

Form **990**
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2024****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A For the 2024 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>Global Federation of Animal Sanctuaries</b>	<b>D</b> Employer identification number <b>**-***6217</b>
<input type="checkbox"/> Address change	<b>Doing business as</b> <b>The Association of Sanctuaries</b>	<b>E</b> Telephone number <b>203-494-5986</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. Box 73308</b>	Room/suite
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>Phoenix</b>	<b>G</b> Gross receipts\$ <b>669,131</b>
<input type="checkbox"/> Final return/terminated	<b>AZ 85050</b>	
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
<b>F</b> Name and address of principal officer: <b>Valerie Taylor</b> <b>P.O. Box 73308</b> <b>Phoenix</b> <b>AZ 85050</b>		<b>H(a)</b> Is this a group return for subordinates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>www.sanctuaryfederation.org</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2007</b> <b>M</b> State of legal domicile: <b>AZ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>To promote excellence in sanctuary management and humane responsible care of animals through international accreditation and collaboration while seeking to eliminate the causes of displaced animals.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> <b>9</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> <b>8</b>	
<b>Expenses</b>	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) .....	<b>5</b> <b>5</b>	
	6 Total number of volunteers (estimate if necessary) .....	<b>6</b> <b>33</b>	
<b>Net Assets or Fund Balances</b>	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> <b>0</b>	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b> <b>0</b>	
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) .....	<b>416,300</b>	<b>576,340</b>
	9 Program service revenue (Part VIII, line 2g) .....	<b>45,900</b>	<b>92,791</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>0</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>0</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>462,200</b>	<b>669,131</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) .....	<b>216,256</b>	<b>184,338</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....		<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) .....	<b>314,592</b>	<b>271,730</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....		<b>0</b>
	b Total fundraising expenses (Part IX, column (D), line 25) .....	<b>54,750</b>	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) .....	<b>108,904</b>	<b>110,490</b>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .....	<b>639,752</b>	<b>566,558</b>
	19 Revenue less expenses. Subtract line 18 from line 12 .....	<b>-177,552</b>	<b>102,573</b>
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) .....	<b>66,897</b>	<b>170,727</b>
	21 Total liabilities (Part X, line 26) .....	<b>6,838</b>	<b>8,095</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	<b>60,059</b>	<b>162,632</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>Valerie Taylor</b>	Date
	Type or print name and title	<b>Executive Director</b>
<b>Paid Preparer Use Only</b>	Preparer's name <b>Matthew J. Bernier</b>	Preparer's signature
		Date <b>11/12/25</b> Check <input type="checkbox"/> if self-employed PTIN <b>*****</b>
	Firm's name <b>Matthew J. Bernier CPA, LLC</b>	Firm's EIN <b>**-***8087</b>
	5 Commonwealth Rd Ste 3a <b>Natick, MA 01760</b>	Phone no. <b>508-879-8840</b>
	Firm's address	

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

**Part 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:  
**See Schedule O**

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  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  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 measured 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 \$ 228,416 including grants of\$ 107,206 ) (Revenue \$ 92,791 )

**Accreditation:** Since GFAS is the most widely recognized and respected certification program for sanctuaries, various individuals and entities, such as donors, animal protection organizations, government agencies and the public rely on GFAS standards to identify and distinguish TRUE SANCTUARIES. At the end of 2024, there were 209 accredited or verified sanctuaries, rescues and rehabilitation centers distributed throughout 18 countries and 37 states in the United States of America. As part of the accreditation process, 57 site visits were conducted at animal care facilities over the course of the year, supporting the highest levels of animal care and sustainability, while furthering sanctuary capacity building.

4b (Code: ) (Expenses \$ 24,628 including grants of\$ 2,000 ) (Revenue \$ )

**See Schedule O**

4c (Code: ) (Expenses \$ 209,246 including grants of\$ 160,000 ) (Revenue \$ )

**Sanctuary Support and Recognition:** GFAS led Giving Day for Apes, raising awareness and \$743,051 in funds, and building outreach and fundraising capacity for primate sanctuaries. GFAS presented the Carole Noon Award for Sanctuary leadership and Outstanding Sanctuary Awards in Equine, Wildlife, Farmed animal, and International categories. GFAS also maintained the Adam Roberts Sanctuary Support Fund to provide targeted assistance grants for sanctuaries.

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

(Expenses \$ including grants of\$ ) (Revenue \$ )

4e Total program service expenses 462,290

Form 990 (2024) **Global Federation of Animal**  
**Part IV Checklist of Required Schedules**

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		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 <b>X</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 <b>X</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 <b>X</b>	
4	<b>Section 501(c)(3) organizations.</b> 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 <b>X</b>	
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 <b>X</b>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 <b>X</b>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 <b>X</b>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <b>X</b>	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 <b>X</b>	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 <b>X</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a <b>X</b>	
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 <b>X</b>	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c <b>X</b>	
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 <b>X</b>	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <b>X</b>	
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 <b>X</b>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <b>X</b>	
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 <b>X</b>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <b>X</b>	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a <b>X</b>	
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 <b>X</b>	
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 <b>X</b>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 <b>X</b>	
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 <b>X</b>	
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 II	18 <b>X</b>	
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 <b>X</b>	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a <b>X</b>	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <b></b>	
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 <b>X</b>	

Form 990 (2024) **Global Federation of Animal**  
**Part IV Checklist of Required Schedules (continued)**

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		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	0	Yes	No
1b	0		
1c			X

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
<b>2a</b>	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 .....	<b>2a</b>	<b>5</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>	
<b>4a</b>	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)? .....	<b>4a</b>	<b>X</b>
<b>b</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). .....		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>	
<b>6a</b>	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? .....	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? .....	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders .....	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 .....	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand .....	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>	<b>X</b>
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>	<b>X</b>
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, 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? .....	<b>17</b>	
	If "Yes," complete Form 6069.		

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

### Section 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 .....	1a	9
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent .....	1b	8
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders? .....	6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	<input checked="" type="checkbox"/>
a	The governing body? .....	8b	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body? .....	9	<input checked="" type="checkbox"/>
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 O .....		

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? .....	10a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. .....	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy? .....	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy? .....	15a	<input checked="" type="checkbox"/>
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?	15b	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official .....	16a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization .....	16b	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

### Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed **None**
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 

Own website  Another's website  Upon request  Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records.

Robin Mason

P.O. Box 73308

Phoenix

AZ 85050

623-252-5122

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Valerie Taylor Executive Director	40.00 0.00	X					71,875	0	0
(2) Kim Haddad DVM Vice Chair	1.00 0.00	X	X				0	0	0
(3) Wim Dekok Director	1.00 0.00	X					0	0	0
(4) Sue Leary Director	1.00 0.00	X					0	0	0
(5) Allan E. Kornberg MD Chair	4.00 0.00	X	X				0	0	0
(6) Katie Moore Director	1.00 0.00	X					0	0	0
(7) William Nimmo Treasurer	1.00 0.00	X	X				0	0	0
(8) Melissa Rubin Director	1.00 0.00	X					0	0	0
(9) Dr. Daryl Tropea Secretary	1.00 0.00	X	X				0	0	0
(10)									
(11)									

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		
(12) .....									
(13) .....									
(14) .....									
(15) .....									
(16) .....									
(17) .....									
(18) .....									
(19) .....									
1b Subtotal .....							71,875		
c Total from continuation sheets to Part VII, Section A .....									
d Total (add lines 1b and 1c) .....							71,875		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

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**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
<b>Contributions, Grants, and Other Similar Amounts</b>	1a Federated campaigns .....	1a							
	1b Membership dues .....	1b							
	1c Fundraising events .....	1c							
	1d Related organizations .....	1d							
	1e Government grants (contributions) .....	1e					74,375		
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f					501,965		
	g Noncash contributions included in lines 1a-1f .....	1g					\$		
	<b>h Total. Add lines 1a-1f .....</b>						<b>576,340</b>		
	<b>Program Service Revenue</b>	2a Accreditation Fees .....	Business Code						
2a Accreditation Fees .....								92,791	92,791
b .....									
c .....									
d .....									
e .....									
f All other program service revenue .....									
<b>g Total. Add lines 2a-2f .....</b>			<b>92,791</b>						
<b>Other Revenue</b>		3 Investment income (including dividends, interest, and other similar amounts) .....							
	4 Income from investment of tax-exempt bond proceeds .....								
	5 Royalties .....								
	6a Gross rents .....	(i) Real	(ii) Personal						
		6a							
		b Less: rental expenses .....	6b						
	c Rental inc. or (loss) .....	6c							
	d Net rental income or (loss) .....								
	7a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other						
7a									
b Less: cost or other basis and sales exps. .....		7b							
c Gain or (loss) .....	7c								
d Net gain or (loss) .....									
8a Gross income from fundraising events (not including \$ .....									
	of contributions reported on line 1c. See Part IV, line 18 .....					8a			
	b Less: direct expenses .....					8b			
c Net income or (loss) from fundraising events .....									
9a Gross income from gaming activities. See Part IV, line 19 .....									
	b Less: direct expenses .....					9a			
	c Net income or (loss) from gaming activities .....					9b			
10a Gross sales of inventory, less returns and allowances .....									
	b Less: cost of goods sold .....					10a			
	c Net income or (loss) from sales of inventory .....					10b			
<b>Miscellaneous Revenue</b>	11a .....	Business Code							
							b .....		
							c .....		
							d All other revenue .....		
							<b>e Total. Add lines 11a-11d .....</b>		
	<b>12 Total revenue.</b> See instructions .....	669,131	92,791	0	0				

Form 990 (2024) **Global Federation of Animal****\*\*\*-\*\*\*6217**Page **10****Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....	<b>23,205</b>	<b>23,205</b>		
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 .....	<b>161,133</b>	<b>161,133</b>		
4	Benefits paid to or for members .....				
5	Compensation of current officers, directors, trustees, and key employees .....	<b>71,875</b>	<b>57,500</b>	<b>7,187</b>	<b>7,188</b>
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7	Other salaries and wages .....	<b>176,645</b>	<b>141,316</b>	<b>17,665</b>	<b>17,664</b>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	<b>4,187</b>	<b>3,350</b>	<b>418</b>	<b>419</b>
9	Other employee benefits .....				
10	Payroll taxes .....	<b>19,023</b>	<b>15,218</b>	<b>1,903</b>	<b>1,902</b>
11	Fees for services (nonemployees):				
a	Management .....	<b>13,555</b>	<b>10,844</b>	<b>2,711</b>	
b	Legal .....	<b>250</b>	<b>200</b>	<b>50</b>	
c	Accounting .....	<b>10,583</b>	<b>8,466</b>	<b>2,117</b>	
d	Lobbying .....				
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 (A), amount, list line 11g expenses on Schedule O.) .....				
12	Advertising and promotion .....	<b>160</b>	<b>160</b>		
13	Office expenses .....	<b>3,554</b>	<b>1,777</b>	<b>889</b>	<b>888</b>
14	Information technology .....	<b>29,304</b>		<b>2,930</b>	<b>26,374</b>
15	Royalties .....				
16	Occupancy .....				
17	Travel .....	<b>39,121</b>	<b>39,121</b>		
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 .....				
23	Insurance .....	<b>11,258</b>		<b>11,258</b>	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) .....				
a	Bank Service Charges .....	<b>2,390</b>		<b>2,390</b>	
b	Printing & Publications .....	<b>315</b>			<b>315</b>
c	.....				
d	.....				
e	All other expenses .....				
25	Total functional expenses. Add lines 1 through 24e .....	<b>566,558</b>	<b>462,290</b>	<b>49,518</b>	<b>54,750</b>
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing .....	57,443	1	162,683
	2 Savings and temporary cash investments .....	2		
	3 Pledges and grants receivable, net .....	893	3	
	4 Accounts receivable, net .....	4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....	6		
	7 Notes and loans receivable, net .....	7		
	8 Inventories for sale or use .....	8		
	9 Prepaid expenses and deferred charges .....	8,561	9	8,044
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a		
	b Less: accumulated depreciation .....	10b		10c
	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 .....	13		
	14 Intangible assets .....	14		
	15 Other assets. See Part IV, line 11 .....	15		
Liabilities	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	66,897	16	170,727
	17 Accounts payable and accrued expenses .....	6,838	17	8,095
	18 Grants payable .....	18		
	19 Deferred revenue .....	19		
	20 Tax-exempt bond liabilities .....	20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....	21		
	22 Loans and other 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 .....	22		
	23 Secured mortgages and notes payable to unrelated third parties .....	23		
	24 Unsecured notes and loans payable to unrelated third parties .....	24		
Net Assets or Fund Balances	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	25		
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	6,838	26	8,095
	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	30,059	27	73,324
	28 Net assets with donor restrictions .....	30,000	28	89,308
Net Assets or Fund Balances	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....	29		
	30 Paid-in or capital surplus, or land, building, or equipment fund .....	30		
	31 Retained earnings, endowment, accumulated income, or other funds .....	31		
	32 Total net assets or fund balances .....	60,059	32	162,632
	33 Total liabilities and net assets/fund balances .....	66,897	33	170,727

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	669,131
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	566,558
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	102,573
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	60,059
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	162,632

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	
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.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b <input type="checkbox"/>	
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.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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 <input type="checkbox"/>	
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 .....	3b	

Form 990 (2024)

**SCHEDULE A**  
 (Form 990)

 Department of the Treasury  
 Internal Revenue Service

**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

**2024**
**Open to Public  
Inspection**

 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

 Name of the organization **Global Federation of Animal Sanctuaries** Employer identification number  
**\*\*-\*\*\*6217**
**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	540,775	743,011	571,968	416,300	576,340	2,848,394
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 <b>Total.</b> Add lines 1 through 3 .....	540,775	743,011	571,968	416,300	576,340	2,848,394
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) .....						
6 Public support. Subtract line 5 from line 4 .....						2,848,394

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 .....	540,775	743,011	571,968	416,300	576,340	2,848,394
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						2,848,394
12 Gross receipts from related activities, etc. (see instructions) .....					12	259,224
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	100.00 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	100.00 %
16a <b>33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test — 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test — 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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.)

## Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
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						
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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

---

## Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> _____						

## Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

## Section D. Computation of Investment Income Percentage

17 Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**b 33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**20** **Private foundation.** If the organization did not check a box on line 14, 19a. or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 on 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**

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

## Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

## Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

## Section C. Type II Supporting Organizations

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

## Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	Yes	No
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.	2a	
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 each of its 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.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	3a	
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.	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

<b>Section A – Adjusted Net Income</b>		(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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B – Minimum Asset Amount</b>		(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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C – Distributable Amount</b>			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 <b>Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> 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) 2024

## Global Federation of Animal

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## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10
Section E – Distribution Allocations (see instructions)		
		(i) Excess Distributions
		(ii) Underdistributions Pre-2024
		(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.	
3	Excess distributions carryover, if any, to 2024	
a	From 2019 .....	
b	From 2020 .....	
c	From 2021 .....	
d	From 2022 .....	
e	From 2023 .....	
f	<b>Total</b> of lines 3a through 3e	
g	Applied to underdistributions of prior years	
h	Applied to 2024 distributable amount	
i	Carryover from 2019 not applied (see instructions)	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4	Distributions for 2024 from Section D, line 7: \$	
a	Applied to underdistributions of prior years	
b	Applied to 2024 distributable amount	
c	Remainder. Subtract lines 4a and 4b from line 4.	
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.	
8	Breakdown of line 7:	
a	Excess from 2020 .....	
b	Excess from 2021 .....	
c	Excess from 2022 .....	
d	Excess from 2023 .....	
e	Excess from 2024 .....	

Schedule A (Form 990) 2024

**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 F**  
**(Form 990)**  
(Rev. December 2024)

 Department of the Treasury  
 Internal Revenue Service

**Statement of Activities Outside the United States**

 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
 Attach to Form 990.

 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

**Global Federation of Animal  
Sanctuaries**

Employer identification number

**\*\*\*-\*\*\*6217**
**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>East Asia and Pacific</b>			<b>Grants to Recipients</b>		<b>28,208</b>
(1) Sub-Saharan Africa			<b>Grants to Recipients</b>		<b>112,925</b>
<b>Central America</b>			<b>Grants to Recipients</b>		<b>20,000</b>
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....					<b>161,133</b>
<b>b Total from continuation sheets to Part I ..</b>					
<b>c Totals (add lines 3a and 3b)</b>					<b>161,133</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (Rev. 12-2024)

Schedule F (Form 990) (Rev. 12-2024) **Global Federation of Animal****\*\*\*-\*\*\*6217****Page 2**

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		East Asia	Sanctuaries Rescue and the Pacific	28,208	Wire Transfer				
(2)		Sub-Saharan Africa	Sanctuaries Rescue	112,925	Wire Transfer				
(3)		Central America	Sanctuaries Rescue	20,000	Wire Transfer				
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..

3

3 Enter total number of other organizations or entities .....

3

Schedule F (Form 990) (Rev. 12-2024)

Schedule F (Form 990) (Rev. 12-2024) **Global Federation of Animal****\*\*-\*\*\*6217**

Page 3

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

Grants are provided to accredited animal sanctuaries. Use of grant funding is reviewed during accreditation reviews.

**Part I, Line 3 - Activities per Region**

Region	Expenditures	Investments
East Asia and Pacific	\$ 28,208	\$ 0
Sub-Saharan Africa	\$ 112,925	\$ 0
Central America	\$ 20,000	\$ 0

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**Global Federation of Animal  
Sanctuaries**

Employer identification number

**\*\*-\*\*\*6217****Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Various Domestic Organizations			23,205				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

3 Enter total number of other organizations listed in the line 1 table .....

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (Rev. 12-2024)

Schedule I (Form 990) (Rev. 12-2024) **Global Federation of Animals**

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Page 2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<b>(a) Type of grant or assistance</b>	<b>(b) Number of recipients</b>	<b>(c) Amount of cash grant</b>	<b>(d) Amount of noncash assistance</b>	<b>(e) Method of valuation (book, FMV, appraisal, other)</b>	<b>(f) Description of noncash assistance</b>
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Name of the organization	<b>Global Federation of Animal Sanctuaries</b>	Employer identification number
		<b>**-***6217</b>

**Form 990 - Organization's Mission**

**Global Federation of Animal Sanctuaries (GFAS) promotes excellence in sanctuary management and humane responsible care of animals through international accreditation and collaboration while seeking to eliminate the causes of displaced animals.**

**Form 990, Part III, Line 4b - Second Accomplishment**

**Outreach:** GFAS educates sanctuaries, the public, donors, animal protection organizations, and government agencies, and in 2024 provided a variety of outreach programming to communicate the benefits of accreditation, heighten awareness for true sanctuaries, assist sanctuaries in enhancing effectiveness, and increasing capacity for care. These efforts include presenting at several national and global partner alliance conferences and workshops in person and virtually on the benefits of GFAS accreditation and the GFAS standards of excellence. In addition, GFAS actively maintains membership and participates in collaborative initiatives with partner alliances including the Asia for Animals Coalition, the World Federation for Animals, the Big Cat Sanctuary Alliance, the Homes for Horses Coalition, the Right Horse Initiative, and the United Horse Coalition, among others, to advance shared goals in animal welfare, sanctuary standards, and advocacy efforts aligned with the GFAS mission.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**  
The return is prepared by an independent accounting firm and reviewed by management and the executive committee of the board. It is then provided to the board of directors for approval prior to filing.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**  
Directors sign conflict policy statements annually to reaffirm compliance and ensure such compliance at each quarterly board meeting.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**  
The bylaws, conflict of interest policy, and financial statements are available upon reasonable written request.

Form 990		Two Year Comparison Report		2023 & 2024
		For calendar year 2024, or tax year beginning _____, ending _____		
Name <b>Global Federation of Animal Sanctuaries</b>		Taxpayer Identification Number <b>**-***6217</b>		
<b>Revenue</b>	1. Contributions, gifts, grants .....	2023 1. <b>416,300</b>	2024 <b>501,965</b>	Differences <b>85,665</b>
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3.	<b>74,375</b>	<b>74,375</b>
	4. Program service revenue .....	4. <b>45,900</b>	<b>92,791</b>	<b>46,891</b>
	5. Investment income .....	5.		
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7.		
	8. Net income or (loss) from fundraising events .....	8.		
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11.		
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12. <i>462,200</i></b>	<b>669,131</b>	<b>206,931</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	13. <b>216,256</b>	<b>184,338</b>	<b>-31,918</b>
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15. <b>68,500</b>	<b>71,875</b>	<b>3,375</b>
	16. Salaries, other compensation, and employee benefits .....	16. <b>246,092</b>	<b>199,855</b>	<b>-46,237</b>
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. <b>12,359</b>	<b>24,388</b>	<b>12,029</b>
	19. Occupancy, rent, utilities, and maintenance .....	19.		
	20. Depreciation and Depletion .....	20.		
	21. Other expenses .....	21. <b>96,545</b>	<b>86,102</b>	<b>-10,443</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22. <i>639,752</i></b>	<b>566,558</b>	<b>-73,194</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23. <i>-177,552</i></b>	<b>102,573</b>	<b>280,125</b>
	<b>24. Total exempt revenue</b> .....	<b>24. <i>462,200</i></b>	<b>669,131</b>	<b>206,931</b>
<b>Other Information</b>	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. <b>45,900</b>	<b>92,791</b>	<b>46,891</b>
	27. Total assets .....	27. <b>66,897</b>	<b>170,727</b>	<b>103,830</b>
	28. Total liabilities .....	28. <b>6,838</b>	<b>8,095</b>	<b>1,257</b>
	29. Retained earnings .....	29. <b>60,059</b>	<b>162,632</b>	<b>102,573</b>
	30. Number of voting members of governing body .....	30. <b>10</b>	<b>9</b>	
	31. Number of independent voting members of governing body .....	31. <b>9</b>	<b>8</b>	
	32. Number of employees .....	32. <b>6</b>	<b>5</b>	
	33. Number of volunteers .....	33. <b>52</b>	<b>33</b>	

Form <b>990</b>	<b>Tax Return History</b>					<b>2024</b>
Name	Global Federation of Animal Sanctuaries					Employer Identification Number <b>***-***6217</b>
	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....	<b>540,775</b>	<b>743,011</b>	<b>571,968</b>	<b>416,300</b>	<b>576,340</b>	
Membership dues .....						
Program service revenue .....	<b>32,228</b>	<b>46,105</b>	<b>42,200</b>	<b>45,900</b>	<b>92,791</b>	
Capital gain or loss .....						
Investment income .....						
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>573,003</b>	<b>789,116</b>	<b>614,168</b>	<b>462,200</b>	<b>669,131</b>	
Grants and similar amounts paid .....	<b>234,286</b>	<b>266,704</b>	<b>241,792</b>	<b>216,256</b>	<b>184,338</b>	
Benefits paid to or for members .....						
Compensation of officers, etc. ....	<b>65,000</b>	<b>74,208</b>	<b>68,500</b>	<b>68,500</b>	<b>71,875</b>	
Other compensation .....	<b>232,944</b>	<b>232,007</b>	<b>246,705</b>	<b>246,092</b>	<b>199,855</b>	
Professional fees .....	<b>12,041</b>	<b>24,697</b>	<b>19,247</b>	<b>12,359</b>	<b>24,388</b>	
Occupancy costs .....						
Depreciation and depletion .....						
Other expenses .....	<b>61,269</b>	<b>70,440</b>	<b>122,240</b>	<b>96,545</b>	<b>86,102</b>	
<b>Total expenses</b> .....	<b>605,540</b>	<b>668,056</b>	<b>698,484</b>	<b>639,752</b>	<b>566,558</b>	
<b>Excess or (Deficit)</b> .....	<b>-32,537</b>	<b>121,060</b>	<b>-84,316</b>	<b>-177,552</b>	<b>102,573</b>	
 Total exempt revenue .....	<b>573,003</b>	<b>789,116</b>	<b>614,168</b>	<b>462,200</b>	<b>669,131</b>	
Total unrelated revenue .....						
Total excludable revenue .....	<b>32,228</b>	<b>46,105</b>	<b>42,200</b>	<b>45,900</b>	<b>92,791</b>	
Total Assets .....	<b>255,839</b>	<b>328,217</b>	<b>242,927</b>	<b>66,897</b>	<b>170,727</b>	
Total Liabilities .....	<b>54,972</b>	<b>6,290</b>	<b>5,316</b>	<b>6,838</b>	<b>8,095</b>	
Net Fund Balances .....	<b>200,867</b>	<b>321,927</b>	<b>237,611</b>	<b>60,059</b>	<b>162,632</b>	

**Federal Statements****Schedule A, Part II, Line 1(e)**

Description	Amount
Government Grants	\$ 74,375
Grant Revenue	287,350
Contributions	29,082
Awards Received for Others	185,533
Total	<u>\$ 576,340</u>

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
Accreditation Fees	\$ 92,791
Total	<u>\$ 92,791</u>