990 Form

(Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2019

OMB No 1545-0047

Open to Public Inspection

Form 990 (2019)

Intern	al Revenu	ue Service	▶ Go t	o www.irs.gov/Fo	m990 for instruction	ons and the latest inf	ormation.		Inspection
Α	For the	2019 calendar	year, or tax year be	ginning		, 2019, and	ending		, 20
В	Check if a	pplicable	C Name of organization	HOT SPGS VII	G ANIMAL WEL	FARE LEAGUE		D Emplo	yer identification number
	Address ci		Doing business as						58-1805215
$\overline{}$	Name cha			or PO box if mail is not o	selivered to street address) Ro	oom/suite	E Telepho	one number
F	Initial retur		РО ВОХ 8032	5) 1 G G G G G G G G G G G G G G G G G G					(214) 632-5314
\equiv							G Gross		
Ħ		n/terminated	Access Succession	Mariana Santa Sant	and the second of the second o			100	
\equiv	Amended			VILLAGE, AR				\$	332,106
Ц.	Application	n pending	The American State of the Control of	of principal officer: SUS			1000		
					INGS VILLAGE		H(b) Are all		
	Tax-exemp	ot status: X 50	01(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527	If "No,"	attach a list	(see instructions)
J	Website:	► N/A					H(c) Group	exemption	number •
			orporation Trust	Association Othe	r >	L Year of formation	1991 M	State of lega	I domicile AR
Pa	rt I	Summary							
	1	Briefly describe	the organization's m	ission or most sign	ificant activities:	ANIMALS CAN BE	HELD FOR	LONGER	PERIODS AND
e		HOPEFULLY	PLIES,	AND SHELTER;					
anc		ADOPTIONS							
Activities & Governance									
Š	2	Check this box	▶ ☐ if the organiza	tion discontinued it	s operations or disp	osed of more than 25%	6 of its net asset	S.	
Ö	3	Number of votir	ng members of the go	overning body (Part	VI, line 1a) · ·			. 3	9
oŏ S	4		pendent voting mem			e 1b)		. 4	9
itie	5		f individuals employe		and the state of t			. 5	0
ţ	6		f volunteers (estimate			, 		. 6	
Ac	100							. 7a	0
			ousiness taxable inco				7 6 6 1/2	. 7b	0
	- 5	Net unrelated b	usiness taxable inco	ine irom Form 990-	1, 11116 35			. / 6	
Revenue		Contributions	nd grants (Bort VIII I	ing 1h)			Prior Year	2000	Current Year
	8		nd grants (Part VIII, I			-	9200	3,202	155,017
	9		e revenue (Part VIII,				93	3,515	102,529
è,	10		ome (Part VIII, colum						15,347
N.	11		(Part VIII, column (A)			0.0004	35	,661	44,643
	12	Total revenue -	add lines 8 through	11 (must equal Part	VIII, column (A), lin	e 12) • • • • • •	282	2,378	317,536
	13	Grants and sim	ilar amounts paid (Pa	art IX, column (A), l	ines 1-3) • • • •				0
	14	Section of the sectio	or for members (Pa	Carlo	the state of the s	and the same of th			0
S	15	Salaries, other	compensation, emplo	oyee benefits (Part	IX, column (A), lines	5-10)			0
Expenses	16a	Professional fur	ndraising fees (Part I	X, column (A), line	11e)				0
per	b	Total fundraisin	g expenses (Part IX,	column (D), line 25) >	0		BC+ II	
Ĕ	17	Other expenses	s (Part IX, column (A)), lines 11a-11d, 11f	-24e) · · · · ·		215	,290	189,546
	18	Total expenses	. Add lines 13-17 (m	ust equal Part IX, c	olumn (A), line 25)		215	5,290	189,546
	19	Revenue less e	expenses. Subtract li	ne 18 from line 12				7,088	127,990
- 2	6						Beginning of Curr		End of Year
Net Assets or	20	Total assets (Pa	art X. line 16)					3,585	396,575
Ass	21	Total liabilities (7000	0
Vet	22		und balances. Subtra	act line 21 from line	20		269	3,585	396,575
	rt II	Signature		ot mile 2 i nomi mile			200	,,505	330,313
				return, including accomp	anying schedules and sta	tements, and to the best of my	y knowledge and belie	ef, it is	
true.	correct, a	and complete. Declar	ation of preparer (other tha	n officer) is based on all i	nformation of which prepa	irer has any knowledge.	7		
		A DEDE	101 100						
Sig	n	DEBE J Signature of						Date	,
Her	15.00							0010	
пеі	е		JOLIFF, TREASU	JRER					
		,	nt name and title	Dana de la constitución	1	Detr			DTIN
n - ·	_1	Print/Type prepar	er s name	Preparer's signatu		Date	Check	☐ if	PTIN
Pai		AMANDA KI		AMANDA KEN		02-06-2020		ployed	P00337148
	parer			iy and Compar	ny 🔾		Firm's EIN ▶		
Use	Only	Firm's address	4658 1	N Hwy 7			Phone no.		
		1	Hot Sp	orings Villag	ge AR 71909			501-9	22-0227
May	the IRS	discuss this ret	urn with the preparer						X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

orm 9	90 (2019) HOT SPGS VILG ANIMAL WELFARE LEAGUE	58-1805215	Page 2
art	III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
E	Briefly describe the organization's mission:		
Z	NIMALS CAN BE HELD FOR LONGER PERIODS AND HOPEFULLY MORE ANIMALS ARE ADOPTE	D. THE LEAGU	JE PAYS
F	FOR VET BILLS, SUPPLIES, AND SHELTER; ADOPTIONS AND STERILIZATIONS.		
[Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	· · · · · · · Yes	No
- 1	f "Yes," describe these new services on Schedule O.		
5	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	· · · · 🗌 Yes	☐ No
1	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	ihers,	
	Code:) (Expenses \$98,892 including grants of \$) (Revenue	\$44	,600)
-	ANIMAL SHELTER SUPPORT		
	(Code:) (Expenses \$41,262 including grants of \$) (Revenue ANIMAL STERILIZATION	\$36	,797)
	TATAL DELIVERS OF THE PARTY OF		
	(Code:) (Expenses \$2,411 including grants of \$) (Revenue	s 96	3.164)
	(Code:) (Expenses \$22,411 including grants of \$) (Revenue OTHER PROGRAM SUPPORT SERVICES		/
i			
1d	Other program services (Describe on Schedule O.) (Expenses \$ 3,858 including grants of \$) (Revenue \$ 21	,132)	
4e	Total program service expenses ► 166,423		

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 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 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 Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III 5 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 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 X 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 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 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VI X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e 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 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20 a 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? 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 X

Page 4

Pa	Checklist of Required Schedules (continued)			_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l lawrest man
	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%	200		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part		5719	
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	SS II		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			N. A. R. C. P. L.
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			450.000
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		X
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		X
00	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Wales		
b			J. Total	1
С			ragi.	100
	reportable gaming (gambling) winnings to prize winners?		Х	00:-
EEA		Form	990 (2019)

	- Cataloniana regularing and the same and th		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1019		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • • • • •	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			THE STATE OF
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? • • • • • • • • • • • • • • • • • • •	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			I A
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			AND
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·		Billing	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, 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? • • • • •	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		HIS.	17.7
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		Mater	-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		20-96-0
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12••••••••••••••••••••••••••••••••••••			
a				
b		I BOW	19.09	148
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			170-
a b	Gross income from other sources (Do not net amounts due or paid to other sources	10190		
D	against amounts due or received from them.) · · · · · · · · · · · · · · · · · · ·	HE		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		PERMIT
(27)	Note: See the instructions for additional information the organization must report on Schedule O.	100		5
b	Enter the amount of reserves the organization is required to maintain by the states in which	HATE-		133
-	the organization is licensed to issue qualified health plans			188
С	Enter the amount of reserves on hand	40	BUE E	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

No

X

X

X

x

X

7a

X

HOT SPGS VILG ANIMAL WELFARE LEAGUE Form 990 (2019) 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 1a 9 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b 9 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a

No 10a Did the organization have local chapters, branches, or affiliates? X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No." go to line 13 12a х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization x If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?

Section C. Disclosure

one or more members of the governing body?

Are any governance decisions of the organization reserved to (or subject to approval by) members,

17	List the states with which a copy of this Form 990 is required to be filed Arkansas							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,							
	and financial statements available to the public during the tax year.							

DEBE JOLIFF (214)632-5314, 10 HANARES LANE, HOT SPRINGS VILLAGE, AR 71909

20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) MARY MCCULLOUGH	30.00			+	+		+				
MEMBER AT LARGE		Х			_		_	0	0	0	
(2) MELANIE MARSHALL	30.00										
MEMBER AT LARGE		Х						0	0	0	
(3) JILL JONES	30.00										
MEMBER AT LARGE		Х		_	_			0	0	0	
(4) WARREN TAYLOR	30.00										
MEMBER AT LARGE		Х						0	0	0	
(5) SUSAN_LUSE	30.00										
PRESIDENT				х				0	0	0	
(6) JANET KINCHELOE	30.00										
SECRETARY				х				0	0	0	
(7) SHELLEY SHEPHERD	30.00										
FIRST VICE PRESIDENT				х				0	0	0	
(8) NANCY HARLAN	30.00										
SECOND VICE PRESIDENT				х				0	0	0	
(9) DEBE JOLIFF	30.00										
TREASURER				Х				0	0	0	
(10)											
(11)											
(12)											
(13)											
(14)											

	VII Section A. Officers, Directors, Trustees	, Key Employ	yees, a	nd H	ighe	st Con	pens	ated Employees	(continued)			
	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee	Former Lighter Company and	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga	rom the nization d organiz	
15)_												
16)				T			П					
17)_				1	t		H					
18)_				+	+	+	\Box			-		
19)				+	+	+						
20)				+	+	-	Н					
21)				+	+	-						
22)					+	+-						
23)				4	_							
				4	_	_	Ш					
24)												
25)_												
255-572	Subtotal		 									
d	Total (add lines 1b and 1c)							0	0			0
2	Total number of individuals (including but not limite											
	reportable compensation from the organization	>										0
		KAN MIR INGGANAN MIR KATAN	**********			********					Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>				or hig	inest c	ompe	nsated		3		
4	For any individual listed on line 1a, is the sum of re	eportable con	npensa	tion a						3		X
	organization and related organizations greater than individual						٠.			4		х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"									5		x
Secti	on B. Independent Contractors										No. 1 - 1 - 177	
1	Complete this table for your five highest compensation from the organization. Report comp											
	(A)							(B)		(C)		
	Name and business addres							Description of service		Compens	246	

(A)	(B)	(C)		
Name and business address	Description of services	Compensation		
2 Total number of independent contractors (including but not limited to those				

Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line in this	Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a				
10	b	47 (37)	1b 11,853				
ant	С	Fundraising events	1c				
JO M	d	Related organizations	1d				
sifts ar A	е	Government grants (contributions) · ·	1e 45,000				
S, E	f	All other contributions, gifts, grants,					
tion r Si		and similar amounts not included above	1f 98,164				
ibu	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts	W-5	lines 1a-1f	1g \$				
S E	h	Total. Add lines 1a-1f		155,017			
			Business Code		TO THE HEAD		
ø.	2a	ANIMAL ADOPTIONS	900099	21,132			
۵ <u>ک</u>	b	ANIMAL STERILIZATION	900099	36,797	36,797		
Se	С	ANIMAL SHELTER SUPPORT	900099	44,600	44,600		
eve	d						+
Program Service Revenue	е						-
ď		All other program service revenue					
		Total. Add lines 2a-2f · · · · · · · ·		102,529		State selvenning.	
	3	Investment income (including dividends, intere		15.045	15,347		
		other similar amounts)		15,347	15,347		
	R 85	Income from investment of tax-exempt bond p					
	5	Royalties	(ii) Personal				
	C-	Gross rents 6a	(ii) Personal	and Sale			
	7016514	74.50.000.000.0000				in least the second	
	5,000						
		Rental income or (loss) 6c Net rental income or (loss) · · · · · · ·		0.0 40.0	Allow the Henry Street Henry		
		(1.6	(ii) Other	Marie V	48102		
	7a	Gross amount from (i) Securities sales of assets	(ii) Other	THE SERVICE			
		other than inventory		18. 中华蒙			
e	b	Less: cost or other basis and sales expenses 7b					a version and
Revenue	С	Gain or (loss) · · · · · 7c					
Sev.		Net gain or (loss)					
_	9	Gross income from fundraising					
Othe	1.000	events (not including \$					
•		of contributions reported on line				11435	
		1c). See Part IV, line 18 · · · · · ·	8a 47,306				
	b	Less: direct expenses	8b 9,355				
	С	Net income or (loss) from fundraising events		37,951			37,951
	9a	Gross income from gaming					
		activities, See Part IV, line 19 · · · · ·	9a 11,907	Zari.	15 15 15 15	BANKS AND	
	b	Less: direct expenses	9b 5,215				
	С	Net income or (loss) from gaming activities		6,692	6,692		
	10a	Gross sales of inventory, less	100	A SALITANIA			
		returns and allowances	10a		对新疆域	10 and 10	
	100000	Less: cost of goods sold	10b		Land Designation		
	С	Net income or (loss) from sales of inventory	· · · · · · · · · · · · · · · · · · ·	DESCRIPTION OF THE PROPERTY OF			
S			Business Code	HEESIS III	n de la companya de l		
Miscellanous Revenue	11a				-		+
llar	b				-		-
Sev	C	All other revenue			 		-
ž.		Total. Add lines 11a-11d					
		Total revenue. See instructions		317,536	124,568	1	0 37,951
	14	Total foreitae, occ mondonomo		31,,330	124,500	L	37,331

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Part IX

Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to a	any line in this Part IX			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
920	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22 · · · · · · · ·				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16 · · · ·				
4	Benefits paid to or for members				NELSO MELE
5	Compensation of current officers, directors.				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b					
c	Accounting	745		745	
c	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f					
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	16		16	
12	Advertising and promotion	2,615		2,615	
13	Office expenses	1,796		1,796	
14	Information technology	3,333		3,333	
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,764		1,764	
20	Interest · · · · · · · · · · · · · · · · [
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,225		2,225	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	VET EXP, SHLT SUPLS, STERIZ,	166,423	166,423		
b	TELEHONE AND INTERNET	1,454		1,454	
C	STORAGE	3,515		3,515	
d	POSTAGE	577		577	
е	All other expenses	5,083		5,083	
25	Total functional expenses. Add lines 1 through 24e	189,546	166,423	23,123	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if				

		Check if Schedule O contains a response or note to any line in this Part X		• • •	
	- threber		(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	189,566	1	198,873
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) · · · · ·		6	
' 0	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
5526	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 104,727			
	b	Less: accumulated depreciation 10b		10c	104,727
	11	Investments - publicly traded securities	72,019	11	85,975
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,000	15	7,000
	16	Total assets. Add lines 1 through 15 (must equal line 33)	268,585	16	396,575
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	177,717	27	396,575
Ba	28	Net assets with donor restrictions	90,868	28	
pu		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.	機械多計算是作品的概		
0.0	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances	268,585	32	396,575
	33	Total liabilities and net assets/fund balances	268,585	33	396,575

orm	990 (2019) HOT SPGS VILG ANIMAL WELFARE LEAGUE	8-180	215	Pa	age 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		317,	536
2	Total expenses (must equal Part IX, column (A), line 25)	2		189,	546
3	Revenue less expenses. Subtract line 2 from line 1	3		127,	990
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			268,	585
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		1016455	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32. column (B))	10		396	575
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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1.0	196
	Schedule O.			188	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			155	
	reviewed on a separate basis, consolidated basis, or both:		100		
	Separate basis Consolidated basis Both consolidated and separate basis				No.
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				1
	separate basis, consolidated basis, or both:		The same	ME	- Will
	Separate basis Consolidated basis Both consolidated and separate basis			FIE	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			B.	9.00
	Schedule O.			1 - 16	138
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

Form 990 (2019)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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