211.
	10	. ,				<u>17,211.</u> 46,252.
Pa	Int I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization	, , , , ,	990 Part IV line 19 or		40,232.
		\$15,000 on Form 990-EZ, line 6a.		,,,,,		
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev		-				
	1	Gross revenue				
	2	Cash prizes				
Jses		• • • • • • • • • • • • • • • • • • • •				
Expenses	3	Noncash prizes				
Ш Ст						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	<b>J</b>	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	Q	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	0	Net gaming meene summary. Oubtract line 7				1
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
b	) If "	No," explain:				
10a		ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax y	/ear?	Yes No
		Yes," explain:				
3320	32 09	)-13-23			Sche	dule G (Form 990) 2023

Schedule G (Form 990) 2023 ANIMAL WELFARE SOCIETY, INC.	23-7	018176	Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
		13b	<u> </u>
<b>b</b> An outside facility			90
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	oras:		
Name			
Address			
		_	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the	amount		
of gaming revenue retained by the third party \$			
<b>c</b> If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Coming manager companyation t			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	No No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	nt in the		
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Par	t III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
332083 09-13-23	Schedu	ule G (Form	990) 2023
39			

Sched	ule G	(Form	990)	
		-		

Part IV Supplemental Information (continued)		
		Schedule G (Form 990)
332084 04-01-23	40	

SCHEDULE J (Form 990)       Compensation Information       Down 10:55:001         Department of the reasury them therease before       To certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees       Down 10:50:001         Department of the reasury them therease before       To the organization answered "Yes" on Form 990, Part IV, line 23. Doe to Public Instructions and the latest information.       Doe to Public Inspection         Name of the organization       AUTMAL WELFARE SOCIETY, INC.       Employer identification number 23-7018176         Part I       Questions Regarding Compensation       Employer identification number 23-7018176         a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part IVI, Schoon Aline 1a, Complete Part III to provide any relevant information regarding these items.
Compensated Employees         Complete if the organization answered "Ves" on Form 990, Part IV, line 23. Attach to Form 990.         Complete if the organization answered "Ves" on Form 990, Part IV, line 23. Attach to Form 990.         Complete if the organization answered "Ves" on Form 990, Part IV, line 23. Attach to Form 990.         Complete if the organization answered "Ves" on Form 990, Part IV, line 23. Attach to Form 990.         Complete if the organization and the latest information.         Complete if the organization and the latest information.           Part I         Questions Regarding Compensation         Employee identification number 23–7018176           Part I         Questions Regarding Compensation         Image: Complete Part III to provide any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Part I         Guestion and gross-up payments         Health or social club dues or initiation fees         Discretionary spending account         Personal services (such as maid, chauffeur, chef)         Image: Complete Part III to explain         Image: CompletePart III to expl
Comparison         Operation         Operation           Name of the organization         Antach to Form 990.         Employer identification number 23-7018176           Name of the organization         ANIMAL WELFARE SOCIETY, INC.         Employer identification number 23-7018176           Part I         Questions Regarding Compensation         Yes         No           a         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990.         Yes         No           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Imployer identification number 23-7018176         Yes         No           Part verify for companions         Payments for business use of personal residence         Imployer identification fees         Imployer identification fees         Imployer identification fees           b         If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expanses described above? If "No," complete Part III to explain         Ib         Ib           2         Idd the organization used to establish the compensation of the organization to establish the compensation of the CEO/Executive Director, regarding the items checked on line 1a?         2         Ib           3         Indicate which, if any, of the following the organization used to establish the compensation or the organization committee         A
Dimension Statute         Co to www.irs.gov/Form990 for instructions and the latest information.         Inspection           Name of the organization         ANIMAL WELFARE SOCIETY, INC.         Employer identification number 23 - 7018176           Part I Questions Regarding Compensation         23 - 7018176         Inspection         Yes         No           Part I Questions Regarding Compensation         Yes         No         Yes         No           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           First-class or charter travel         Housing allowance or residence for personal use         Payments for business use of personal residence         Indicate which, if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain         1b         Ib           D Id the opinization regurization go and boxes for methods used by a related organization to establish the compensation of the organization to establish the compensation of the organization to establish the compensation or ormittee         Ib         Ib           A Indicate which, if any, of the following the organization used to establish the compensation committee         Approval by the board or compensation committee         Ib           4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
ANIMAL WELFARE SOCIETY, INC.       23-7018176         Part1       Questions Regarding Compensation         ************************************
Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Housing allowance or residence for personal use         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Housing allowance or residence for personal use         Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Independent compensation orsultant       Comp
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Participate in or receive payment from an equity-based compensation results of using allowance or residence for personal use       Payments for business use of personal residence         1b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Indicate which, if any, of the following the organization used to establish the compensation organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       2         2       Indicate which, if any, of the following the organization used to establish the compensation committee       2         3       Indicate which, if any, of the following the organization with the personal by a related organization to establish compensation consultant       2       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         4       During the year, did any persons and provide the applicable amounts for each item in Part III.       4a
1a       Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990,         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of the comparison or committee in compensation consultant in Part III.            Comparison or a related organization:         A period the applement or comparison or and upplement on the applement or comparison or and the part of the comparison or and the parison or and the parison or and the comparison or and the compariso
Image: travel for companions       Payments for business use of personal residence         Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Imdependent compensation consultant       Compensation survey or study       2         Imdependent compensation consultant       Compensation survey or study       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4b       X         6       Participate in or receive payment from an supplemental nonqualified retirement plan?       4a       X         6       Participate in or receive payment from an equit
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Independent compensation consultant       Compensation survey or study       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       a       X         B Participate in or receive payment from an equity-based compensation arrangement?       4a       X         If "Yes" to any of lines 4a-c, list the person and provide the applicable amounts for each item in Part III.       Discretion or receive payment from an equity-based compensation arrangement?       4c       X         B Participate in or receive payment or
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Compensation committee       Written employment contract       2         Independent compensation consultant       Compensation survey or study       2         Form 990 of other organization:       Approval by the board or compensation committee       4a       X         Beceive a severance payment for a supplemental nonqualified retirement plan?       4a       X         C Participate in or receive payment from an equity-based compensation arrangement?       4b       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Implemental nonqualified retirement plan?       4c       X         Only section 501(c)(3), 501(c)(4), and 50
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Independent compensation consultant       Compensation survey or study       Compensation consultant         Participate in or receive payment for a supplemental nonqualified retirement plan?       4a       X         4b       X         0       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       0       0         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       4a       X
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       4         Independent compensation consultant       Compensation survey or study       4         Form 990 of other organization:       a Receive a severance payment or change-of-control payment?       4a         X       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0       0       0         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       1       1
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       4         Independent compensation consultant       Compensation survey or study       4         Form 990 of other organization:       a Receive a severance payment or change-of-control payment?       4a         X       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0       0       0         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       1       1
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       4a         Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee         Compensation committee       Written employment contract       Independent compensation consultant       Compensation survey or study         Form 990 of other organization:       Approval by the board or compensation committee       4a       X         Participate in or receive payment or change-of-control payment?       4a       X         Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Implementation succes place on form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:       4a       X
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       4         Independent compensation consultant       Compensation survey or study       4         Form 990 of other organizations       Approval by the board or compensation committee       4         4       X       4       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         db       X       4b       X         db       Y       5       For persons listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         db       X       4b       X       4b       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Conly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.            Compensation committee           Written employment contract             Independent compensation consultant           Compensation survey or study         Form 990 of other organization:             A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:             A Receive a severance payment or change-of-control payment?             Participate in or receive payment from a supplemental nonqualified retirement plan?             Control steed on Form 990, Part VII, Section arrangement?             If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.             Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.             For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         a       Receive a severance payment or change-of-control payment?         b       Participate in or receive payment from a supplemental nonqualified retirement plan?         c       Participate in or receive payment from an equity-based compensation arrangement?         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         a       Receive a severance payment or change-of-control payment?         b       Participate in or receive payment from a supplemental nonqualified retirement plan?         c       Participate in or receive payment from an equity-based compensation arrangement?         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:
establish compensation of the CEO/Executive Director, but explain in Part III.
<ul> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Independent compensation consultant</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> </ul>
<ul> <li>Independent compensation consultant</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> </ul>
<ul> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         <ul> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> </li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> </ul>
<ul> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> </ul>
organization or a related organization:       4a       X         a Receive a severance 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         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       4a       X
a Receive a severance 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         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       4       4       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         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       4       4       X
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       4c       X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
contingent on the revenues of:
a The organization?
b Any related organization? 5b X
If "Yes" on line 5a or 5b, describe in Part III.
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:
a The organization?     6a     X       b Any related organization?     6b     X
If "Yes" on line 6a or 6b, describe in Part III.
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments
not described on lines 5 and 6? If "Yes," describe in Part III 7 X
<ul> <li>8 Were any amounts 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</li> <li>8 X</li> </ul>
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         9       Regulations section 53.4958-6(c)?
Regulations section 53.4958-6(c)?       9         For Paperwork Reduction Act Notice, see the Instructions for Form 990.       Schedule J (Form 990) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023	Schedul						
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							(i)
							(ii)
							(i)
0.	0.	0.	0.	0.	0.	0.	EXECUTIVE DIRECTOR (ii)
0.	159,570.	13,818.	4,539.	0.	0.	141,213.	(1) ABIGAIL SMITH (1)
reported as deferred on prior Form 990			compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation in column (B)	(E) Total of columns (B)(I)-(D)	(D) Nontaxable () benefits	(C) Retirement and other deferred	C and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	(B) Breakdown of W	
idual.	amounts for that indivi	ble column (D) and (E) a	ction A, line 1a, applica	orm 990, Part VII, Se	ne total amount of Fc	dividual must equal th	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
uctions, on row (ii).	described in the instru	related organizations,	ation on row (i) and from	on from the organiza	l, report compensatio	ported on Schedule . 990, Part VII.	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.
		bace is needed.	te copies if additional sp	<b>oyees.</b> Use duplicat	Compensated Emplo	yees, and Highest C	s, Trustee
Page 2		.76	23-7018176		CIETY, INC.	ANIMAL WELFARE SOCIETY,	Schedule J (Form 990) 2023 ANIMAL

190) 2023	Schedule J (Form 990) 2023	332113 11-06-23
	complete this part for any additional information.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
raye <b>o</b>		, 1 T T T C T T T
J))))	23-7018176	Schedule LIEART GON 2023 ANTMAT, WEIFARE SOCTETY INC.

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

. Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number 23-7018176

ANIM

	AL	WELFARE	SOCIETY,	INC.
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Pai	rt I Types of Property		1 1		1		
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	<b>(d)</b> Method of de noncash contribu		ts
		applicable	items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
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	Х	2	61,341.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (VARIOUS ITEMS) X 47 8,324.6						
26	Other ( )						
27	Other ( )						
28	Other ( )						
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement			
						Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used t	for		
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31						31	X
32a	2a 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 amount in c	column (c) fo	r a type of property	/ for which column (a) is chec	ked,		
	describe in Part II.						
For F	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023						

Schedule M	l (Form 990) 2023	ANIMAL	WELFARE	SOCIETY,	INC.
Part II	Supplementa	I Informatio	on. Provide the	information requi	red by Pa
	is reporting in Par	t L column (b)	the number of a	contributions the	number c

23-7018176 Page 2

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

332142 09-11-23	Schedule M (Form 990) 2023
	45 2023.05000 ANIMAL WELFARE SOCIETY, I 53908
51112 792600 53908	2023.05000 ANTMAL WELFARE SOCTETY T 53908

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
SCILDULL O	• •	0000
(Form 990)	Complete to provide information for responses to specific questions on	2023
	Form 990 or 990-EZ or to provide any additional information.	
Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection

Name of the organization

ANIMAL WELFARE SOCIETY, INC.

Employer identification number 23-7018176

23 Public

# FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCESS TO AFFORDABLE SERVICES AND RESOURCES NECESSARY FOR LONG TERM

WELL-BEING, SO PETS AND THEIR FAMILIES STAY TOGETHER AND THRIVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AWS WORKS IN COLLABORATION WITH FUNDING PARTNERS AND VETERINARY

PROFESSIONALS TO DELIVER ACCESSIBLE SPAY/NEUTER AND WELLNESS SERVICES

STATEWIDE, ESPECIALLY IN REMOTE, UNDERSERVED AREAS OF MAINE. AWS

ADOPTION CENTER, PROGRAMS, SERVICES AND OPERATIONS ARE SUPPORTED BY A

COMPASSIONATE AND PROFESSIONAL STAFF AND A TEAM OF 200+ DEDICATED

VOLUNTEERS AND FOSTER FAMILIES. AWS IS ABLE TO FULFILL ITS MISSION

THROUGH THE GENEROSITY OF THOSE WHO CONTRIBUTE THROUGH FINANCIAL GIFTS,

INKIND SUPPORT AND BEQUESTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS,

TREASURER AND EXECUTIVE DIRECTOR AND IS MADE AVAILABLE TO ALL MEMBERS OF

THE BOARD FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE EXECUTIVE DIRECTOR OVERSEES ALL FINANCIAL AND BUSINESS TRANSACTIONS AND

MONITORS COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED USING DATA FROM THE

BUREAU OF LABOR STATISTICS, CHARITY NAVIGATOR AND NATIONAL ANIMAL SHELTER For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23 46

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
ANIMAL WELFARE SOCIETY, INC.	23-7018176

PUBLICATIONS. THE BOARD OF DIRECTORS UTILIZES THIS INFORMATION TO REVIEWAND APPROVE COMPENSATION ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 AND THE LATEST AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE

PUBLIC ON THE SOCIETY'S WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS 18,738.

Schedule O (Form 990) 2023

332212 11-14-23