Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization HOT SPGS VILG ANIMAL WELFARE LEAGUE D Employer identification number Address change Doing business as 58-1805215 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 195 CLOACA LANE (501)915-2252Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return HOT SPRINGS VILLAGE, AR 71909 456,003 X No Application pending F Name and address of principal officer: SUE LUSE **H(a)** Is this a group return for subordinates? 86 MARINERO WAY HOT SPRINGS VILL AR 71909 H(b) Are all subordinates included? **X** 501(c)(3) 4947(a)(1) or If "No," attach a list. See instructions Tax-exempt status: Website: N/A H(c) Group exemption number Form of organization: X Corporation L Year of formation: 1991 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: ANIMALS CAN BE HELD FOR LONGER PERIODS AND HOPEFULLY MORE ANIMALS ARE ADOPTED. THE LEAGUE PAYS FOR VET BILLS, SUPPLIES, AND SHELTER; Activities & Governance ADOPTIONS AND STERILIZATIONS. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 232,621 249,265 Revenue 89,776 137,286 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11,069 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,033 37,755 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 349,430 435,375 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 256,024 275,745 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 256,024 275,745 Revenue less expenses. Subtract line 18 from line 12 93,406 159,630 **Beginning of Current Year** End of Year Net Assets or Fund Balanc 20 Total assets (Part X, line 16) 744,435 584,805 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 from line 20 584,805 744,435 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge DEBE JOLIFF Sign Signature of officer Date Here DEBE JOLIFF, TREASURER Type or print name and title Preparer's signature Print/Type preparer's name Date PTIN **Paid** AMANDA KENNEDY AMANDA KENNEDY 05-13-2024 self-employed P00337148 Preparer Firm's name Lake Hamilton Tax & Advisory Firm's EIN **Use Only** Firm's address 4658 N Hwy 7 Phone no. Hot Springs Village AR 71909 501-922-0227

May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,301 including grants of \$) (Revenue \$ 22,459)

4e Total program service expenses 248,638

Part IV

58-1805215

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х 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 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 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 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 13 X 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 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 X 20a 20a X 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

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Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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
b	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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Da	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		168	IAO
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ü		1c	v	
	reportable gaming (gambling) winnings to prize winners?	16	X	

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	О			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		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		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	T-	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	T-	5b		X
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).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	H-	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • • •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7-		
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	F	7 6		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	T T	7g		
9 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				
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	H-	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
C	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	• • • • •	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		15		w
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • • • • •		16		v
10	If "Yes," complete Form 4720, Schedule O.	• • • • •	10		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

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Part VI Gov

Se	ction A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain on Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with									
	any other officer, director, trustee, or key employee?	2		х						
3	Did the organization delegate control over management duties customarily performed by or under the direct									
	supervision of officers, directors, 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?										
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		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
	one or more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	stockholders, or persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
	the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b		X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		X						
Sec	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-								
a	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
160										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		v						
h	with a taxable entity during the year?	16a		X						
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
		16b								
Sec	organization's exempt status with respect to such arrangements?tion C. Disclosure	100								
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 Worman Translater Office and that apply. Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,									
	and financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records.									
-	DEBE JOLIFF (501)915-2252, 18627 HAWKS POINT CT, PACIFIC, MO 63069									

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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 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) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m s per	son is	nan one s both an (trustee) Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
_(1)SUSAN_SENOGLES DIRECTOR AT LARGE	30.00	x						0	0	o
(2) ROSE JOHNSON	30.00	Α								
DIRECTOR AT LARGE		х						o	0	o
(3) LAURA ALLWORTH	30.00									-
DIRECTOR AT LARGE		х						0	0	o
(4)MICHELLE ALFORD	30.00									
DIRECTOR AT LARGE		x						0	0	0_
(5) OPEN POSITION	30.00									
DIRECTOR AT LARGE		X						0	0	0
(6) BEVERLY FITZPATRICK	30.00									
SECRETARY				X				0	0	0_
(7) SUE LUSE	30.00									
PRESIDENT				X				0	0	0
(8) SHELLEY SHEPHERD	30.00									
FIRST VICE PRESIDENT				X				0	0	0
(9) JILL JONES	30.00									
SECOND VICE PRESIDENT				X				0	0	0_
(10)DEBE_JOLIFF	30.00							_	_	_
TREASURER				X				0	0	0
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
	1				-			I .	1	

EEA Form **990** (2023)

<u> </u>	(A) Name and title	(B) Average hours per week	(do r	unles	Pos eck m s per	(C) sition nore the	han one s both ar /trustee)	1	(D) Reportable compensation from the	on compensation from relate		cor	(F) ated amo	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-Mi 1099-NE	ISC/	orga	rom the nization a I organiza	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
(19)_														
(20)														
(21)														
(22)														
(23)														
(24)_														
(25)														
1b	Subtotal		• • •	• • •	• •	• •	• • •	•						
2 c d 2	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to							o received more th	nan \$100,	o			0
-	reportable compensation from the organiza	tion											Yes	No
3	Did the organization list any former officer, direct											2		
4	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable cor	mpensa	ation	and	oth	er com	pen	sation from the	• • • •	• • • •	3		X
5	individual									• • • • •	• • • •	4		X
	for services rendered to the organization? If "Yes	•		-			-					5		x
Sect 1	ion B. Independent Contractors Complete this table for your five highest contractions.	mnensated	inden	end	ent	cor	ntracto	ors :	that received mo	re than \$	100 000	0 of		
	compensation from the organization. Report	•											tax ye	ear.
	(A) Name and business addres	SS							(B) Description of service	es		(C) Compens	ation	
2	Total number of independent contractors (in	•					ose li	sted	d above) who					
	received more than \$100,000 of compensa	tion from th	e orga	aniza	atio	n								

Statement of Revenue

58-1805215

HOT SPGS VILG ANIMAL WELFARE LEAGUE

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns 1a b Membership dues 1b 10,745 Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c **d** Related organizations 1d Government grants (contributions) .. 1e 15,000 All other contributions, gifts, grants, and similar amounts not included above 1f 223,520 Noncash contributions included in 1g | \$ 249,265 **Business Code** 2a ANIMAL ADOPTIONS 900099 22,459 22,459 Program Service 900099 **b ANIMAL STERILIZATION** 102,327 102,327 C ANIMAL SHELTER SUPPORT 900099 12,500 12,500 f All other program service revenue g Total. Add lines 2a-2f 137,286 Investment income (including dividends, interest, and 11,069 11,069 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses . . 6b c Rental income or (loss) **d** Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory . . 7a **b** Less: cost or other basis and sales expenses . . 7b Other Revenue c Gain or (loss) 7c 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 40,310 **b** Less: direct expenses 8b 15,193 c Net income or (loss) from fundraising events 25,117 25,117 9a Gross income from gaming activities. See Part IV, line 19 9a 10,219 **b** Less: direct expenses 9b 5,435 c Net income or (loss) from gaming activities 4,784 4,784 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a RECYCLING 900099 5,140 5,140 **Miscellanous** Revenue **b VOLUNTEER APPAREL** 900099 1,401 1,401 C REBATES 900099 1,302 1,302 d All other revenue 900099 11 e Total. Add lines 11a-11d 7,854 160,993 435,375 25,117 Part IX

58-1805215

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 any line in thi	s Part IX		
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	765		765	
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 Schedule O.)				
12	Advertising and promotion	4,200		4,200	
13	Office expenses	843		843	
14	Information technology				
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	496		496	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,520		2,520	
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.)				
а	VET EXP, SHLT SUPLS, STERIZ,	248,638	248,638		
b	TELEHONE AND INTERNET	1,960		1,960	
С	STORAGE	2,593		2,593	
d	POSTAGE	519		519	
е	All other expenses	13,211		9,470	3,741
25	Total functional expenses. Add lines 1 through 24e	275,745	248,638	23,366	3,741
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

EEA

Balance Sheet

Part X

HOT SPGS VILG ANIMAL WELFARE LEAGUE

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 109,103 216,978 2 125,027 2 158,919 3 Pledges and grants receivable, net 3 4 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 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 7 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 248,924 10b Less: accumulated depreciation 10c b 238,234 248,924 11 92,941 11 100,114 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 19,500 15 19,500 16 Total assets. Add lines 1 through 15 (must equal line 33) 584,805 16 744,435 17 17 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 25 26 26 0 0 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 584,805 632,087 27 28 Net assets with donor restrictions 28 112,348 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 584,805 744,435 33 584,805 33 744,435

EEA

Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		435	,375
2	Total expenses (must equal Part IX, column (A), line 25)	2		275	,745
3					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		584	,805
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		744	,435
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 🗌 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	, ,		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • •	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
EEA			For	m 990	(2023

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Employer identification number

HOT SPGS VILG ANIMAL WELFARE LEAGUE 58-1805215 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

58-1805215 Pag

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 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. Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 7 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.) 11 **Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions Schedule A (Form 990) 2023

58-1805215

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

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

	on A. Public Support dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(-)	()	(2)		(2)	()
-	received. (Do not include any "unusual grants.")	155,017	168,215	255,707	289,414	357,228	1,225,581
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the	1337017	100/213	2337707	203/111	3317220	1,223,301
	organization's tax-exempt purpose	59,213	26,781	34,686	32,984	22,823	176,487
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		11,061	10,306	10,612	10,219	42,198
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	214,230	206,057	300,699	333,010	390,270	1,444,266
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,444,266
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	214,230	206,057	300,699	333,010	390,270	1,444,266
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	15,347	331	13,896	(6,839)	11,069	33,804
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	15,347	331	13,896	(6,839)	11,069	33,804
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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	229,577	206,388	314,595	326,171	401,339	1,478,070
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as a	a section 501(d	c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor	t Percentage	е				
15	Public support percentage for 2023 (line 8	3, column (f), di	ivided by line 1	3, column (f))		15	97.71 %
16	Public support percentage from 2022 Sch	edule A, Part I	II, line 15 .			16	98.71 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			-		17	2.00 %
18	Investment income percentage from 2022					18	1.00 %
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this be	ox and stop h e	ere. The organ	ization qualifie	s as a publicly	supported org	anization 🗴
b	33 1/3% support tests - 2022. If the organizati						
	line 18 is not more than 33 1/3%, check this box		_			-	
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, c	heck this box a	nd see instruc	tions
EEA						Schedule	A (Form 990) 2023

Schedule A (Form 990) 2023

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	Section	A. All	Supporting	Organizations
---	---------	--------	------------	----------------------

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	-		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>			
Ja	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
D	satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the</i>			
	organization made the determination.	3b		
•	· ·	30		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	2-		
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined 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.	9b		
С	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.	9с		
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.	10a		

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.)

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	_		
2	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	2		
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inet	ructio	ne)
' a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	, 11131	ucuc	nisj.
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	5110113)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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.	3a		
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.	3b		

	e A (Form 990) 2023 HOT SPGS VILG ANIMAL WELFARE LEAGUE		58-180	5215	Page 6
Part	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifyin				
	instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Section		
Secti	on A - Adjusted Net Income		(A) Prior Year	(/	urrent Year ptional)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Secti	Section B - Minimum Asset Amount		(A) Prior Year	` '	urrent Year ptional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	,			
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Curr	rent Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			

emergency temporary reduction (see instructions). 6 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990) 2023 EEA

3

4 5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	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 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				

10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	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:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

EEA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the o	ganization			Employer identification number
HOT S	SPGS	VILG ANIMAL WELFARE LEAGUE			58-1805215
Pa	rt I	Organizations Maintaining Donor Advised	Funds or Other S	imilar Funds or Ac	counts
		Complete if the organization answered "Yes" of			
-				advised funds	(b) Funds and other accounts
1	Total	number at end of year			. ,
2		egate value of contributions to (during year)			
3		egate value of grants from (during year)			
4		egate value at end of year			
5		ne organization inform all donors and donor advisors in	writing that the asset	s held in donor advised	1
		are the organization's property, subject to the organization	-		
6		ne organization inform all grantees, donors, and donor a			
		or charitable purposes and not for the benefit of the do	-	•	
		rring impermissible private benefit?			
Par		Conservation Easements			
		Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 7.	
1	Purpo	ose(s) of conservation easements held by the organization			
		eservation of land for public use (for example, recreation			historically important land area
		otection of natural habitat	,		certified historic structure
	=	eservation of open space			
2		lete lines 2a through 2d if the organization held a qualit	fied conservation con	tribution in the form of	a conservation
		ment on the last day of the tax year.			Held at the End of the Tax Year
а		number of conservation easements			2a
b		acreage restricted by conservation easements			2b
С		per of conservation easements on a certified historic str			2c
d		per of conservation easements included on line 2c, acq			
	on a l	nistoric structure listed in the National Register			2d
3	Numb	per of conservation easements modified, transferred, re	eleased, extinguished	, or terminated by the	organization during the
	tax ye				
4	Numb	per of states where property subject to conservation ea	sement is located		
5	Does	the organization have a written policy regarding the pe	eriodic monitoring, insp	pection, handling of	
	violat	ions, and enforcement of the conservation easements in	t holds?		
6	Staff	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations	and enforcing conserv	vation easements during the year
			-		
7	Amou	unt of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservatio	n easements during the year
8		each conservation easement reported on line 2d abov			
	and s	ection 170(h)(4)(B)(ii)?			
9	In Pa	rt XIII, describe how the organization reports conserva-	tion easements in its	revenue and expense s	statement and balance
	sheet	, and include, if applicable, the text of the footnote to the	e organization's finan	cial statements that des	scribes the
		ization's accounting for conservation easements			
Par	t III	Organizations Maintaining Collections	of Art, Historica	al Treasures, or 0	Other Similar Assets
		Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 8.	
1a	If the	organization elected, as permitted under FASB ASC 9	58, not to report in its	revenue statement an	d balance sheet works
	of art	, historical treasures, or other similar assets held for pu	blic exhibition, educat	tion, or research in furt	herance of public
		ce, provide in Part XIII the text of the footnote to its fina			
b		organization elected, as permitted under FASB ASC 9	•		
		storical treasures, or other similar assets held for public	c exhibition, education	n, or research in furthe	rance of public service,
	•	de the following amounts relating to these items:			
		tevenue included on Form 990, Part VIII, line 1			
		ssets included in Form 990, Part X			
2		organization received or held works of art, historical tre			gain, provide the
		ring amounts required to be reported under FASB ASC			
а		nue included on Form 990, Part VIII, line 1			
b	Asset	is included in Form 990, Part X			\$

Par	t III Organizations Maintaining (Collections of Art,	Historical	Treasures,	or Other Si	milar Asse	ts (co	ntinu	ıed)
3	Using the organization's acquisition, accession	on, and other records, ch	eck any of the f	ollowing that m	ake significant	use of its			
	collection items (check all that apply):								
а	☐ Public exhibition		d Loan o	or exchange pr	ogram				
b	Scholarly research		e Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain how	v they further th	ne organization	's exempt purpo	ose in Part			
	XIII.								
5	During the year, did the organization solicit or	receive donations of art	, historical treas	sures, or other	similar				
	assets to be sold to raise funds rather than to		of the organizat	ion's collection	?		Yes		No
Par	t IV Escrow and Custodial Arrar				_	_	_	_	
	Complete if the organization a	answered "Yes" on	Form 990, F	art IV, line	9, or reporte	ed an amour	nt on F	orm	1
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia					1			
	included on Form 990, Part X?				• • • • • • •	• • • • •	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	ng table.						
	5					Amoun	i		
С.	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f O-	Ending balance				. 1f				NI.
2a	Did the organization include an amount on Foll If "Yes," explain the arrangement in Part XIII.				-	-			No
Par		Check here if the explai	iation has been	i provided on F	all Alli • • •	• • • • • •	• • • •		
ı uı	Complete if the organization a	answered "Yes" on	Form 990 F	Part IV line	10				
	Complete ii the organization t		(b) Prior year	(c) Two years		e years back	(e) Four y	oare he	ack
1a	Beginning of year balance	(a) Guitein year	(b) I noi year	(c) Two years	back (u) Tille	e years back	(c) I our y	cars be	aon
b	Contributions								
C	Net investment earnings, gains, and								
·	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance						-		
2	Provide the estimated percentage of the curre	ent year end balance (lin	e 1g, column (a	i)) held as:	1				
а	Board designated or quasi-endowment	%	,	.,					
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization	that are held a	nd administere	d for the				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as required o	on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the		ent funds.						
Par	t VI Land, Buildings, and Equip								
	Complete if the organization a	answered "Yes" on	Form 990, F	Part IV, line	11a. See Fo	orm 990, Pa	rt X, liı	ne 1	0.
	Description of property	(a) Cost or other basi	' '	or other basis	(c) Accumula		(d) Book	value	
		(investment)		(other)	depreciation	1			
1a	Land	•							
b	Buildings	•							
C	Leasehold improvements	. 52,8	20	160,402				13,2	
d	Equipment	•		35,702				35,7	02
<u>e</u>	Other		ina 10a!: ::	m (D)		+-		18 0	
· mai	ALLO UNDER LA UNIONI LA LI COLLIMINI LAL MILIST AL	uusi enim uuli Part X I	u⊫ iuc coiiim			1	- 7	0	. / 4

Schedule D (For	m 990) 2023 HOT SPGS VILG ANIMAL WE	LFARE LEAGUE	58-1805215	Page
Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, I	ine 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	
(1) Financial	derivatives	• •		
(2) Closely-he	eld equity interests	• •		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	n (h) must squal Form 000 Port V line 10 sel (D)			
Part VIII	n (b) must equal Form 990, Part X, line 12, col.(B)) Investments - Program Related	• •		
Fait VIII	Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X	ine 13
			· · · · · · · · · · · · · · · · · · ·	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
	(a) Description		(b) Book v	
(1)VAN				7,00
(2)VAN				12,50
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 15 col. (B)) • • • • •			19,50
Part X	Other Liabilities			17,30
1 0.10 21	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f. See Form 990. P	art X.
	line 25.			 ,
1.		b) Book value		
(1) Federal i	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	l l			

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.

Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) . .

Part 2		Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
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	
Part 2	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part 2	XIII Supplemental Information		
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	Part X, line	
2; Part I	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Inspection Employer identification number HOT SPGS VILG ANIMAL WELFARE LEAGUE 58-1805215 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

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

58-1805215

		gross receipts greater than	\$5,000			. List events with
		<u> </u>	(a) Event #1 GRS GTTA HWL (event type)	(b) Event #2 MISC SALES (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	33,037	1,550		34,587
	2	Less: Contributions				
	3	Gross income (line 1	22 22			04 -0-
		minus line 2)	33,037	1,550		34,587
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	15,193			15,193
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	- · · · · · · · · · · · · · · · · · · ·		T	15,193 19,394
Pa	rt III	Gaming. Complete if the or				
		\$15,000 on Form 990-EZ, I	ine 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
S	2					
Ж		Cash prizes				
zxpen	3	Cash prizes				
Direct Expent		·				
Direct Expenses	3	Noncash prizes				
Direct Expens	3 4	Noncash prizes	☐ Yes%	☐ Yes % ☐ No	☐ Yes % ☐ No	
Direct Expens	3 4 5	Noncash prizes	☐ No	□ No	□ No	
Direct Expens	3 4 5 6 7	Noncash prizes	No es 2 through 5 in column (a	No No	No No	
Direct Expens	3 4 5	Noncash prizes	No es 2 through 5 in column (a	No No	No No	
9	3 4 5 6 7 8 Er	Noncash prizes	es 2 through 5 in column (or ubtract line 7 from line 1, co	No lumn (d)	No No	· · · · · · · · · Yes · · · No
9	3 4 5 6 7 8 Erra Is	Noncash prizes	es 2 through 5 in column (or ubtract line 7 from line 1, contact gaming act gaming act gaming activities in each	No lumn (d)	No No	Yes No
9	3 4 5 6 7 8 Erra Is	Noncash prizes	es 2 through 5 in column (or ubtract line 7 from line 1, contact gaming act gaming act gaming activities in each	No lumn (d)	No No	Yes No
9	3 4 5 6 7 8 Erra Is b If '	Noncash prizes	es 2 through 5 in column (or ubtract line 7 from line 1, contact gaming act at gaming activities in each gaming activities revoked, susper	No lumn (d)	No No ne tax year?	Yes No

EEA Schedule G (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

HOT SPGS VILG ANIMAL WELFARE LEAGUE 58-1805215 01. Member election for additional members (Part VI, line 7a) MEMBERSHIP VOTES FOR DIRECTORS 02. Committee meeting documentation (Part VI, line 8b) COMMITTEE MEETINGS ARE NOT CONTEMPORANEOUSLY DOCUMENTED 03. Form 990 governing body review (Part VI, line 11) INCOME TAX RETURN IS AVAILABLE UPON REQUEST. 04. Conflict of interest policy compliance (Part VI, line 12c) ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. 05. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS AVAILABLE UPON REQUEST

Eorm 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer **EIN or SSN** HOT SPGS VILG ANIMAL WELFARE LEAGUE 58-1805215 Name and title of officer or person subject to tax DEBE JOLIFF, TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a. 4a. 5a. 6a. 7a. 8a. 9a. or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b. 2b. 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12).... Form 990 check here 1b Form 990-EZ check here . . . Form 1120-POL check here. . 3a Form 990-PF check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4a Form 8868 check here b Balance due (Form 8868, line 3c)......... 5a 6a Form 990-T check here 6b 7a Form 4720 check here 7b Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8b 8a 9a Form 5330 check here 10a Form 8038-CP check here. . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Lake Hamilton Tax & Advisor 11111 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 05-06-2024 Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 716079 10000 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature AMANDA KENNEDY 05-13-2024 Date **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So