Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the 2	023 calendar year, or tax year beginning 07 - 01 , 2023, and ending	La constitución de la constitución	06-30 ,2024					
В	Check if a	pplicable: Valle of organization	SE USE	ntification number					
$\overline{}$	Address	7.0.190	05-06276						
_	Name ch		E Telephone number						
_	Initial retu	m/terminated	(928) 897						
_	Amended	City or town lates or province country and ZIP or foreign nostal code	Group Exen	nption					
_		n pending GOLDEN VALLEY, AZ 86413	Number						
G,	Accounti			organization is not					
1 1	Website:	WWW.FORTHEUVOFFAW.ORG		h Schedule B					
J ·	Tax-exem	xempt status (check only one) - 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Form 990).							
-		organization: X Corporation Trust Association Other:							
L.	Add lines	5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets							
		mn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	121,638					
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions fo	or Part I)					
		Check if the organization used Schedule O to respond to any question in this Part I		X					
100	1	Contributions, gifts, grants, and similar amounts received	. 1	117,997					
	2	Program service revenue including government fees and contracts							
	3	Membership dues and assessments	. 3						
	4	Investment income	. 4						
	5a	Gross amount from sale of assets other than inventory		1,000					
	b	Less: cost or other basis and sales expenses							
	-	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c						
	C	Gaming and fundraising events:		6.6					
	6	Gross income from gaming (attach Schedule G if greater than							
•	а	\$15,000)							
'n		Gross income from fundraising events (not including \$ of contributions							
Revenue	b	9000 0000 0000 0000 0000 0000 0000 000							
å		from fundraising events reported on line 1) (attach Schedule G if the							
		Suri of Such grows income and some sure that the first of	0						
	C	Less. direct expenses north garring and fariationing events.							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	64	3,540					
	1000	line 6c)	. 6d	3,540					
	7a	Gross sales of inventory, less returns and allowances							
	b	Less, cost of goods sold:	7-						
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		101					
	8	Other revenue (describe in Schedule O)		101					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		121,638					
Expenses	10	Grants and similar amounts paid (list in Schedule O)							
	11	Benefits paid to or for members		3,469					
	12	Salaries, other compensation, and employee benefits		17,663					
	13	Professional fees and other payments to independent contractors		29,737					
	14	Occupancy, rent, utilities, and maintenance		56,911					
	15	Printing, publications, postage, and shipping		229					
	16	Other expenses (describe in Schedule O)		10,434					
	17	Total expenses. Add lines 10 through 16		118,443					
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	. 18	3,195					
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with							
		end-of-year figure reported on prior year's return)		146,506					
	20	Other changes in net assets or fund balances (explain in Schedule O)							
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. 21	149,701					

	990-EZ (2023) FOR THE LUV OF PAWS I			05-06	2767	4 Page 2
Par			action in this Dort I	i		₩.
	Check if the organization used Schedule O	to respond to any que	estion in this Fart		1	
00	Cash, savings, and investments			(A) Beginning of year 71,364	22	(B) End of year 61,702
22	Land and buildings			72,536	23	85,084
23	200		1	2,703	24	2,915
24	Other assets (describe in Schedule O)			146,603	25	
25	Total assets			97	26	149,701
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) m			146,506	27	149,701
27 Par					21	149,701
Pai	Check if the organization used Schedule O					Expenses
10/1	is the organization's primary exempt purpose? SEE AT		163tion in this r art		(Req	uired for section
Descr as me	ibe the organization's primary exempt purpose? SEE AT ibe the organization's program service accomplishments frasured by expenses. In a clear and concise manner, descriptions benefited, and other relevant information for each program.	or each of its three large ribe the services provid	est program services ed, the number of		11. 82	c)(3) and 501(c)(4) nizations; optional for rs.)
28	SEE ATTACHMENT 2					
		6 (A) SPECIAL SECTION				
	(Grants \$) If this amou	nt includes foreign grant	s, check here	<u> </u>	28a	0
29						
						-
	(Grants \$) If this amou	nt includes foreign grant	s, check here	<u>U</u>	29a	
30		3				
	1					
		nt includes foreign grant			30a	
31	Other program services (describe in Schedule O)			<u>.</u>		
		nt includes foreign grant			31a	
32	Total program service expenses (add lines 28a through	gh 31a)		 	32	
Par	t IV List of Officers, Directors, Trustees, and					
	Check if the organization used Schedule C	to respond to any qu	uestion in this Part	:IV	· ; ·	
	,_ (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	deferred compensation		e) Estimated amount of other compensation
CHE	RIE DALYNN					
8	NDER/TREASURER	100.00			0	0
	LY CURRY					
A Description of the Control of the	CTOR/MEMBER	10.00			0	0
	OL VINE					
	ECTOR/MEMBER	5.00		1	0	0
	MINER					
	ECTOR/MEMBER	10.00			0	0
	ORAH HERBERT					
	PRESIDENT	10.00	()	0	0
XI III MARKA						
		1 7 3 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3	Controlled to the controlled			-8

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Part					
War 11	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		• • •	<u>. L</u>	
			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a				
	detailed description of each activity in Schedule O	33		X	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	change on Schedule O. See instructions	34		<u>x</u>	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	25-		75	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		<u> </u>	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	วอม			
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		х	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	330		Λ	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		x	
	during the year? If "Yes," complete applicable parts of Schedule N	30			
37a	Did the organization file Form 1120-POL for this year?	37b		x	
b	Did the organization file Form 1120-FOL for this year?	0,0		- 42	
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x	
-	If "Yes," complete Schedule L, Part II, and enter the total amount involved				
b	Section 501(c)(7) organizations. Enter:				
39	Initiation fees and capital contributions included on line 9				
a	Gross receipts, included on line 9, for public use of club facilities				
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
40a	section 4911: ; section 4912: ; section 4955:				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
Ū	on organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				
	40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T	40e		X	
41	List the states with which a copy of this return is filed:				
42a	The organization's books are in care of: CHERIE DALYNN Telephone no. 928-8		304		
	Located at: 8115 W OATMAN HIGHWAY, GOLDEN VALLEY, AZ ZIP+4 86413				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X	
	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	Financial Accounts (FBAR).	40-			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<u> </u>	Х	
	If "Yes," enter the name of the foreign country:			Г	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		• • •	٠ ـ	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No	
	Division of the secretary and description of the description of the vega? If "Veg." Form 900 must be	152.15	103	140	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44a		x	
	completed instead of Form 990-EZ	Ta		A	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		x	
	Did the organization receive any payments for indoor tanning services during the year?	44c		X	
C C	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	-10		42	
d	explanation in Schedule O	44d			
AE-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x	
45a	Did the organization have a controlled entity within the meaning of section 312(b)(15):	.50			
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
	Form 990-EZ. See instructions	45b		x	
			00 F7	(2022	

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				2.2.0		12	2		Yes	NO	
46		e organization engage, directly or indirectly									
Dort		didates for public office? If "Yes," complete complete for public office? If "Yes," complete for public office. If "Yes," complete for public offi							16	X	
Part		All section 501(c)(3) organization		tions 17-1	Oh and 52) and	complete the	tablee	for line	c	
		in section 30 h(c)(3) organization in the section of the section o	is must answer ques	5110113 47-4	ob and oz	., and	complete the	labics	ioi iiiie	3	
		Check if the organization used S	chadula () to respon	d to any a	uestion in	this P	art VI			П	
		check if the organization used o	chedule o to respon	a to arry q	ucodon in	uno	art vi		Yes		
47	Did th	e organization engage in lobbying activit	ies or have a section 501/	h) election in	effect during	n the tay			103	140	
41		If "Yes," complete Schedule C, Part II.							17	x	
48		organization a school as described in se							18	x	
49a		e organization make any transfers to an							9a	x	
b		s," was the related organization a section							9b	 	
50		ete this table for the organization's five hi									
00		yees) who each received more than \$10									
	Omplo	,000) III 0 00011 10001100 III 1010 II			portable		ealth benefits,				
	(a)	Name and title of each employee	(b) Average hours per week	compe	ensation /1099-MISC/	contribu	tions to employee lans, and deferred	8000	mated amou r compensa		
	(/	and and and on our omproyer	devoted to position		9-NEC)		ompensation	Ottive	Compense	MOII	
								,			
ONE											
										-	
					1. 1.0000 11. 11			0			
f	Total r	number of other employees paid over \$1	00,000								
51	Comp	ete this table for the organization's five h	ighest compensated indep	endent contra	actors who e	ach rec	eived more than				
	\$100,0	000 of compensation from the organization	on. If there is none, enter '	'None."							
		(a) Name and business address of each independe	ent contractor	(b)	Type of service	,		c) Compen	sation		
		(a) Name and business address of each independe	ant contractor	(6)	- Type of service			u, compan			
	8	es:									
	Aug.										
	1000										
				1	New Transaction						
d		number of other independent contractors						100 to 10			
52		e organization complete Schedule A? N						. X Y	os 🗆	No	
		eted Schedule A									
Under (penalties	of perjury, I declare that I have examined this d complete. Declaration of preparer (other tha	return, including accompany	ing schedules a	and statement h preparer has	s, and to s any kno	tne best of my kno wledge	wiedge an	a bellet, it	IS	
irue, cc	niect, an	T	an officery to based on an inner	That of this	proparor ma	- unij min					
Sign		CHERIE DALYNN Signature of officer					Date			12. 0	
əigii Here							ATOTISTA				
11616		CHERIE DALYNN, DIRECTOR			10 00 00 00 00 00 00 00 00 00 00 00 00 0		1				
		Type or print name and title Print/Type preparer's name	Preparer's signature		Date		Check X if	PTIN			
Paid Preparer		S C 6511 5 0	03 - 13 - 202!			2025	self-employed		P00182689		
		Sally A Curry	Tnc		03-13-		irm's EIN	FOOT			
_	-		Firm's name Tax Place of AZ Inc				am 3 Env			- V-14	
USE	Only	Firm's address PO Box 234 Dolan Springs AZ 86441					Phone no. 928-767-4420				
May +L	no IDC -	liscuss this return with the preparer show		S		16		. X		No	
EEA	10 II/O	nocuso uno return with the preparer show	m above. Gee manachem	<u>~ • • • • • • • • • • • • • • • • • • •</u>	<u> </u>	• • • •			n 990-E Z	Marcon Table	
EEA								. 011		- 1-0-0	