Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

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

2024 Open to Public Inspection

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Α	For the	e 2024 calen	dar year, or tax year beginning 01/01/2024 and end	ling	12/31/	2024				
в	Check if	f applicable:	C Name of organization WASHINGTON ALASKAN MALAMUTE ADOP	TION LE	AGUE	D Emplo	oyer identification number			
	Address	s change	Doing business as WAMAL				91-1962968			
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Rooi	n/suite	suite E Telephone number				
	Initial re	turn	11036 8th Ave NE Unit 75538				425-610-6257			
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	Seattle, WA 98125			G Gross	receipts \$ 146,958			
	Applicat	tion pending	F Name and address of principal officer: Kelcy Charlson		H(a) Is this a gr	oup return fo	r subordinates? 🗌 Yes 🗹 No			
			11036 8th Ave NE, Unit 75538, Seattle, WA 98175		H(b) Are all s	ubordinate	es included? 🗌 Yes 🗌 No			
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach	a list. See ir	structions.			
J	Website	e: www.wai	mal.com		H(c) Group e	xemption	number			
к	Form of	organization:	Corporation Trust Association Other L Year C	of formation	n: 2022	M State	of legal domicile: WA			
Ρ	art I	Summa	ry							
	1	Briefly des	cribe the organization's mission or most significant activities:	/ashingto	on Alaskan M	/lalamute	e Adoption League			
Ð		(WAMAL)	was formed to help with Malamute Rescue in Washington State and	l since th	en has expa	nded in	o Oregon. WAMAL			
anc		rescues, re	habilitates and re-homes Malamutes (or Mal-enough-a-mutes!) wh	o find the	emselves wit	hout a h	ome or in need of a			
Ĩ		(Continued	I on Schedule O, Statement 1)							
Š	2	Check this	box \Box if the organization discontinued its operations or dispo	sed of n	hore than 28	5% of it	s net assets.			
يە 20	3	Number of		3	7					
es	4	Number of		4	7					
Ϋ́İİ	5	Total num	per of individuals employed in calendar year 2024 (Part V, line 2	a) .		5	0			
Activities & Governance	6	Total num	per of volunteers (estimate if necessary)			6	100			
	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12			7a	0			
	b	Net unrela	ted business taxable income from Form 990-T, Part I, line 11 .			7b	0			
					Prior Yea	r	Current Year			
Ð	8	Contributio	ons and grants (Part VIII, line 1h)		1	16,421	122,342			
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)			16,700	17,842			
Sev.	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)			818	34			
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) \ldots			4,106	5,730			
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line		1	38,045	145,948			
	13		d similar amounts paid (Part IX, column (A), lines 1–3)			3,255	0			
	14		aid to or for members (Part IX, column (A), line 4)			0	0			
es	15		her compensation, employee benefits (Part IX, column (A), lines 5-			0	0			
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)			0	0			
ăX	b		raising expenses (Part IX, column (D), line 25)	803						
ш	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	· _		99,291	133,815			
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1	02,546	133,815				
	19	Revenue le	ess expenses. Subtract line 18 from line 12			35,499	12,133			
Net Assets or Fund Balances				Be	ginning of Curr	ent Year	End of Year			
set	20		ts (Part X, line 16)	·	8	356,732	884,214			
at A:	21		ties (Part X, line 26)	·		2,047	-2,465			
			or fund balances. Subtract line 21 from line 20		8	854,685	886,679			
P	art II	Signatu	re 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.

Sign Here	Signature of officer Kelcy Charlson, Treasurer Type or print name and title			Dat	te					
Paid	Preparer's name	Preparer's signature	Date			PTIN				
Preparer Use Only	Firm's name		Firm's EIN							
	Firm's address	Phone no.								
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions									
						- 000 (ass ()				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	(2024) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: <u>Washington Alaskan Malamute Adoption League (WAMAL)</u> was formed to help with Malamute Rescue in Washington State and since then has expanded into Oregon. WAMAL rescues, rehabilitates and re-homes Malamutes (or Mal-enough-a-mutes!) who find themselves without a home or in need of a new home.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O. 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 \$ 82,734 including grants of \$) (Revenue \$ 24,926) WAMAL provides hope to families that must rehome their malamutes when life has taken a sharp detour; training support to those families desperately working to keep their 4-legged family members; works with shelters and takes into rescue strays and those pups needing an extra level of thoroughness in the adoption process; and, actively recruits adopters and foster homes. In 2021, WAMAL brought in 78 malamutes and re-homed 66.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	Total program service expenses 82,734

Form 99	0 (2024)		F	Page 3
Part	V Checklist of Required Schedules		_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
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		~
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? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.	-		
а	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	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
с	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		~
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	140		~
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		~
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		~	
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	18 19	*	~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	19 20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form 99	90 (2024)		F	Page 4
Part	V Checklist of Required Schedules (continued)		1	
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	Yes	No V
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? <i>If "Yes," complete Schedule J</i> .	23		~
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		~
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<i>v</i> <i>v</i>
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? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
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 b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0Did the organization comply with backup withholding rules for reportable payments to vendors and		Yes	No
U	reportable gaming (gambling) winnings to prize winners?	1c		~

 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 	Form 99	0 (2024)		F	Page 5
Statements, filed for the calendary year anding with or within the year covered by this return b fit all cales on lose 2a, dith or expanization field required redural employment tax returns? b Dot the organization have unrelated business gross income of \$1,000 or more during the year? b H * Yea," has it field a form 900-1 for this year? H * Wo' to line 2b, provide an exolonation on Schedule 0. 4 A 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 accounts) b Was the organization in author to a signature or other authority over, a financial account in a foreign country (such as a bank account securities account, or other financial accounts) b Was the organization in party to a prohibited tax shelf transaction at any time during the tax year? b Did any taxable party notify the organization file form 8808-17? c Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization neutro where not tax deductible as charthatic contributions of the organization neutros were not tax deductible account in the section \$275 made party as a contribution at the regulation inceves a payment in excess of \$75 made party nos a contribution and party for goods and services provided to the payor? b W * * "indicate the number of Forms \$282 filed during the year? d W * * * * * * * * * * * * * * * * * *	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If at least one is reported on line 2x, did the organization file at required federal employment tax returns? 2b b If 'Yes,'' has it filed a Form 990-T for this yes? /f 'Wo' to line 3b, provide an explanation on Schedule 0. 3b 4 At any time during the calendary 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 accounts (FBAR). 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with were y solicitation a express statement that such contributions ? 5c 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with werey solicitation an express statement that such contributions or grifts were not tax deductible? 5c 6 Porganization state ary receive deductible contributions under section 170(c). 6c 7 Organization state ary receive deductible contributions under section 170(c). 7c 7c 7 V anization receive a payment in excess of \$75 made parity as a contribution and parity tor groods and sarvices provided or the payo? 7c 7c 7 V anization receive any payment in excess of \$75 made parity as a contribution and parity tor groods and sarvices provided to the payo? 7c 7c 7 V anint and an another or forms 8	2a				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a b H**es, "has it field a forward // Who to ite as, provide an explonation on Schedule O 3a 4a ary time during the celendar year, // Who to ite as, provide an explonation on Schedule O 4a b H**es," enter the name of the forsign country (such as a bark account, securities account, or other financial Accounts (FEA), 6a Vest the organization is party to a prohibited tax sheft transaction at any time during the kay sheft. b Ud any taxable party notify the organization that twas or is a party to a prohibited tax sheft transaction at any time during the kay sheft. 6a Vest in the organization include with ever to star devicible as charitable contributions? 5a c Doas the organization include with evers oscillation an express statement that such contributions or grifs were not tax deductible? 6a 7 Organizations that may reselve deductible contributions and party for goods and services provided to the payor? 7a V 7 Did the organization include with evers oscillation an express statement that such contract? 7a V 7 Organizations short may controllation state and the section of the subar globa contract of the form 8222 field during the yar, yary premiums on a personal broeff contract? 7a V <td< th=""><th>b</th><th></th><th>2b</th><th></th><th></th></td<>	b		2b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other attancial account? 4a 4 any time during the calendar year, did the organization have an interest in, or a signature or other attancial account? 4a b If "Yes," enter the name of the foreign county such as a back account, securities account, or other financial accounts (FBAR). 5a 6 Was the organization aptry to a prohibited tax shelter transaction at any time during the tax year? 5b 6 Does the organization narry to a prohibited tax shelter transaction? 5c 7 Dry taxable party notify the organization in the were not tax deductibles as chartbable contributions? 5c 7 Dry taxable party notify the organization include with every solicitation an express statement that such contributions or gffs were not tax deductible? 5c 7 Organization self, exchange, or otherwise dispose of tangible personal poneptry for which it was required to file form 282? 7a 7a 7b 7 Did the organization neelve any premiums, or a personal benefit contract? 7c	3a		3a		~
a financial accountly and the foreign country (such as a bark account, securities account, or other financial accounts (FBAR). 4a ✓ b If "Yes," enter the name of the foreign country (such as a bark account, securities account, or other financial Accounts (FBAR). 5a ✓ 5b Did any taxble park notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b ✓ 6 Does the organization should make annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions? 5c ✓ 7 Organizations that may receive deductible contributions and express statement that such contributions or gifts were not tax deductible? 7a ✓ 7 Organization include with every solicitation an express statement that such contributions and services provided to the payor? 7a ✓ 7 Organization receive a payment in excess of \$75 made party as a contribution and partys for goods and services provided to the payor? 7a ✓ 7a ✓ 7a ✓	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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), Su Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? b Did any taxable party notify the organization flat if was or is a party to a prohibited tax shelter transaction? 60 Does the organization have annual gross receipts that are normally greater than \$100.000, and idd the organization neucle with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization shat may receive deductible contributions under section 170(c). Did the organization neelies any ment in excess of \$75 made party for which it was required to file Form 8282? 7 Organization shat may receive deductible contributions under section 170(c). Did the organization neelies any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Drigenization receive any funds, directly or indirectly, on a parsonal benefit contract? 76 7 Did the organization neelies a contribution of cars, bats, aiplanes, or other wehicles, did the organization file a Form 1089-C7 77 7 M The organization neelies a contribution of cars, bats, aiplanes, or other wehicles, did the organization file a Form 1089-C7 77 7 M The organization neaimet any table distributions under section	4a		40		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Eark and Financial Accounts (FEAR). See 5a Was the organization and any to a prohibited tax shelter transaction at any time during the tax year? So b) Did any taxable party notify the organization file Form 8806-17 So So c) Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions? So c) Organization station include with every solicitation and party to goods and services provided to the payor? So c) Did the organization receive a payment in excess of \$75 made partly as a contribution and party for goods and services ary forwards to the payor? To c) Did the organization necesive any more than each and gross or services provided? To To c) Did the organization receives a payment in excess of \$75 made partly as a contribution format? To V d) If "Yes," indicate the number of Forms 8282 field during the year Td V d) If "Yes," indicate the number of Forms 8282 field during the year any three webicles, did the organization field molecular property (for which it was required to file form 8289 are required?) Tr V d) If the organization ceavis any tinds, directly or indirectly, on a parisonal be	Ь		40		V
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea? 5a ✓ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b ✓ 6b Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization neclive a payment that were not tax deductible a charitable contributions? 6a ✓ 7 Organizations that may receive adductible contributions under section 170(c). 7b 6b ✓ 7 Organization sell, exotange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7c ✓ 7 Did the organization neceive a payment in access tas of \$75 made party as a contribution and party for goods and services provided? 7d ✓ 7 Did the organization andi, exotange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7d 7d ✓ 7 Did the organization neceive a payment (accet) or indirectly, to pay premiums on a personal benefit contract? 7f ✓ 7f ✓ 7 Did the organization mate a distribution or qualified intellectual property, did the organization file form 8282. 7g ✓ 7f V 7f ✓ 7f<	D	· · · · · · · · · · · · · · · · · · ·			
b) Did any taxable party notify the organization that it was or is a party to a prohibited tax sheter transaction? 6b ✓ 6c best the organization soliton any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor? 6b ✓ 0 Organization soliton any contribution sunder section 170(c). 0 6b ✓ 0 Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a ✓ 0 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b ✓ 0 Did the organization receive any funds, directly or indirectly or not presonal benefit contract? 7c ✓ 10 the organization receive any funds, directly or indirectly or not apersonal benefit contract? 7fd ✓ 11 Types," indicate the number of forms 8282 filed during the year 7d ✓ 7fd ✓ 12 Did the organization receive any funds, directly or indirectly or nolicetly on a personal benefit contract? 7g ✓ 7fd ✓	5a		5a		~
c if "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a boes 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? 5c 6a be if "Yes," did the organization include with very solicitation an express statement that such contributions or glits were not tax deductible? 6b 7 Organizations that may receive a payment in excess of 357 made party as a contribution and party for goods and services provided to the payor? 7b 7b b ff 'Yes," did the organization receive a payment in excess of 357 made party as a contribution and party for which it was required to file Form 8282? 7c 7c b ff 'Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d 7e 7e d If 'Yes," indicat the number of Forms 8282 filed during the year 7d 7g ' f fil the organization neceive a payment of qualified intellectual property, dut the organization file form 8282 filed during the year. 7d 7g ' f filt do organization make any taxable distributions under section 4966? 9a 9a 9a 9a 9a 9a 9a 9a 9a					
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that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				
If "Yes," complete Form 6069.			17		
		If "Yes," complete Form 6069.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	struc	tions
S ooti	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	~
Secu	on 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 7 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.	-	163	NU
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 7 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		r
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		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6		ン ン ン
b	one or more members of the governing body?	7a 7b		~ ~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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	9	(-)	r
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	,	NIa
10-	Did the eventiation have lead charters branches or efficience	10-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		~
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
110		10b 11a	~	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	па	V	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	V	
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	~	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	120 12c	~	
13	Did the organization have a written whistleblower policy?	13	•	~
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-
а	The organization's CEO, Executive Director, or top management official	15a		V
b	Other officers or key employees of the organization	15b		~
	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?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	1.00		I
17	List the states with which a copy of this Form 990 is required to be filed AK, CO, FL, HI, OR, WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	501(c

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Kelcy Charlson, (425)610-6257

Form 990 (2024)

Page 6

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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.

		(C)								
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours					is both or/trust		compensation	compensation	of other
	per week		1		-	1	· ·	from the	from related	compensation
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	ey e	nplc	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	dua	ltior	Key employee Officer		st c	₽ ₽	1099-NEC)	1099-NEC)	related organizations
	organizations below	r ta	lal t		loye	omp				
	dotted line)	stee	rust		e e	bens				
			ee			Highest compensated employee				
Heidi Van Zee	10.00									
President	0.00	1		~				0	0	0
Janet Blume	10.00									
Vice President	0.00	1		~				0	0	0
Vik Mauro	10.00									
Secretary	0.00			~				0	0	0
Kelcy Charlson	10.00									
Treasurer	0.00			~				0	0	0
Melissa Mossar	10.00									
Board	0.00			~				0	0	0
Linda Wallon Haynes	10.00									
Board	0.00			~				0	0	0
Tina Perovich	10.00									
Board	0.00			~				0	0	0
		-								
		-								
		1								
		1								

Part	VI Section A. Officers, Directors, 1	rustees,	Key I	Em	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (contir	nued)		
				(C)												
	(A)	(B)				ition			(D)	(E)		(F)				
	Name and title	Average					e than o is both		Reportable	Reportable		Estima	ated am	ount		
		hours					or/trust		compensation	compen			of other			
		per week (list any	or Inc	Ins	ç	Кe	en Hig	Fo	from the organization (W-2/	from re organizatio			pensati om the	on		
		hours for	Individual t or director	titu	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	ັ1099-№	1ISĊ/	organ	ization			
		related organizations	ctor	tion		nplo	/ee	`	1099-NEC)	1099-1	NEC)	related	organiza	ations		
		below	Individual trustee or director	altr		yee	mpe									
		dotted line)	tee	Institutional trustee			ensa									
				e e			ted									
]													
]													
			1													
			1													
			1													
			1													
			1													
			1													
			1													
			1													
1b	Subtotal								0		0			0		
с	Total from continuation sheets to Part															
d	Total (add lines 1b and 1c)								0		0			0		
2	Total number of individuals (including			d t	o t	thos	e list	ted	above) who re	eceived	more t	han \$	100,00	00 of		
	reportable compensation from the organi	zation							0							
													Yes	No		
3	Did the organization list any former of	officer, dire	ector,	tru	stee	e, k	ey e	mpl	loyee, or highes	st compe	ensated					
	employee on line 1a? If "Yes," complete S	Schedule J	for si	ıch	indi	ividu	ıal					3		~		
4	For any individual listed on line 1a, is the															
	organization and related organizations	greater th	an \$1	150,	000)? li	f "Yes	s,"	complete Sched	dule J fo	or such					
	individual			•	•							4		~		
5	Did any person listed on line 1a receive o	r accrue co	ompe	nsa	tion	froi	m any	' un	related organizat	tion or ind	dividual					
	for services rendered to the organization?	? If "Yes," c	compl	ete	Sch	nedu	ıle J f	or s	such person .			5		~		
Secti	on B. Independent Contractors															
1	Complete this table for your five high	nest comp	ensat	ed	inde	eper	ndent	со	ontractors that r	eceived	more t	han \$	100,00	00 of		
	compensation from the organization. Repo	ort compen	satio	n foi	r the	e ca	lenda	r ye	ar ending with or	within th	e organ	ization	's tax	year.		
	(A)								(B)			(C)				
	Name and business add	ress											(C) Compensation			
None																
								-			-					

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to an	y line in this Pa	rt VIII					

		officert if oofficadie								· · · · · · · · · · · · · · · · · · ·
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaig	ns .		1a	0				
an un	b	Membership dues			1b	0				
ng G	с	Fundraising events			1c	29,127				
ťs,	d	Related organizatio			1d	0				
Gif ilaı	e	Government grants			1e	0				
in,	f	All other contribution								
sr S		and similar amounts not included above 1f								
but	q	Noncash contributio	ons in	cluded in		93,215				
l O	9	lines 1a–1f.			1g	\$ 7,329				
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a-					122,342			
<u> </u>		Total. Add lines Ta			•	Business Code	122,342			
e	20						17.042	17.042	0	
vic	2a	Alaskan Malamute R	escue	2		900099	17,842	17,842	0	0
ser iue	b									
jram Ser Revenue	c									
raı ?e\	d									
Program Service Revenue	е								-	
P	f	All other program se					0	0	0	0
	g	Total. Add lines 2a-					17,842			
	3	Investment income								
		other similar amoun	,				34	34	0	0
	4	Income from investr	nent o	of tax-exem	npt bo	ond proceeds	0	0	0	0
	5	Royalties					0	0	0	0
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	с	Rental income or (loss)	6c		0	0				
	d	Net rental income o	r (los	s)			0	0	0	0
	7a	Gross amount from								
		sales of assets								
		other than inventory 7a			0	0				
e	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
eve	с	Gain or (loss) .	7c		0	0				
Ř	d	Net gain or (loss)	·				0	0	0	0
hei		Gross income fro	m fu					-	-	
Othe	ou	events (not including		29,127						
		of contributions re								
		1c). See Part IV, line			8a	6,620				
	b	Less: direct expens			8b	1,010				
	c	Net income or (loss)					5,610		0	5,610
	9a	Gross income f			5.00		5,510		0	5,010
	•••	activities. See Part			9a	0				
	b	Less: direct expens			9b	0				
		Net income or (loss)				•	0	0	0	0
		Gross sales of in					0	U	0	0
	ivu	returns and allowan			10a	120				
	b	Less: cost of goods			10a	0				
	c	Net income or (loss)				-	120	120	0	0
	υ U		,	Sales UI II	vento	Business Code	120	120	0	0
Miscellaneous Revenue	44~									
Jec	11a									
scellaneo Revenue	b									
Je/	C									
Mis F	d				-					
	e	Total. Add lines 11a					0			
	12	Total revenue. See	Instr	uctions	•		145,948	17,996	0	5,610
										Form 990 (2024)

	Statement of Functional Expenses 501(c)(3) and 501(c)(4) organizations must complete	ete all columns All	other organizations	must complete colu	$mn(\Delta)$
Section	Check if Schedule O contains a response				
Do not i	include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		·		•
	nd domestic governments. See Part IV, line 21 .	0	0		
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	0	0		
	Grants and other assistance to foreign				
	organizations, foreign governments, and oreign individuals. See Part IV, lines 15 and 16				
	_	0	0		
	Benefits paid to or for members	0	0		
	rustees, and key employees	0	0	0	0
	Compensation not included above to disqualified	0	0	U	0
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	0	0	0	0
7 0	Dther salaries and wages	0	0	0	0
8 P	Pension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)	0	0	0	0
9 C	Other employee benefits	0	0	0	0
10 F	Payroll taxes	0	0	0	0
	ees for services (nonemployees):				
	Management	0	0	0	0
	_egal	1,145	0	1,145	0
		41	0	41	0
		0	0	0	0
	Professional fundraising services. See Part IV, line 17	0			0
	nvestment management fees	0	0	0	0
-	A), amount, list line 11g expenses on Schedule O.)	7,981	7 001	0	0
	Advertising and promotion	2,900	7,981	450	0 2,450
		6,062	393	1,832	3,837
	nformation technology	691	0	175	516
	Royalties	0	0	0	0
	Decupancy	30,940	9,307	21,633	0
	ravel	1,712	862	850	0
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	0	0	0	0
	Conferences, conventions, and meetings .	0	0	0	0
	nterest	0	0	0	0
	Payments to affiliates	0	0	0	0
	Depreciation, depletion, and amortization .	15,491	5,073	10,418	0
		6,230	0	6,230	0
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	ne 24e amount exceeds 10% of line 25, column				
	A), amount, list line 24e expenses on Schedule O.)				
	Vatarinany Cara	48,228	48,228	0	0
	Dog Supplies	10,455	10,455	0	0
	Miscelaneous	1,939	435	1,504	0
d					-
e A	All other expenses				
	otal functional expenses. Add lines 1 through 24e	133,815	82,734	44,278	6,803
	Joint costs. Complete this line only if the				
C fi	organization reported in column (B) joint costs rom a combined educational campaign and				
fu	undraising solicitation. Check here 🗌 if				
fo	ollowing ŠOP 98-2 (ASC 958-720)				

Form 990 (2024)

	n 990 (2)				Page 11
P	art X		+ V		
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		••••••∟ (B) End of year
	1	Cash-non-interest-bearing	106.641	1	58,883
	2	Savings and temporary cash investments	5,496	2	77,160
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	2,510	4	7,186
	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	0	5	0
	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)	0	6	0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Š	9	Prepaid expenses and deferred charges	6,230	9	6,551
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 637,692			
	b	Less: accumulated depreciation 10b 72,003	539,882	10c	565,689
	11	Investments-publicly traded securities	195,973	11	168,745
	12	Investments-other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	856,732	16	884,214
	17	Accounts payable and accrued expenses	647	17	-2,965
	18	Grants payable	0	18	0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0	20	0
Liabilities	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D . 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	0		0
.iat			0		0
-	23	Secured mortgages and notes payable to unrelated third parties	1,400	23	500
	24 25	Unsecured notes and loans payable to unrelated third parties 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	0	24 25	0
	26	Total liabilities. Add lines 17 through 25	0.047	-	0.4/5
sec	20	Organizations that follow FASB ASC 958, check here	2,047	26	-2,465
an	27	Net assets without donor restrictions	000 / 40	27	0/7/50
Bal	27	Net assets with donor restrictions	<u>833,618</u> 21,067	27	<u>867,652</u> 19,027
Fund Balances	20	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	21,067	20	19,027
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
∋t /	32	Total net assets or fund balances	854,685	32	886,679
Ž	33	Total liabilities and net assets/fund balances	856,732	33	884,214

Form **990** (2024)

Form 9	90 (2024)				Pa	ge 12
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			14	5, 948
2	Total expenses (must equal Part IX, column (A), line 25)	2			133	3,815
3	Revenue less expenses. Subtract line 2 from line 1	3			12	2,133
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4					4,685
5	Net unrealized gains (losses) on investments	5			22	2,606
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-2	2,745
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			886	6,679
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: Cash Accrual Other	volaio				
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpiain	on			
_						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both.	npilec	or			
	Separate basis Consolidated basis Both consolidated and separate basis			.		
b		 	-	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both.	ited o	na			
•	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	oroigh	t of			
С	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c		
	If the organization changed either its oversight process or selection process during the tax year, e			20		
	Schedule O.	лріан				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Ba		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits	. (3b		

Form **990** (2024)

SCHE	DULE	Α
(Form	990)	

(D)

(E) Total

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2024 Open to Public Inspection

Name of the organization

Name	of the organization					Employer identification	number
	HINGTON ALASKAN MALAMUTE AI					91-196	
Par			0			,	ons.
The c 1 2 3 4	 A church, convention of churc A school described in section A hospital or a cooperative ho A medical research organization hospital's name, city, and state 	hes, or association 170(b)(1)(A)(ii) . (spital service org (on operated in co	on of churches descri (Attach Schedule E (F janization described in	bed in se orm 990). n section	ection 17(.) 170(b)(1	0(b)(1)(A)(i).)(A)(iii).	iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	d by a governmenta	al unit described in
6 7	 A federal, state, or local gover An organization that normally described in section 170(b)(1) 	receives a subs (A)(vi). (Complet	tantial part of its supp e Part II.)	port from			the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:	nt college of agri	iculture (see instructio	ons). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fur t income and unr fter June 30, 197	nctions, subject to ce related business taxat 75. See section 509(a	rtain exce ble incom i)(2) . (Con	eptions; a le (less se nplete Pa	nd (2) no more than ection 511 tax) from rrt III.)	fees, and gross 33 ¹ /3% of its businesses
11	An organization organized and	l operated exclus	sively to test for public	c safety. S	See secti	on 509(a)(4).	
12	An organization organized and one or more publicly supported the box on lines 12a through 12	d organizations d	escribed in section 50	09(a)(1) oi	r section	509(a)(2). See secti	on 509(a)(3). Check
а	☐ Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in [.]	the same			
с	Type III functionally integ its supported organization						lly integrated with,
d	Type III non-functionally that is not functionally inter requirement (see instructionally)	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement and	
е	Check this box if the organ functionally integrated, or	nization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type on.	II, Type III
f	Enter the number of supported						
g	Provide the following information	•	orted organization(s).		•••		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							

Part IISupport 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.)

Secti	on A. Public Support	s quality and					
	dar 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.")	101,603	146,493	146,485	105,923	90,740	591,244
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	101,603	146,493	146,485	105,923	90,740	591,244
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						<u> </u>
	on B. Total Support						571/244
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	101,603	146,493	146,485	105,923	90,740	591,244
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,372	1,347	1,768	819	154	6,460
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						597,704
12	Gross receipts from related activities, etc					12	56,185
13	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re			or fifth tax ye	ear as a sectio	n 501(c)(3) · · · □
<u>3ecu</u> 14	Public support percentage for 2024 (line (11 column (fl)		14	98.92 %
15	Public support percentage from 2023 Sch		-			15	98.57 %
16a	33 ¹ / ₃ % support test – 2024. If the organ						
	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test — 2023. If the organi this box and stop here . The organization						
17a	7a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	icts-and-circur cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and stop he s as a publicly	re . Explain supported
18	Private foundation. If the organization						
	instructions		<u></u>				🔲
							A (Form 990) 2024

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

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

Secti	on A. Public Support						
Calen	dar 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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	e organization	's first, second	l, third, fourth,	, or fifth tax ye	ar as a seo	ction 501(c)(3)
	organization, check this box and stop he						[
Secti	on C. Computation of Public Suppor	-					
15	Public support percentage for 2024 (line a					15	%
16	Public support percentage from 2023 Scl					16	%
Secti	on D. Computation of Investment In		-				
17	Investment income percentage for 2024 (-		17	%
18	Investment income percentage from 2023					18	%
19a	331/3% support tests-2024. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2023. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this	-	-	-			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see ins	tructions .

Schedule A (Form 990) 2024

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 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.
- 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.

Section C. Type II Supporting Organizations

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).

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.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С 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.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

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

Schedule A (Form 990) 2024

Schedu	le A (Form 990) 2024			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive 8	
9	Distributable amount for 2024 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10)
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) 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			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total 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: \$			
а	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	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

Schedule A (Form 990) 2024

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

SCHEDULE D	
(Form 990)	

	Rev	December 2024)	
۱	1101.	December 2024)	

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information OMB No. 1545-0047

Open to Public

mspection

a				
Name o	f the organization		Employe	r identification number
WASH	INGTON ALASKAN MALAMUTE ADOPTION LEAGUE			91-1962968
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Ac	counts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a			
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, and	0 0		
	only for charitable purposes and not for the benefit		•	
				· · · · L Yes L No
Par				
	Complete if the organization answered "			
1	Purpose(s) of conservation easements held by the o			
	Preservation of land for public use (for example, recrea	,		rically important land area
	Protection of natural habitat	Preservation of	a certifi	ed historic structure
•	Preservation of open space			<i>c</i>
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	Id a qualified conservation contribution	in the f	
				Held at the End of the Tax Year
а	Total number of conservation easements		. 2	
b	Total acreage restricted by conservation easements			
С А	Number of conservation easements on a certified hi		. 2	с
d	Number of conservation easements included on line on a historic structure listed in the National Register		· 2	d
3	Number of conservation easements modified, tran the organization during the tax year	nsferred, released, extinguished, or te	rminate	d by
4 5	Number of states where property subject to conserv Does the organization have a written policy rega		tion, ha	andling of
	violations, and enforcement of the conservation eas	sements it holds?		· · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, conservation easements during the year	inspecting, handling of violations, ar	nd enfor	rcing
7	Amount of expenses incurred in monitoring, in	specting, handling of violations, an	d enfor	rcing
8	Does each conservation easement reported on line 2		ection 1	· · φ 70(h)(4)(B)
9	In Part XIII, describe how the organization reports co			
	sheet, and include, if applicable, the text of the foot	•	ements	that describes the
	organization's accounting for conservation easemer			
Part	III Organizations Maintaining Collections Complete if the organization answered "		Other S	imilar Assets
1a	If the organization elected, as permitted under FAS			
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote t			
b	If the organization elected, as permitted under FAS			
	art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or res		
				ሱ
	(i) Revenue included on Form 990, Part VIII, line 1			
2		historical traceuros or other similar		
2	If the organization received or held works of art, following amounts required to be reported under FA	ASB ASC 958 relating to these items.		
а	Revenue included on Form 990, Part VIII, line 1 .			\$

. . .

b Assets included in Form 990, Part X .

\$

Schedu	ıle D (Form 990) (Rev. 12-2024)								Page 2
Part	t III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply)		and other reco	rds, chec	k any of th	e follov	ving that make	significan	t use of its
а	Public exhibition		d	🗌 Loan	or exchang	le progr	am		
b	Scholarly research		е	Other					
с	Preservation for future generations	s							
4	Provide a description of the organiza XIII.	ation's collec	tions and expl	ain how tl	hey further	the org	anization's exe	empt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rathe								6 🗌 No
Part	t IV Escrow and Custodial Arra	angement	5						
	Complete if the organizatior 990, Part X, line 21.	n answered	"Yes" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount or	ו Form
1 a	Is the organization an agent, trustee, included on Form 990, Part X?								• 🗌 No
b	If "Yes," explain the arrangement in F	Part XIII and	complete the fo	llowing ta	able.				
			-	-				Amount	
с	Beginning balance					10	;		
d	Additions during the year					1d			
е	Distributions during the year					1e	•		
f	Ending balance					1f			
2a	Did the organization include an amou	Int on Form	990, Part X, line	e 21, for e	scrow or c	ustodia	l account liabili	ty? 🗌 🖌	əs 🗌 No
	If "Yes," explain the arrangement in P	Part XIII. Che	ck here if the e	xplanatior	n has been	provide	ed in Part XIII		
Par	t V Endowment Funds								
	Complete if the organization	n answered							
		(a) Current	year (b) Pr	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current y	/ear end baland	e (line 1g	, column (a	a)) held	as:		
а	Board designated or quasi-endowme	ent	%						
b	Permanent endowment	%							
С	Term endowment %	-							
	The percentages on lines 2a, 2b, and	2c should e	qual 100%.						
3a	Are there endowment funds not in th	ne possessio	n of the organi	zation tha	at are held	and ad	ministered for	the	
	organization by:								Yes No
	(i) Unrelated organizations?							. 3a(i)	
	3							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related of							. 3b	
4	Describe in Part XIII the intended use		inization's end	owment fu	unds.				
Part	t VI Land, Buildings, and Equi								
	Complete if the organization	n answered	"Yes" on For	m 990, F	Part IV, lin	e 11a.	See Form 990), Part X,	line 10.
_	Description of property		ost or other basis (investment)		r other basis ther)		Accumulated epreciation	(d) Boo	ok value
1 a	Land		0		277,320				277,320
b	Buildings		0		211,941		44,743		167,198
с	Leasehold improvements		0		141,545		23,735		117,810
d	Equipment		0		6,886		3,525		3,361
е	Other		0		0		0		0
Total.	. Add lines 1a through 1e. (Column (d) I	must equal F	orm 990, Part	X, line 10a	c, column (l	B)) .			565,689

Schedule D (Fo	rm 990) (Rev. 12-2024)			Page 3
Part VII	Investments – Other Securities			
	Complete if the organization answered "Yes" on Form 990, Part			
	(a) Description of security or category (including name of security)	(b) Book value		lethod of valuation: nd-of-year market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See F	orm 990	, Part X, line 13.
	(a) Description of investment	(b) Book value		lethod of valuation:
			Cost or e	nd-of-year market value
(1)			-	
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on Form 990, Part I (a) Description	v, line 11d. See f	-orm 990	(b) Book value
(1)	(a) Description			(b) BOOK value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tetel (Calu	man (h) must social Form 000 Port V line 15 sol (P)			
Part X	mn (b) must equal Form 990, Part X, line 15, col. (B))			
FartA	Complete if the organization answered "Yes" on Form 990, Part I	V line 11e or 11f	See For	m 990. Part X
	line 25.	v, into 110 of 111		ni 666, i art <i>i</i> ,
1.	(a) Description of liability			(b) Book value
(1) Federal ir	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Colu	mn (b) must equal Form 990, Part X, line 25, col. (B))			
			· ·	1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	e D (Form 990) (Rev. 12-2024)		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	-
c	Recoveries of prior year grants	2c	-
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>		5
Part			
rait			
	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements		4
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	-
c	Other losses	2c	-
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	\ldots	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		-
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	ie 18.)	5
Part	XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		- Devit V, Kreis A, Devit V, Kreis
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		

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

SCHEDULE G (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service		Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047 Open to Public Inspection	
Name of the organization							Employer identif		
WAS	WASHINGTON ALASKAN MALAMUTE ADOPTION LEAGUE 91						-1962968		
Par		sing Activities. 0-EZ filers are r				vered "Yes" on I	Form 990, Part IV	, line 17.	
 Indicate whether the organization raised funds Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations Did the organization have a written or oral agr or key employees listed in Form 990, Part VII) If "Yes," list the 10 highest paid individuals or compensated at least \$5,000 by the organization 		ns ten or oral agree 990, Part VII) or individuals or e	e c f c g c ement with r entity in co ntities (fund] Solicitati] Solicitati] Special 1 any indivic pnnection v	on of nongovernr on of governmen fundraising events lual (including offi with professional	nent grants t grants s icers, directors, trus fundraising services	tees, ?? Yes No		
	(i) Name and addre or entity (fun		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
1				Yes	No				
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total 3			nization is regis	tered or lic	ensed to s	olicit contribution	ns or has been notif	ied it is exempt from	

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

	-	gross receipts greater that	an \$5,000.					
			(a) Event #1 Calendar Photo Contest	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
enr								
Revenue	1	Gross receipts	6,371	22,756		29,127		
-	2	Less: Contributions	0	0		0		
	3							
		minus line 2)	6,371	22,756		29,127		
	4	Cash prizes	0	0		0		
	5	Noncash prizes	0	0		0		
sesue	6	Rent/facility costs	0	0		0		
Direct Expenses	7	Food and beverages	0	0		0		
Direc	8	Entertainment	0	0		0		
	9	Other direct expenses .	997	679		1,676		
	10 11	Direct expense summary. Ac Net income summary. Subtr	1,676 27,451					
Pa	rt II				990. Part IV. line 19.			
		\$15,000 on Form 990-E			, , ,			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Reve	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
-	5	Other direct expenses .						
	6		□ Yes% □ No	□ Yes% □ No	□ Yes% □ No			
	7	Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)				
9		Enter the state(s) in which the or	•	•				
		Is the organization licensed to c If "No," explain:						
10			gaming licenses revoked	l, suspended, or termin		? . 🗌 Yes 🗌 No		
	_							

Schedu	ule G (Form 990) (Rev. 12-2024)		Page 3
11 12	Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
b c	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter the name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer		
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	🗌 Yes	🗌 No
Part			

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

SCHEDULE O (Form 990) (Rev. December 2024) Department of the Treasury	990) Complete to provide information for responses to specific questions on rember 2024) Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ		
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	.	Open to Public Inspection
Name of the organization		Employer ider	tification number
	AN MALAMUTE ADOPTION LEAGUE		1-1962968
	tion B, Line 11b - Form 990 is sent to all board members for review, upon approval All questions and concerns are addressed during the review process.	by the board i	nembers it is
	tion B, Line 12c - Annually all board members are required to review and sign WAM y have received a copy of the policy, read and understood the policy and agree to c		
Interest policy, and fin	tion C, Line 19 - Washington Alaskan Malamute Adoption League's (WAMAL) gover ancial statements were available to the public upon request only during the 2024 ta S website, Guidestar and WAMAL's website.		
Form 990, Part IX, Line	e 11g - Dog Training = \$7,689, Dog Grooming = \$292.50		
Form 990, Part XI. Line	e 9 - Loss on disposal of an asset		
			·
			·

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

Schedule O, Statement 1

Form: Form 990 (2024)

Page: 1

WASHINGTON ALASKAN MALAMUTE ADOPTION LEAGUE

EIN: 91-1962968

Part I, Line 1

Activity Or Mission Description

Description

new home. WAMAL provides hope to families that must rehome their malamutes when life has taken a sharp detour; training support to those families desperately working to keep their 4-legged family members; works with shelters and takes into rescue strays and those pups needing an extra level of thoroughness in the adoption process; and, actively recruits adopters and foster homes.