Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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Depar	Inspection											
	Go to www.irs.gov/Form990 for instructions and the latest information.											
	For the 2023 calendar year, or tax year beginning , 2023, and ending											
B	Check if a	if applicable: C Name of organization ANIMAL FRIENDS OF NORTH CENTRAL WV D Employer i										
#	Address of	change	Doing business as			55-0754546						
r	lame cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Roor	m/suite	E Telepho	one number						
ı	nitial retu	urn	PO BOX 1090			(304)290-4738						
F	inal retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	receipts						
A	Amended	l return	Dellslow, WV 26531		\$	515,290						
A	Applicatio	on pending	F Name and address of principal officer: KATHY OROSZ	H(a) Is this a	group return for	r subordinates? Yes X No						
			PO Box 88 Dellslow WV 26531	H(b) Are all	subordinates	s included? Yes No						
<u>1</u>	ax-exem	npt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	lf "No,	' attach a list.	See instructions						
J١	Vebsite:			H(c) Group	exemption nu	umber						
		organization: X	Corporation Trust Association Other L Year of formation:	1999 м	State of legal	I domicile: WV						
Ра	rt I	Summar	у									
	1	Briefly descr	ibe the organization's mission or most significant activities: PREVENTION OF C	RUELTY TO) ANIMA	LS THROUGH						
		ADVOCACY	AND COMMUNITY IN NEED. REDUCTION AND EVENTUAL ELIMIN	ATION OF	THE KI	LLING OF CATS AND						
ő		DOGS BY	ACTIVELY PROMOTING.									
rna												
ove	2	Check this b	$\infty \ [$ if the organization discontinued its operations or disposed of more than 25% of	its net assets	S							
ŏ	3	Number of v	oting members of the governing body (Part VI, line 1a)		3	10						
ŝ	4	Number of ir	ndependent voting members of the governing body (Part VI, line 1b)		4	10						
<i>i</i> tie	5	Total numbe	r of individuals employed in calendar year 2023 (Part V, line 2a)		5	8						
Activities & Governance	6	Total numbe	r of volunteers (estimate if necessary)		6	100						
◄	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12		7a	0						
	b	Net unrelate	d business taxable income from Form 990-T, Part I, line 11		7b	0						
				Prior Year		Current Year						
	8	Contributions	s and grants (Part VIII, line 1h)	18	8,545	212,314						
ne	9	Program ser	vice revenue (Part VIII, line 2g)			0						
Revenue	10	Investment i	6,804)	6,701								
Re	11	Other revenue	3,498	187,754								
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32	5,239	406,769						
	13	Grants and s	similar amounts paid (Part IX, column (A), lines 1-3)			0						
	14	Benefits paid	d to or for members (Part IX, column (A), line 4)			0						
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	10	9,227	127,718						
ses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			0						
Expenses	b	Total fundrai	sing expenses (Part IX, column (D), line 25) 0									
Ä	17	Other expen	8,513	177,584								
	18	Total expens	305,302									
	19	Revenue les	s expenses. Subtract line 18 from line 12		7,740 7,499	101,467						
- «	3			Beginning of Cur		End of Year						
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)	70	8,279	809,183						
Asse	21		es (Part X, line 26)		8,961	5,156						
Net	22		r fund balances. Subtract line 21 from line 20		9,318	804,027						
	rt II		re Block									
Unde	er penalti	ies of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and be	elief, it is							
true,	correct,	and complete. De	claration of preparer (other than officer) is based on all information of which preparer has any knowledge.		I							
		катн	Y OROSZ									
Sig	n	Signature of office			Date							
Her		КАТН	Y OROSZ, TREASURER									
			• •									

	Type or print name and title									
	Print/Type preparer's name		Preparer's signature	Date	Date		PTIN			
Paid	Megan Taylor			06-27-2024	self-employed		P02137153			
Preparer	Firm's name	Melissa	LC	Firm's EIN						
Use Only	Firm's address	1195 PIN	EVIEW DRIVE STE 4		Phone	no.				
		Morganto		304-	212-5459					
May the IRS discuss this return with the preparer shown above? See instructions										

Form	990 (2023) ANIMAL FRIENDS OF NORTH CENTRAL WV	55-0754546	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	PREVENTION OF CRUELTY TO ANIMALS THROUGH ADVOCACY AND COMMUNITY IN NEED. R	EDUCTION AND	EVENTUAL
	ELIMINATION OF THE KILLING OF CATS AND DOGS BY ACTIVELY PROMOTING.		
~			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		<u>X</u> NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$277,093 including grants of \$) (Revenue	-)
	PREVENTION OF CRUELTY TO ANIMALS THROUGH ADVOCACY AND COMMUNITY IN NEED. RE	DUCTION AND	EVENTUAL
	ELIMINATION OF THE KILLING OF CATS AND DOGS BY ACTIVELY PROMOTING.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	(•	/
4d	Other program services (Describe on Schedule O.)	,	
4-	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 277,093	F	m 000 (0000)
EEA		For	m 990 (2023)

	990 (2023) ANIMAL FRIENDS OF NORTH CENTRAL WV 55-0754	546	F	Page 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	1		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		v
•	complete Schedule D, Part III	0		x
9	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		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		x
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI.	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X.	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI.	18	x	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2023)

Form	990 (2023)ANIMAL FRIENDS OF NORTH CENTRAL WV55-0754	546	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
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		х
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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		х
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		х
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 I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
••	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line</i> 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part.VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20		
Dar	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	NU
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U	reportable gaming (gambling) winnings to prize winners?	1c	x	
		v		(0000)

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Par				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	8			
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		х
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?		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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		
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				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
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 require	ed?	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				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:		-		
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources		-		
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.		Tou		
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				
~	Enter the amount of reserves on hand				
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?		14a		v
					x
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		
	excess parachute payment(s) during the year?		15		x
40	If "Yes," see the instructions and file Form 4720, Schedule N.		40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		х
<i>.</i> -	If "Yes," complete Form 4720, Schedule O.				
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.				

For	m 990 (2023) ANIMAL FRIENDS OF NORTH CENTRAL WV 55-07545			age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and fo	or a "I	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See il	nstruc	ctions
	Check if Schedule O contains a response or note to any line in this Part VI			х
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	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	ction 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		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Iu	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		
	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?	100		1
17	List the states with which a copy of this Form 990 is required to be filed West Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
.5	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Image noise available. Check all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
13	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.			
20	KATHY OROSZ (304)290-0161, PO Box 88, Dellslow, WV 26531			
	WITH OWODE (201/270-0101, TO BOK 00, DETIDIOW, WV 20331			

Form 990 (202	3) ANIMAL FRIENDS OF NORTH CENTRAL WV	55-0754546	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a										
	Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII		🗌							
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending	with or within the								
organization's	tax year.									
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), reg	pardless of amount of								
compensation.	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.

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

	aleu organizat		препа	alet	u ai	ly cun	ent		แน้งเออ.	
				(C	;)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average		ot checl					Reportable	Reportable	Estimated amount
	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or In	Ing	q	Ke	en	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	dire	stitut	Officer	ÿ er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	related organizations	ctor	iona		Key employee	/ee				
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	e	stee			Highest compensated employee				
						ă				
(1)ASHLEY LAVILLE	10.00			+						
SECRETARY	_			x				0	0	0
(2) MICHELLE MCINTYRE	10.00									
MEMEBER				x				0	0	0
(3) MALLORY WEAVER	10.00									
MEMEBER				x				0	0	0
(4) DEANA KARSTAEDT	10.00									
MEMEBER				x				0	0	0
(5) DANIELLE COSTELLO	10.00									
MEMEBER				x				0	0	0
(6) KELLEY OWEN	10.00									
CHAIRMAN				x				0	0	0
(7)KATHY OROSZ	30.00									
TREASURER				x				0	0	0
(8) RONDA SMITH	10.00									
CO-CHAIRMAN				x				0	0	0
(9) TAMI SHROUT	10.00									
				x				0	0	0
(10)CAROL MANGONE	10.00									
MEMEBER				x				0	0	0
(11)										
(12)				1						
(13)				+						
<u>(14)</u>				+						
										Farma 200 (0000)

	90 (2023) ANIMAL FRIENDS OF										5-0754			age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp		·	es, ar	nd I	Highest Comp	ensated	Empl	oyees	(cont	inued
	(A) Name and title	(B) Average hours per week (list any	box, offic	, unles cer and	Pos eck m ss per d a dir	rson is rector	han one s both ai r/trustee	n)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/		(F) Estimated a of oth compens from th		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	ISC/	-	nization d organiz	
(15)														
			-											
(17)			_											
<u>(18)</u>			-											
(19)			-											
(20)			-											
(21)			-											
(22)			-											
(23)			-											
(24)			-											
(25)			-											
1b	Subtotal	•••••		•••	•••	•••	•••	•						
C L	Total from continuation sheets to Part VII, Sect		•••	•••	•••	•••	•••	•						•
d 2	Total (add lines 1b and 1c)								received more th	nan \$100	0 ,000 of			0
	reportable compensation from the organization	tion										,		C
3	Did the organization list any former officer, direct	tor, trustee	kev en	nolan	vee.	or h	iahest	t cor	mpensated				Yes	No
-	employee on line 1a? If "Yes," complete Schedul		-				-					3		x
4	For any individual listed on line 1a, is the sum of re-													
	organization and related organizations greater th <i>individual</i>											4		x
5	Did any person listed on line 1a receive or accrue													
Sooti	for services rendered to the organization? If "Yes	s," complete	e Schea	lule .	J for	suc	h pers	son			<u></u>	5		X
<u>3ecii</u> 1	on B. Independent Contractors Complete this table for your five highest cor	mpensate	d indep	benc	dent	cor	ntract	ors	that received mo	re than \$	100.00	0 of		
	compensation from the organization. Repor	-	-										tax y	ear.
	(A)								(B)			(C)		
	Name and business addres	S							Description of servic	es		Compens	ation	
2	Total number of independent contractors (ir received more than \$100,000 of compensation	-					iose li	ste	d above) who					

Form 99	90 (20	23) ANIMA	L F	RIENDS C	OF NO	ORTH CENTRAL	WV		55-07545	46 Page 9
Part	VIII	Statement of Rev	enu	е						
		Check if Schedule O	con	tains a res	spons	e or note to any l	ine in this Part $ ho$	/		[
							(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					
	b				1b	5,210				
Contributions, Gifts, Grants and Other Similar Amounts	c				1c					
Gra Dou	d				1d					
ifts, r Ar	е	-			1e	8,773				
s, G nila	f	· · · · · · · · · · · · · · · · · · ·								
Sir		and similar amounts not ir	-		1f	198,331				
ibut	g	Noncash contributions inc	ludeo	d in						
on tr		lines 1a-1f			1g	\$				
arc	h	Total. Add lines 1a-1f					212,314			
						Business Code				
	2a									
ice	b									
erv iue	c									
Jram Serv Revenue	d									
Program Service Revenue	е									
	f	All other program service r	reven	ue	•••					
	g	Total. Add lines 2a-2f .								
	3	Investment income (includi	na di	vidends. inte	erest. a	and				
		other similar amounts) .					6,701			6,701
	4	Income from investment of	tax-e	exempt bond	d proce	eeds				
	5	Royalties	<u></u> .							
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)	• •							
	7a	Gross amount from		(i) Securiti	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
/en	c	Gain or (loss)	7c							
Rev	d	Net gain or (loss)			. <u></u>					
Other Revenue	8a	Gross income from fundrai	ising							
ŧ		events (not including \$			_					
		of contributions reported o	n line)						
		1c). See Part IV, line 18			8a	24,042				
		Less: direct expenses .			8b	8,886				
		Net income or (loss) from f		aising event	s		15,156			15,156
	9a	Gross income from gaming	g							
		activities. See Part IV, line	19 .		9a					
		Less: direct expenses .			9b					
	C	Net income or (loss) from (gamiı	ng activities	••					
	10a	Gross sales of inventory, le	ess							
		returns and allowances .	•••		10a	272,233				
		Less: cost of goods sold			10b					
	C	Net income or (loss) from s	sales	of inventory	y		172,598			172,598
						Business Code				
Sno	11a									
ano nue	b									
scellanoi Revenue	С									
Miscellanous Revenue		All other revenue								
-		Total. Add lines 11a-11d								
	12	Total revenue. See instru	ction	s			406,769	0	0	194,455

2023) ANIMAL FRIENDS OF NORTH CENTRAL WV

Sec	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 this Part IX										
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising						
8b, 9	b, and 10b of Part VIII.		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)			11.000							
7	Other salaries and wages	118,642	106,804	11,838							
8	Pension plan accruals and contributions (include										
~	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	0.056	0.150	005							
10		9,076	8,170	906							
11	Fees for services (nonemployees):										
a b	Management										
b c		7,822		7,822							
d		7,022		7,822							
e	Professional fundraising services. See Part IV, line 17.										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25, column										
9	(A), amount, list line 11g expenses on Schedule O.)	45		45							
12	Advertising and promotion	380	380								
13	Office expenses	2,741	1,961	780							
14	Information technology	27712	1,501	,							
15	Royalties										
16	Occupancy										
17											
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	2,365	2,365								
23		7,700	5,775	1,925							
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 FEES	63,928	63,928								
b	SHELTER & RESCUE	69,962	69,962								
С	SPAY/NEUTER CLINIC	2,585	2,585								
d	VEHICLE EXPENSE	18,359	13,769	4,590							
е	All other expenses	1,697	1,394	303							
25	Total functional expenses. Add lines 1 through 24e	305,302	277,093	28,209	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 🗍 if										
	following SOP 98-2 (ASC 958-720)										

	990 (20	,	CENT	TRAL WV	5	5-075	4546 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ar	ny line in this Part X		<u></u>	
					(A)		(B)
	r				Beginning of year		End of year
	1	Cash - non-interest-bearing	•••		193,457	1	122,072
	2	Savings and temporary cash investments			46,239	2	50,000
	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 co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers	ions (a	s defined			
		under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6	
ú	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges	•••			9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	189,032			
	b	Less: accumulated depreciation	10b		13,039	10c	21,814
	11	Investments - publicly traded securities	•••			11	
	12	Investments - other securities. See Part IV, line 11 .		12			
	13	Investments - program-related. See Part IV, line 11 .	455,544	13	615,297		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line	33).		708,279	16	809,183
	17	Accounts payable and accrued expenses			8,961	17	5,156
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete Part IV of	of Sche	edule D		21	
S	22	Loans and other payables to any current or former office	er, dire	ctor,			
iliti		trustee, key employee, creator or founder, substantial co		or, or 35%			
Liabilities		controlled entity or family member of any of these perso				22	
_	23	Secured mortgages and notes payable to unrelated thin				23	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24)					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	_		8,961	26	5,156
		Organizations that follow FASB ASC 958, check here	e 🗌				
ŝ		and complete lines 27, 28, 32, and 33.					
inc.	27	Net assets without donor restrictions				27	
Bala	28					28	
Ъ		Organizations that do not follow FASB ASC 958, cho	eck he	re X			
Fui		and complete lines 29 through 33.					
or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equipmen				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, o			699,318	31	804,027
Net	32	Total net assets or fund balances			699,318	32	804,027
	33	Total liabilities and net assets/fund balances			708,279	33	809,183

EEA

Form **990** (2023)

Form	990 (2023) ANIMAL FRIENDS OF NORTH CENTRAL WV	55-075454	6	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		406,	,769
2	Total expenses (must equal Part IX, column (A), line 25)	2		305,	,302
3	Revenue less expenses. Subtract line 2 from line 1	3		101,	,467
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		699,	,318
5	Net unrealized gains (losses) on investments	5		3,	,243
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			(1)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		804,	,027
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 Cash 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		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	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		х
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	<u></u>	3b		
EEA			Forn	n 990	(2023)

SCHEDULE	Α
(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 2023 Onon to Bublic

	nent of the Treasury Revenue Service	Go to	Attach to Form 990 or Form 990-EZ. www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
Name o	of the organization	6010	Employer identifications and the latest mormation.					
	-	F NORTH CENTR	AT. W17				55-075454	
Part				I organizations mus	st comple	te this r		
				nes 1 through 12, check of				
1	_	•		hurches described in se	•	,		
2	_			h Schedule E (Form 990				
3	_			ion described in section		(A)(iii).		
4	= .	•	•	tion with a hospital desc			b)(1)(A)(iii). Enter the	•
		e, city, and state:	,	·				
5	•	-	enefit of a college o	r university owned or op	erated by a	qovernme	ental unit described in	
		,)(1)(A)(iv). (Comple	0	, ,	,	0		
6	_ ·			I unit described in section	on 170(b)([,]	1)(A)(v).		
7	_	-	-	art of its support from a g			rom the general public	
	described in s	ection 170(b)(1)(A)	vi). (Complete Par	rt II.)			. .	
8	A community t	rust described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)				
9	An agricultural	research organizati	on described in se	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant co	llege
	or university or	r a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
	university:							
10	receipts from a support from g	activities related to its ross investment inco	exempt functions, me and unrelated l	33 1/3% of its support fro subject to certain excep business taxable income e section 509(a)(2). (Co	tions; and ((less secti	(2) no mor on 511 tax	e than 33 1/3% of its	S
11	🗌 An organizatio	n organized and ope	erated exclusively	to test for public safety.	See sectio	n 509(a)(4	.).	
12	An organizatio	n organized and ope	rated exclusively for	or the benefit of, to perform	m the funct	ions of, or	to carry out the purpos	ses of
	one or more p	ublicly supported ore	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)(3). Check
	the box on line	s 12a through 12d th	at describes the ty	pe of supporting organiza	ation and c	omplete lir	es 12e, 12f, and 12g.	
а				ervised, or controlled by		-		iving
		• • • • •		rly appoint or elect a ma		directors	or trustees of the	
	•	-		rt IV, Sections A and E				
b			•	controlled in connection			• • • •	•
		•		ation vested in the same	persons tha	at control o	r manage the supporte	ed
		on(s). You must con	•					
С				rganization operated in o		-	, 0	with,
				ou must complete Par				tion (a)
d		-		ing organization operate				. ,
			•	n generally must satisfy a ete Part IV, Sections A		•	ent and an attentivene	55
•	_ '	,	•	en determination from the	•			
е		0		integrated supporting o			і, туре ії, туре ії	
f		r of supported organ	-	integrated supporting o	Iganization			
g		wing information abo		\cdots				•••
9	(i) Name of supporte	ů.	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	()		(,	(described on lines 1-10	listed in you	r governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total	nonuorite Destructi	on Act Notice and	he Instructions fo	r Form 000 ar 000 F7				
EEA	perwork Reduction	ON ACT NOTICE, SEE	me instructions to	r Form 990 or 990-EZ.			Sc	hedule A (Form 990) 202

	e A (Form 990) 2023 ANIMAL FRI					55-0754546	
Part							
	(Complete only if you checked the				•		lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	e Part III.)	
	on A. Public Support	1	1	I	1		
	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 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						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
$\frac{6}{2}$	Public support. Subtract line 5 from line 4.						
-	on B. Total Support	(-) 0040	(1-) 0000	(-) 0004	(-1) 0000	(-) 0000	(f) Tatal
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources						
9							
	activities, whether or not the business						
10	is regularly carried on Other income. Do not include gain or						
10	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.	(coo instructio				12	
12	First 5 years. If the Form 990 is for the o)(2)
15	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	rt Percentag	<u></u>				••••
14	Public support percentage for 2023 (line 6			1 column (f))		14	%
15	Public support percentage from 2022 Sch					15	%
16a	33 1/3% support test - 2023. If the organ					-	
	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ		• • • •	•			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20			•			
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
	organization			-	-		_
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the						
	organization			-			·
18	Private foundation. If the organization di						
_	instructions						

 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.)

Secti	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	(.,	(,	(-)	(0) = 0 = =	(0) = 0 = 0	(1)
	received. (Do not include any "unusual grants.")	321,426	257,507	180,269	188,545	212,314	1,160,061
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	174,250	119,316	172,739	233,151	296,275	995,731
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	495,676	376,823	353,008	421,696	508,589	2,155,792
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b							
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Section							2,155,792
	on B. Total Support	(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
9	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10a	Gross income from interest, dividends,	495,676	376,823	353,008	421,696	508,589	2,155,792
TUa							
	payments received on securities loans, rents, royalties, and income from similar sources .					6,701	6 701
b	Unrelated business taxable income (less					0,701	6,701
D D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b					6,701	6,701
11	Net income from unrelated business					0,701	0,701
••	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.)	495,676	376,823	353,008	421,696	515,290	2,162,493
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, 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						
15	Public support percentage for 2023 (line 8	, column (f), di	vided by line 1	3, column (f))		15	99.69 %
16	Public support percentage from 2022 Sche	edule A, Part II	II, line 15 .			16	100.00 %
	on D. Computation of Investment Inc		-				
17	Investment income percentage for 2023 (I			-		17	0.00 %
18	Investment income percentage from 2022					18	0.00 %
19a	33 1/3% support tests - 2023. If the organ						
	17 is not more than 33 1/3%, check this be		-	-		• • •	
b	33 1/3% support tests - 2022. If the organizati						
<i></i>	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization die	d not check a b	oox on line 14,	19a, or 19b, cl	neck this box a	nd see instruc	tions 🗌

1

2

3a

4a

6

7

8

9a

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

ANIMAL FRIENDS OF NORTH CENTRAL WV 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 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. 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 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. Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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. 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). 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). Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 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. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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.)

b

Part	IV Supporting Organizations (continued)			9-
			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		
C	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		
Secti	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			
	<i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Socti	on C. Type II Supporting Organizations	2		
5000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	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			
		4		
Conti	the supported organization(s). on D. All Type III Supporting Organizations	1		
becu	on D. An Type in 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	-		
2				
	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

ANIMAL FRIENDS OF NORTH CENTRAL WV

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the me	ethod that the	organization used i	to satisfy the Integral Part	Test during the year (see instructions).

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

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

2a

2b

3a

3b

Yes

No

55-0754546

Page 5

	A (Form 990) 2023 ANIMAL FRIENDS OF NORTH CENTRAL WV		55-075	4546 Page
Part		-		
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			-
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
	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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-	Charle have if the surrout user is the experimentiants first as a new functions	<u></u> '		

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

Schedule A (Form 990) 2023

	e A (Form 990) 2023 ANIMAL FRIENDS OF NORTH C			7545	46 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	izations (continue	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to supported organizations to accomplish e		ed	•	
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	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 resp	onsive	-	
	(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	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(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				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	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: \$				
-	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
6	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
<u> </u>	Evenes from 2010				
a	Evenes from 2020				
C	Excess from 2020 Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
EEA				Sc	hedule A (Form 990) 2023

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

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

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

2023

Name of the organization	Employer identification number				
ANIMAL FRIENDS OF NORTH CENTRAL WV	55-0754546				
Organization type (check one):					

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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE PETERMAN FOUNDATION 364 PATTESON DRIVE 265	\$50,000	Person x Payroll Noncash (Occurring Decision (occurring the second sec
	Morgantown WV 26505		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WV Spay and Neuter Assistance Progr		Person 🗵 Payroll 🗌
	Morgantown Morgantown WV 26508	\$7,273	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Leslie L Alexander Foundation 10 E. Atlantic Avenue, Suite 320 Delray Beach FL 33444	\$40,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Jim and Donna O'Connell 1020 Johathan Lane Morgantown WV 26508	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person□Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollDoncash(Complete Part II for noncash contributions.)

Employer identification number

Name of organization

EEA

ANIMAL FRIENDS OF NORTH CENTRAL WV

55-0754546

SCHEI	DULE 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.

OMB No.	1545-0047
20	23

Open to Public

Attach to Form 990.	Open to Pu
Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name o	the organization			Employer identification number		
ANIMA	L FRIENDS OF NORTH CENTRAL WV			55-0754546		
Par	t I Organizations Maintaining Donor Advised	Funds or Other Sin	nilar Funds or Ac	counts		
	Complete if the organization answered "Yes" of	on Form 990, Part I∖	, line 6.			
		(a) Donor ac	lvised funds	(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor advised	1		
	funds are the organization's property, subject to the organization	ation's exclusive legal c	ontrol?	Yes 🗌 No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that g	rant funds can be us	ed		
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, or	for any other purpos	e		
	conferring impermissible private benefit?			Yes 🗌 No		
Part	II Conservation Easements					
	Complete if the organization answered "Yes" of	on Form 990, Part IV	/, line 7.			
1	Purpose(s) of conservation easements held by the organization	tion (check all that appl	y).			
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a	historically important land area		
	Protection of natural habitat		Preservation of a	certified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	bution in the form of	a conservation		
	easement on the last day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements \ldots			2b		
С	Number of conservation easements on a certified historic str	ructure included on line	2a	<u>2</u> c		
d	Number of conservation easements included on line 2c, acq	uired after July 25, 200	6, and not			
	on a historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, o	or terminated by the o	organization during the		
	tax year					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe		-			
	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, a	ind enforcing conserv	ation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations and e	onforcing conservatio	n easements during the year		
'	Amount of expenses incurred in monitoring, inspecting, hare			in casements during the year		
8	Does each conservation easement reported on line 2d abov	e satisfy the requireme	nts of section 170(h)	(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conserva					
	sheet, and include, if applicable, the text of the footnote to the					
	organization's accounting for conservation easements	0				
Part	III Organizations Maintaining Collections	of Art, Historical	Treasures, or C	Other Similar Assets		
	Complete if the organization answered "Yes" of	on Form 990, Part I∖	', line 8.			
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its r	evenue statement an	d balance sheet works		
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	on, or research in furt	herance of public		
	service, provide in Part XIII the text of the footnote to its final	ancial statements that de	escribes these items.			
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1 \ldots					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre	easures, or other simila	r assets for financial	gain, provide the		
	following amounts required to be reported under FASB ASC	-				
а	Revenue included on Form 990, Part VIII, line 1			·		
b	Assets included in Form 990, Part X			\$		

	le D (Form 990) 2023 ANIMAL FRIENDS							55-0754			Page 2
Par							-		sets (c	ontin	nued)
3	Using the organization's acquisition, access	sion, ar	nd other record	ls, check a	ny of the fo	ollowing that i	make się	gnificant use of its			
	collection items (check all that apply):										
а	Public exhibition			d	🗌 Loan o	r exchange p	orogram				
b	Scholarly research			е	Other						
с	Preservation for future generations										_
4	Provide a description of the organization's	collecti	ions and explai	in how they	/ further the	e organizatio	n's exen	not ouroose in Part			
-	XIII.	0011000				onganizatio					
5		or room	ivo donationa	of ort bioto	rical traca	uree or othe	r oimilor				
5	During the year, did the organization solicit										
Der	assets to be sold to raise funds rather than			part of the	organizatio	on's collectio	n 	•••••	. 🗌 Ye	S	No
Par	LIV Escrow and Custodial Arr			. –			•			_	
	Complete if the organization	ansv	vered "Yes	on Forr	n 990, P	art IV, line	9, or i	reported an am	ount on	Forr	n
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custo	dian or	other intermed	liary for cor	ntributions	or other asse	ets not				
	included on Form 990, Part X?								. 🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XI	II and	complete the fo	ollowing tak	ole.						
								Am	ount		
с	Beginning balance						. 10	;			
d	Additions during the year							4			
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on									. .	No
	-							•			
Bori	If "Yes," explain the arrangement in Part XI t V Endowment Funds	II. Che		explanation	nas Deen	provided on		•••••		•	
Par			vered "Vee	' on Form	~ 000 D	ort IV/ line	10				
	Complete if the organization										
		(a)	Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions								_		
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	rrent ve	ear end baland	e (line 1a.	column (a)) held as:		1	-		
а	Board designated or quasi-endowment			(U,	()	/					
b	Permanent endowment 9										
c	Term endowment %	•									
U	The percentages on lines 2a, 2b, and 2c sh		aual 100%								
20	Are there endowment funds not in the post		•	ration that	ara hald ar	d administar	ad for th	2			
3a		5622101	TOT THE OTGATIZ					e		Vaa	Na
	organization by:								0-(1)	Yes	No
	(i) Unrelated organizations?								. 3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organ							••••	. 3b		
	Describe in Part XIII the intended uses of t			lowment fu	nds.						
Par		•									
	Complete if the organization	ansv	vered "Yes'	' on Forr	<u>n 990, P</u>	art IV, line	<u>11a. </u>	See Form 990,	Part X,	line '	10.
	Description of property		(a) Cost or oth	er basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Boo	k value	
			(investm	ent)	(0	other)	d	epreciation			
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment					189,032		167,218		21	814
e	Other				-			10/ 1210		<u></u> ,	97.1
	Add lines 1a through 1e. (Column (d) must		Form 000 Po	rt X lino 1		(R)				21	Q1/
		equal	i onn 990, Pa	т. л, ши 10	io, column	μ	• • • •		adula D (C		814
EEA								SCN	edule D (F	JUII 95	5UJ 2U23

Schedule	n .	(Earm	000	2022
Schedule	υ	(Form	990) 2023

Schedule D (Form 990) 2023 ANIMAL FRIENDS OF NORTH CENT	55-0754546 Page 3	
Part VII Investments - Other Securities		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))		
Part VIII Investments - Program Related		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) YOUR COMMUNITY FUND	9,315	FMV
(2)CHARLES SCHWAB	605,982	FMV
(3)		

615,297

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

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

(b) Book value

(a) Description

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

Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).

Other Assets

Other Liabilities

(a) Description of liability

line 25.

(1) Federal income taxes

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.

(b) Book value

EEA

(4) (5) (6) (7) (8) (9)

Part IX

(1) (2) (3) (4) (5) (6) (7) (8) (9)

Part X

1.

(2) (3) (4) (5) (6) (7) (8) (9)

Schedu	e D (Form 990) 2023 ANIMAL FRIENDS OF NORTH CENTRAL WV			55-0754		Page 4		
Part	XI Reconciliation of Revenue per Audited Financial Stateme	nts	With Revenue per	Return	ı			
	Complete if the organization answered "Yes" on Form 990, Pa	art I\	/, 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	2b						
С	Recoveries of prior year grants	2c						
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.)	4b						
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				er Retu	rn			
	Complete if the organization answered "Yes" on Form 990, Pa	art I\	/, 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:		I					
а	Donated services and use of facilities	2a		_				
b	Prior year adjustments	2b		_				
C	Other losses	2c		_				
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.)	4b						
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	Part XIII Supplemental Information							

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

SCHEDULE G Suppler		Supplement	al Information	OMB No. 1545-0047				
(Form 990) 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.				, or 19, or if the	2023 Open to Public			
	Attach to Form 990 or Form 990-EZ.							
	I Revenue Service	(30 to www.irs.gov/F	-orm990 for II	nstructions ar	id the latest informat		Inspection
	•	F NORTH CENTE	AT 107					754546
Part				e organiz	ation ansv	vered "Yes" on l	Form 990, Part I	
		0-EZ filers are r	•	•				.,
1	Indicate whether	the organization rais	ed funds through	any of the fol	llowing activit	ies. Check all that a	apply.	
а								
b								
C L	Phone solicita			g	Special fun	draising events		
d 2a	Did the organizat	tion have a written o	r oral agreement w	vith any indivi	idual (includir	a officers directors	trustees	
Lu	0	s listed in Form 990,	0			0		Yes No
b	, , ,		, ,		•	0	ich the fundraiser is t	to be
	compensated at I	least \$5,000 by the c	organization.					
				1		1		
	(i) Name and address of individual or entity (fundraiser)		(ii) Activity	custody c	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total			1	1				
Total 3		•	n is registered or l	icensed to se	olicit contribu	tions or has been no	otified it is exempt fro	om

Schedule	G	(Form	990)	2023
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ANIMAL FRIENDS OF NORTH CENTRAL WV

55-0754546

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		gross receipts greater than	\$5,000.								
Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
			Camping	Splash Bash	10	(add col. (a) through					
			(event type)	(event type)	(total number)	col. (c))					
	1	Gross receipts	10,703	5,343	7,996	24,042					
Re											
	2	Less: Contributions									
	3	Gross income (line 1									
		minus line 2)	10,703	5,343	7,996	24,042					
	4	Cash prizes									
	5	Noncash prizes									
Se	6	Rent/facility costs									
Direct Expenses											
ăX.	7	Food and beverages									
сt											
Dire	8	Entertainment									
	9	Other direct expenses		1,250	7,636	8,886					
	10	Direct expense summary. Add lin		8,886							
	11	Net income summary. Subtract lir	15,156								
Pa	rt III	Gaming. Complete if the or	ganization answered "א	es" on Form 990, Part	IV, line 19, or reported n	nore than					
		\$15,000 on Form 990-EZ, line 6a.									
<i>n</i>			(a) Bingo (b) Pull tabs/instant (c) Other gaming								
nue			(a) Biriyo	bingo/progressive bingo		col. (a) through col. (c))					
Revenue											
<u>m</u>	1	Gross revenue									
S	2	Cash prizes									
Direct Expenses											
kpei	3	Noncash prizes									
θ											
irec	4	Rent/facility costs									
Ō											
	5	Other direct expenses	_		_						
			Yes %	Yes %	Yes %						
	6	Volunteer labor	No	Νο	No						
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Su	Net gaming income summary. Subtract line 7 from line 1, column (d)								
9		nter the state(s) in which the organiz	• •								
		the organization licensed to conduct gaming activities in each of these states?									
	b lf"	If "No," explain:									
10		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes 🗌 No									
	b If "	f "Yes," explain:									

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.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

55-0754546

23

Department of the Treasury Internal Revenue Service

Name of the organization

ANIMAL FRIENDS OF NORTH CENTRAL WV

01. Members or stockholder classes and rights (Part VI, line 6)

THE ORGANIZATION HAS NON-VOTING MEMBERS

02. Member election for additional members (Part VI, line 7a)

THE BOARD OF DIRECTORS ELECT THE OFFICERS AND MEMBERS.

03. Form 990 governing body review (Part VI, line 11)

FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS

04. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC

05. Explanation of other changes in net assets or fund balances (Part XI, line 9)

BALANCING ADJUSTMENT DUE TO ROUNDING.