# CALIFORNIA WILDFIRE EXTENSION- GLASS FIRE

Form 990

(Rev. January 2020)

Department of the Treasury

Change of Accounting Period

## **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2019

Open to Public

	lai Revenue			www.irs.gov/rorm990 for instru				
			dar year, or tax year b	eginning 7/01	, 2019, and endi			, 2019
В	Check if appl		С			1		ntification number
	Address	s change	Pets Lifeline,	Inc.		1	94-285	
	Name c	hange	P.O. Box 341	17.6		1	Telephone nu	mber
	Initial re	eturn	Sonoma, CA 954	1/6			(707)	996-4577
	Final retu	rn/terminated						
	Amende	ed return				(	Gross receipts	\$ 5,121,682.
	Applicat	tion pending	F Name and address of pri	ncipal officer:		H(a) Is this a	group return for s	ubordinates? Yes X No
			Same As C Abov	7e		H(b) Are all su	bordinates includ ttach a list. (see	ded? Yes No
1	Tax-exem	pt status:	X 501(c)(3) 501(c)	) ( )	4947(a)(1) or 527	ii inu, a	ttacii a iist. (see	instructions)
J	Website	e: ► ww	w.petslifeline	org.		H(c) Group ex	emption number	<b>&gt;</b>
K	Form of or	rganization:	X Corporation Trust	Association Other	L Year of forma	tion: 1982	M State o	f legal domicile: CA
Pa	rt I S	Summar	v					
	1 Brie	efly descri	be the organization's r	nission or most significant a	ctivities: Pets Life	eline is	dedicat	ed to
a)				ng the lives of ca				
nce				adoption, humane				
rna	W (3.5							-
Activities & Governance		eck this bo		ation discontinued its opera				assets.
Ö				overning body (Part VI, line				14
S	4 Nur	mber of in	dependent voting men	nbers of the governing body	(Part VI, line 1b)		4	14
ıitie	5 Total	al number	of individuals employ	ed in calendar year 2019 (Pa	art V, line 2a)		5	16
守				te if necessary)om Part VIII, column (C), lin				75
A				ome from Form 990-T, line 3				
_	D Met	unrelated	business taxable inco	one nontrolli 990-1, line 3	J	_	or Year	Current Year
	8 Cor	ntributions	and grants (Part VIII	line 1h)		10.00	728,046	
ne			rice revenue (Part VIII)		74,986			
Revenue				nn (A), lines 3, 4, and 7d)			73,319	
Re	and the second s			A), lines 5, 6d, 8c, 9c, 10c, a			35,578	
				h 11 (must equal Part VIII, c			911,929	
				Part IX, column (A), lines 1-3				7,,
			to or for members (P.					
	The state of the s	-		loyee benefits (Part IX, colu		638,575	. 345,042.	
es			fundraising fees (Part		000/0/0	310/012.		
Expenses				Server Control	Uliperior in the second			
X	The second second			(, column (D), line 25) -	213,863	_		
_	The second second second			A), lines 11a-11d, 11f-24e).			575,369	
				nust equal Part IX, column (/			213,944	
	L 250 1 30 W	venue less	s expenses. Subtract l	ine 18 from line 12			697,985	9-573
Assets or						Beginning	of Current Yea	
set	<b>20</b> Tot			********			880,394	
t As	<b>21</b> Tot						447,338	
Net /			man areas to the last that the first of the second of the	act line 21 from line 20		4	,433,056	. 5,540,702.
		-	re Block					
Und	er penalties o	of perjury, I d	eclare that I have examined the	nis return, including accompanying sch ed on all information of which prepare	nedules and statements, and to	the best of my	knowledge and b	pelief, it is true, correct, and
COM	piete. Deciar	ation of prepa	arer (other trial romicer) is bas	ed on all information of which prepare	T flas arry Milowicage.			
			a company			Date		
Si	gn	Signati	ure of officer					
He	re		cy King			Execu	tive Dir	
_			r print name and title	The second secon	The state of		. [17]	PTIN
		V 5111 V 61	preparer's name	Preparer's signature	Date		Check X if	
Pa		Jeffr	ey M. Dreyer	Jeffrey M. Dre	eyer   11/21	1/20	self-employed	P00039630
Pr	eparer	Firm's nam		. Dreyer, C.P.A.				2 2 12 1 2 X 2
Us	e Only	Firm's addr		Napa Street, Suite	: A		Firm's EIN 🟲 🧧	8-0401016
			Sonoma, C					07) 938-2273
Ma	v the IRS	discuss th		parer shown above? (see ins	structions),			X Yes No

# Form 990 (2019) Pets Lifeline, Inc. Part IV Checklist of Required Schedules

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		Х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X	100000000000000000000000000000000000000
	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
1	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	12 b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
18	column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	18	х	A
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'		^	
	complete Schedule G, Part III	19 20a		X
20:	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	ZUd	<del> </del>	^
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

# Form 990 (2019) Pets Lifeline, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<del></del> -
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		_X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		_X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	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		Х
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		Х
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.		Yes	
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	281 (4)		100
•	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	198888890		
		RELIES		
RΔ	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Forn	990	(2019)
- 11		1 0111		,,,

Form 990 (2019) Pets Lifeline, Inc.

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

					Yes	No
2 a	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	2 a	1	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment	t tax	returns?	. 2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in		•	2,000,000	160, 991	
	Did the organization have unrelated business gross income of \$1,000 or more during the year					Х
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O			. 3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	r auth inanc	nority over, a ial account)?	. 4a		Х
	If 'Yes,' enter the name of the foreign country►			100000		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		* *			90 90 00
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	-				X.
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf			1	<b></b>	Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?					
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?			. 6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions c	or gifts were	.   6ь		
7	Organizations that may receive deductible contributions under section 170(c).				A 10	31 (46) (51)
	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	ortly	for goods and			
а	services provided to the payor?	y		. 7a		Х
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			. 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas re	equired to file	7.		Х
	Form 8282?			. 7 c	2802/02004	A
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		<u> </u>	. 7e	280.000	Х
	Did the organization receive any turns, directly or indirectly, to pay premiums on a personal ber			1—	<del>                                     </del>	X
	If the organization received a contribution of qualified intellectual property, did the organization file			` <del>  ^ '</del>		<del> </del>
_	as required?			. 7g	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	orga	anization file a	.   7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		ne sponsoring		200	\$6,650,000
	organization have excess business holdings at any time during the year?			. 8		
	Sponsoring organizations maintaining donor advised funds.			10300	100,100	Hillippi
	Did the sponsoring organization make any taxable distributions under section 4966?				1	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?		. 9 b	e zezoonioni	n eletinazioni
	Section 501(c)(7) organizations. Enter:	ı	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10 a		_	Sec.	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b				
	Section 501(c)(12) organizations. Enter:	1 44 -	.1			
	Gross income from members or shareholders	11 a	1			lane e
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 t				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of			. 12a	i S Skiercens	C Prossors
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	121	0	_		100
	Section 501(c)(29) qualified nonprofit health insurance issuers.			. 13a		
ē	Is the organization licensed to issue qualified health plans in more than one state?			. 136	1 6 504 505 0	( 000) P(0)
	Note: See the instructions for additional information the organization must report on Schedu	ne o.			(2)	i malicis
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	131				
	Enter the amount of reserves on hand	13 (		14;		X
	a Did the organization receive any payments for indoor tanning services during the tax year?					+*
	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation or			·   '**'	-	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000	ın rer	nuneration or	15		X
	excess parachute payment(s) during the year?			ikiustis Spania	100000	0 000000
10	Is the organization an educational institution subject to the section 4968 excise tax on net in	nvesti	ment income?	16	2015100000	X
10	If 'Yes,' complete Form 4720, Schedule O.			instatus	in for religion	0 808016

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Part Milli Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI........................ Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad 1 a 14 authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent . . . . 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person?..... 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Х Χ Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 h X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: See Schedule O X a The governing body?..... 8 a **b** Each committee with authority to act on behalf of the governing body?..... 86 Х 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...... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.................. 10 b X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Х Schedule O how this was done...... 13 X 13 Did the organization have a written whistleblower policy?..... 14 X 14 Did the organization have a written document retention and destruction policy?..... 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? a The organization's CEO, Executive Director, or top management official...See. Schedule.0..... X 15 a X **b** Other officers or key employees of the organization..... If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 a taxable entity during the year?..... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Other (explain on Schedule O) Upon request Own website 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. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records 20 Nancy King 21045 Broadway Sonoma CA 95476 (707) 996-4577

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Form 990	(2019)	Pers	Lifel	ine.	Inc.

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A) Name and title	(B) Average hours	Position (do not check mor than one box, unless perso is both an officer and a director/trustee)		ion	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other			
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Nancy King	40_									
Executive Dir.	0			Х				126,731.	0.	17,724.
(2) Monica Dashwood	1_1_				Ì					
Director	0	X						0.	0.	0.
(3) Yvonne Hall	1									
Director	0	X						0.	0.	0.
(4) Paul Arata	1									
Treasurer	0	X		Х				0.	0.	0.
(5) Toni Casamento	1									
Director	0	X				l .		0.	0.	0.
(6) Anne Mieling	1									
Director	7-0-	1 x						0.	0.	0.
(7) Brad Meyer	1									
Director	0	1 x						0.	0.	0.
(8) Sandy Drew	1									
Director	7-0-	X		İ				0.	0.	0.
(9) Brian Ness	1									
Director	7 0 -	] X				_		0.	0.	0.
(10) Marchelle Carleton	2									
Vice President	7	X		Х				0.	0.	0.
(11) David Ball	1									
Director	0	X						0.	0.	0.
(12) Kevin Schuh	2									
President	7-0-	1 x		Х				0.	0.	0.
(13) Elaine Smith	1									
Secretary		Х		Х	l			0.	0.	0.
(14) Deborah Emery	1									
Director	0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	Istees, I	Key	Ln	ipic O	_	es, a	anc	Highest Com	pensated Em	ployees (continued)
(A) Name and title	Average hours per week	ours box, unless person is both an per officer and a director/trustee)		(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	(F) Estimated amount of other				
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MiSC)	compensation from the organization and related organizations
(15) Rhonda Stallings Director	1	x						0.	0	0.
(16)	<b>_</b> _									
(17)										
(18)										
(19)										
(20)										
(21)		-								
(22)										
(23)										
(24)										
(25)										
1 b Subtotal							-	126,731.		17,724.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							► ved	0. 126,731. more than \$100,00	C	0. 0. 0. 17,724. mpensation
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	ch individ	ual	• • • •			• • • •				Yes No 3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great such individual	f reportaber than \$	ole co 150,0	mpe 00?	ensa If "	atior Yes,	and con	oth nple	er compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie compei s,' comple	nsatie ete S	on fi che	rom dule	any J fo	unre or suc	elate ch p	ed organization or erson	individual	5 X
1 Complete this table for your five highest comper compensation from the organization. Report compensation.	nsated inconsation for	leper the o	ider caler	it co	ntra	ctors r end	tha ing v	nt received more to with or within the o	than \$100,000 of rganization's tax v	ear.
(A) Name and business add								Description	)	(C) Compensation
2 Total number of independent contractors (including		nited	to th	ose	liste	d abo	ove)	who received more	e than	
\$100,000 of compensation from the organization	15 ()	•••••								

		Check if Schedule O contains a resp	onse or note to an	y line in this Part V	III		
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
Gra		Membership dues 1 b					
ŁS,		Fundraising events 1c	202,717.			ndom tibrili de de altri	
뺼		Related organizations 1d					
S E		Government grants (contributions) 1 e  All other contributions, gifts, grants, and					fall as on the first state.
e H		similar amounts not included above 1 f	1,569,576.				
들됨	g	Noncash contributions included in					
E E	h	lines 1a-1f	11,189.	4 550 000	0.00.0000000000		
وي رق		Total Add mes Ta-11	Business Code	1,772,293.			
를	2 a	Kids Camp Revenue	900099	12,488.	12,488.		
Program Service Revenue			900099	11,756.	11,756.		
ice			900099	5,565.	5,565.		
Ş.			900099	3,064.	3,064.		
Ĕ		Pet Redemptions Revenue		530.	530.		
<u> </u>		All other program service revenue		186.	186.		
<u>~</u>	g	Total. Add lines 2a-2f		33,589.			
	3	Investment income (including dividends, ir other similar amounts)	nterest, and				
	4	Income from investment of tax-exempt		41,121.			41,121.
		Royalties	•				
	•	(i) Real	(ii) Personal	Contract property of the second			
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a 3,181,327	. 10,741.				
	b	Less: cost or other basis			0.0000000000000000000000000000000000000		
	_	and sales expenses 7b 3,174,147 Gain or (loss) 7c 7 180					
		Gain or (loss)		17,921.			17,921.
•		Gross income from fundraising events	I	17,321.			17,521.
nue	oa	(not including \$ 202,717.			distriction of the con-		Supplied the second
Ķ		of contributions reported on line 1c).					
ď.		See Part IV, line 18	a 82,611.			10000	
Other Reven		Less: direct expenses 8	<u> </u>				
δ	С	Net income or (loss) from fundraising e	events	-55,704.			-55,704.
	9 a	Gross income from gaming activities. See Part IV, line 19		Commence Control			
	h	Less: direct expenses 9		+			
	L	Net income or (loss) from gaming activ					
	Î						
	IVa	Gross sales of inventory, less returns and allowances	а		But the bull to give		and commence of
	b	Less: cost of goods sold	b		10.00.00.00.00.00.00	BURNER BURNER II	Applicate de application de
	С	Net income or (loss) from sales of inve					
ह	11		Business Code				
Miscellaneous Revenue	11 a b c d						
를							
Re Se	4	All other revenue					
Σ		Total. Add lines 11a-11d			nemanical menangantan punis	NOT THE RESERVE OF THE PROPERTY OF THE PROPERT	
		Total revenue. See instructions		1,809,220.	33,589.	0.	3,338.

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22			Casa de garal parez pulso d	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				BOMBARIO SALISARIO DE PERMITE SERVICIO SALISARIO DE PERMITE
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	81,185.	32,474.	0.	48,711.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.		_
7	Other salaries and wages	210,824.		0.	0.
8	Pension plan accruals and contributions	ZIU,8Z4.	141,252.	37,948.	31,624.
8	(include section 401(k) and 403(b) employer contributions).	411.	275.	74.	62.
9	Other employee benefits	30,454.	20,404.	5,482.	4,568.
10	Payroll taxes	22,168.	14,853.	3,482.	3,325.
11	Fees for services (nonemployees):		<u></u>	3,330.	J,J2J.
ā	Management				
t	Legal	11,349.		11,349.	
(	: Accounting	3,200.		3,200.	
	Lobbying		***************************************	3,	
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,168.		6,168.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	19,313.	3,563.		15,750.
12	Advertising and promotion	22,206.	10,884.		11,322.
13	Office expenses.	8,363.	5,603.	1,505.	1,255.
14	Information technology	4,202.	2,101.	2,000.	2,101.
15	Royalties				<u> </u>
16	Occupancy	29,624.	19,848.	5,332.	4,444.
17	Travel	4,824.	2,412.		2,412.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· · · · · · · · · · · · · · · · · · ·		
20	Interest	158.		158.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,662.	16,524.	4,439.	3,699.
23	Insurance	5,894.	2,621.	2,686.	587.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.)			150	
	Moving Costs & Temp. Shelter	100,186.	67,125.	18,033.	15,028.
	Shelter Supplies, Vets, Etc.	47,930.	47,930.		
	Capital Campaign Expenses	<u> 26,866.</u>	THE STATE OF THE S	1	26,866.
	Printing and Publications	23,344.	<u> </u>	48.	23,120.
	All other expenses	44,628.	20,353.	5,286.	18,989.
	Total functional expenses. Add lines 1 through 24e	727,959.	408,398.	105,698.	213,863.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
ВΔΔ		TGEA0110L 07		1	Form 990 (2019)

Part X Balance Sheet

BAA

		Check if Schedule O contains a response or note to	o any lin	e in this Part X		<i>.</i>	
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			18,756.	1	113,567.
	2	Savings and temporary cash investments		1,950,332.	2	2,300,318.	
	3	Pledges and grants receivable, net			1,606,872.	3	935,198.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office I contrib rsons	er, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified po	ersons (	as defined under			
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
祭	8	Inventories for sale or use			-	8	
Assets	9	Prepaid expenses and deferred charges			46,462.	9	7,061.
۶	10 a	Land, buildings, and equipment; cost or other basis	1 1				1
ŀ		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		738,931.			
	b	Less: accumulated depreciation	10 b	623,285.	127,824.	10 c	115,646.
Ī	11	Investments - publicly traded securities				11	1,477,740.
-	12	Investments - other securities. See Part IV, line 11				12	
İ	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets			14		
l	15	Other assets. See Part IV, line 11		189,913.	15	640,130.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		4,880,394.	16	5,589,660.
$\dashv$	17	Accounts payable and accrued expenses		393,739.	17	44,247.	
	18	Grants payable		333,139.	18	44,241.	
	19	Deferred revenue		48,548.	19		
	20	Tax-exempt bond liabilities		40,040.	20		
ဖွ	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per				22	
⊐	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third	•			24	
Ì	25	, <u>-</u>	-				
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	4,711.
_	26	Total liabilities. Add lines 17 through 25			447,338.	26	48,958.
Saor		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			
흥	27	Net assets without donor restrictions			996,634.	27	2,408,743.
ñ	28	Net assets with donor restrictions		, , , , , , , , , , , , , , , , , , , ,	3,436,422.	28	3,131,959.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	<b>-</b>			
þ	29	Capital stock or trust principal, or current funds		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	29		
ets	30	Paid-in or capital surplus, or land, building, or equipn	nent fun	d		30	
SS	31	Retained earnings, endowment, accumulated income				31	
t A	32	Total net assets or fund balances			4,433,056.	32	5,540,702.
ž	33	Total liabilities and net assets/fund balances			4,880,394.	33	5,589,660.
						-	

Pa	TXI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			. $\square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2	72	7,9	<del>5</del> 9.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,08		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,43		
5	Net unrealized gains (losses) on investments	5		6,3	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
DA	column (B))	10	5,54	0,7	<u>02.</u>
Fg <b>C</b>	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	. <b></b>			. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1000000	1011661	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	3070426000	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis		<del></del>		
	b Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:  X Separate basis  Both consolidated and separate basis				
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				Broth d
3:	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audion or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BA/			Form	990 G	2019)
			,	- (	)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► 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 identification number 94-2851279 Pets Lifeline, Inc. Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.** Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (vi) Amount of other (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed in your governing document? (i) Name of supported organization (ii) FIN support (see instructions) support (see instructions) Yes Nο (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	797,737.	912,914.	1,903,782.	2,947,131.	1,772,293.	8,333,857.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge		,				0.
4	Total. Add lines 1 through 3	797,737.	912,914.	1,903,782.	2,947,131.	1,772,293.	8,333,857.
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)					2,7.12,233.	
6	Public support. Subtract line 5 from line 4						1,727,085.
Sec	tion B. Total Support						6,606,772.
Cale	ndar year (or fiscal year	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	797,737.	912,914.	1,903,782.	2,947,131.	1,772,293.	8,333,857.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,718.	9,300.	31,523.	51,223.	41,121.	161,885.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Fart VI.	106,663.	135,968.	155,242.	229,092.	82,611.	709,576.
11	Total support. Add lines 7 through 10						9,205,318.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	293,901.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from						71.77 % 74.87 %
16a	33-1/3% support test—2019. If t and stop here. The organization	he organization di qualifies as a pul	id not check the t olicly supported o	oox on line 13, an rganization	nd line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2018. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16 organization	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	est—2019. If the or meets the 'facts-a s-and-circumstand	rganization did no and-circumstance es' test. The orga	ot check a box on s' test, check this anization qualifies	line 13, 16a, or <b>1</b> box and <b>stop he</b> as as a publicly sup	6b, and line 14 is re. Explain in Part ported organization	10% VI how on ►
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop he a publicly suppor	re. Explain in Pari ted organization	t VI now the
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	is box and see in:	structions

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.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🟲	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						(7)
	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.				*****		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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.)						
Sec	tion B. Total Support		<u>,                                      </u>				
	dar year (or fiscal year beginning in) 🟲	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in 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.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				Call	11 F03/-\/	25
	First five years. If the Form 990 organization, check this box and	stop here		na, thira, fourth, o	or titth tax year as	s a section but (c)(	"
	tion C. Computation of Pu Public support percentage for 20			ine 13 column (f)	<u> </u>		%
15							<u>°</u>
16	Public support percentage from						70
	tion D. Computation of Inv				(A)	17	%
17	Investment income percentage t						<del></del>
18	Investment income percentage t	rrom <b>2018</b> Schedu					
	00.4/00/	11	did	hav an li 7/1			d line 17
	33-1/3% support tests—2019. If is not more than 33-1/3%, check	k this box and <b>sto</b>	p here. The organ	nization qualifies a	as a publicly sup <sub>l</sub>	oorted organizatior	l
b	33-1/3% support tests—2019. If is not more than 33-1/3%, check 33-1/3% support tests—2018. If line 18 is not more than 33-1/3% Private foundation. If the organ	k this box and <b>sto</b> the organization o 6, check this box	<b>p here.</b> The organdid not check a board and <b>stop here.</b> The	nization qualifies a ox on line 14 or lir ne organization qu	as a publicly sup <sub>l</sub> ne 19a, and line ' <sub>l</sub> alifies as a publi	oorted organizatior 16 is more than 33 cly supported orga	

Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		an an an an an an an an an an an an an a
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	100 100	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 <b>Part VI</b> .	6	Marie Name of the Control of the Con	
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 or 990-EZ).	7	Name of the last o	an in an
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		551255000 500 555
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b	esi valasi	301,221,0
С	Did a disqualified person (as defined in 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.	9c		
l0a	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 10b below.	10a		
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.)	10b		

Pä	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b	1	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations		. T	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
		Exposure III	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
		RESPONDENCE	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
:	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally Integrated Supporting Organizations			
	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The state of the A.E. W. Took Committee the 2 below			
	The state of the s			
	b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.  c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	
	2 Activities Test. Answer (a) and (b) below.		Yes	No
,			801.000	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
	3 Parent of Supported Organizations. Answer (a) and (b) below.		90.00	
	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? <i>Provide details in Part VI.</i>	За		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	Tay   Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ntions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mi	Nov. 20, 1970 (explain ir ust complete Sections A	Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
E	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		
	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	metrical del lighten de 22 pp. 32 p.	
	Income tax imposed in prior year	5		
	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-functionally inte (see instructions).	grate	d Type III supporting org	ganization
BAA	•		Schedule A (Fo	orm 990 or 990-EZ) 2019

	· · · · · · · · · · · · · · · · · · ·							
Pai	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	ection D — Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.	in the second se						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019		SECULE OF THE SECULE OF THE SECULE OF THE SECULE OF THE SECULE OF THE SECULE OF THE SECULE OF THE SECULE OF THE SECULE OF THE SECURE OF THE SECULE OF THE SECULE OF THE SECURE OF THE SE	REAL PROPERTY OF THE PROPERTY
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			THE STREET HER CONTRACTOR STREET
<b>d</b> From 2017		G1550160 107 0110 10 10 10 10	
e From 2018			
f Total of lines 3a through e			STREET, STREET
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$	TO REPLACE OF STATE OF THE STAT		
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			8 9 2 A 5 5 C C
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			0.0000000000000000000000000000000000000
c Excess from 2017	A CONTROL OF THE PROPERTY OF T		
d Excess from 2018			
e Excess from 2019		professional and the control of	

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

#### Part II, Line 10 - Other Income

Nature and Source		2019	 2018	 2017	 2016	 2015
Event Revenue Total	s s				135,968. 135,968.	106,663. 106,663.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

2019

Employer identification number

Name of the organization	Employer identification number						
Pets Lifeline, Inc.		94-2851279					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on					
Form 990-PF	527 political organization						
	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule							
For an organization fi or property) from any	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalione contributor. Complete Parts I and II. See instructions for determining a contribution one contributions.	ng \$5,000 or more (in money utor's total contributions.					
Special Rules							
under sections 509(a)	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 0(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, linguister contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
during the year, cor \$1,000. If this box i charitable, etc., pur	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recontributions exclusively for religious, charitable, etc., purposes, but no such corst checked, enter here the total contributions that were received during the year pose. Don't complete any of the parts unless the <b>General Rule</b> applies to this usively religious, charitable, etc., contributions totaling \$5,000 or more during	ntributions totaled more than ar for an <i>exclusively</i> religious, corganization because					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

Name of organization

Pets Lifeline, Inc.

Employer identification number

94-2851279

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jane Sinclair	•	Person X
	290 Chase Street	\$ 105,000	Payroll Noncash
	Sonoma, CA 95476-7155		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Patricia Ward	-	Person X
	18851 Nikki Drive	\$9 <u>10,000</u>	Payroll Noncash
	Sonoma, CA 95476	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Phyllis Woodward	-	Person X
	1340 Lubeck Street	\$50,000	Payroll Noncash
	Sonoma, CA 95476-7555	-	(Complete Part II for noncash contributions.)
	//\		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No. ———————————————————————————————————	Name, address, and ZIP + 4  Robin Dian Collet	(c) Total contributions	Person X
	Name, address, and ZIP + 4	Total contributions  \$ 168,115	Person X Payroll
	Name, address, and ZIP + 4  Robin Dian Collet	contributions	Person X Payroll
	Name, address, and ZIP + 4  Robin Dian Collet  2169 Falcon Ridge Drive	contributions	Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4  Robin Dian Collet  2169 Falcon Ridge Drive  Petaluma, CA 94954-5883	\$ 168,115	Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
(a) No.	Name, address, and ZIP + 4  Robin Dian Collet  2169 Falcon Ridge Drive  Petaluma, CA 94954-5883  (b)  Name, address, and ZIP + 4	\$ 168,115	Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
(a) No.	Name, address, and ZIP + 4  Robin Dian Collet  2169 Falcon Ridge Drive  Petaluma, CA 94954-5883  Name, address, and ZIP + 4  Manitou Fund	\$ 168,115  (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
(a) No.	Name, address, and ZIP + 4  Robin Dian Collet  2169 Falcon Ridge Drive  Petaluma, CA 94954-5883  Name, address, and ZIP + 4  Manitou Fund  4801 Highway 61 N, Ste. 310	\$ 168,115  (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash (Complete Part II for
(a) No.	Name, address, and ZIP + 4  Robin Dian Collet  2169 Falcon Ridge Drive  Petaluma, CA 94954-5883  Name, address, and ZIP + 4  Manitou Fund  4801 Highway 61 N, Ste. 310  Saint Paul, MN 55110	\$ 168,115  (c) Total contributions  \$ 500,000	Person X Payroll
(a) No.	Name, address, and ZIP + 4  Robin Dian Collet  2169 Falcon Ridge Drive  Petaluma, CA 94954-5883  Name, address, and ZIP + 4  Manitou Fund  4801 Highway 61 N, Ste. 310  Saint Paul, MN 55110	\$ 168,115  (c) Total contributions  \$ 500,000	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

Pets Lifeline, Inc.

1 1 Pa

94-2851279

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
• • • • • • • • • • • • • • • • • • • •	N/A	-	
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<b></b>		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sch	edule B (Form 990, 990-E	Z, or 990-PF) (2019)

Employer identification number

	<u>ifeline, Inc.</u>			94-2851279
Part III	Exclusively religious, charitable, e or (10) that total more than \$1,000 for t the following line entry. For organizations c contributions of \$1,000 or less for the year.	he year from any one contrib ompleting Part III, enter the tota (Enter this information once. Se	<b>utor.</b> Comple Lof <i>exclusive</i>	lescribed in section 501(c)(7), (8), te columns (a) through (e) and
(a) No. from Part I	Use duplicate copies of Part III if additional  (b)  Purpose of gift	space is needed. (c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from	(b)	(c)		(d)
No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	Rela	tionship of transferor to transferee	

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2019

Department of the Treasury Interna! Revenue Service

Name of the organization

Open to Public Inspection Employer identification number

	Pets Lifeline, Inc.			4-2851279
Par	Organizations Maintaining Donor Advised Fu Complete if the organization answered 'Yes' or	nds or Other Simil n Form 990, Part IV	ar Funds or Accord, line 6.	unts.
	(a) D	onor advised funds	<b>(b)</b> Fuг	nds and other accounts
1	Total number at end of year	···	•	
2	Accreases value of pontributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in ware the organization's property, subject to the organization's e	riting that the assets hexclusive legal control?.	eld in donor advised fu	ınds Yes No
6	Did the organization inform all grantees, donors, and donor ad for charitable purposes and not for the benefit of the donor or impermissible private benefit?	lvisors in writing that gr donor advisor, or for a	rant funds can be used ny other purpose confe	l only erring
<b>D</b>	III Conservation Easements.		1455	
Far	Complete if the organization answered 'Yes' or	n Form 990 Part I	V. line 7.	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreation or			cally important land area
	Protection of natural habitat		eservation of a certifie	
	Preservation of open space	<b></b>		
2	Complete lines 2a through 2d if the organization held a qualified collast day of the tax year.	inservation contribution is	n the form of a conserva	tion easement on the
	•		He	ld at the End of the Tax Year
a	Total number of conservation easements		2a	
ŀ	Total acreage restricted by conservation easements		2b	
(	Number of conservation easements on a certified historic stru	cture included in (a)	2 c	
(	Number of conservation easements included in (c) acquired a structure listed in the National Register	fter 7/25/06, and not or	n a historic	
3	Number of conservation easements modified, transferred, released tax year ►	, extinguished, or termin	ated by the organization	during the
4	Number of states where property subject to conservation easement	t is located >		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspec	tion, handling of violat	tions,
	and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handli			
7	Amount of expenses incurred in monitoring, inspecting, handling o ▶\$	f violations, and enforcin	g conservation easemen	nts during the year
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organizat conservation easements.	ion's financial statemer	nts that describes the c	organization's accounting for
Pa	Organizations Maintaining Collections of Art Complete if the organization answered 'Yes' o	, <b>Historical Treas</b> u n Form 990, Part I	i <mark>res, or Other Simi</mark> V, line 8.	ilar Assets.
	a If the organization elected, as permitted under FASB ASC 95 historical treasures, or other similar assets held for public ext Part XIII the text of the footnote to its financial statements the	nibition, education, or re at describes these item	esearch in furtherance	of public service, provide in
	b If the organization elected, as permitted under FASB ASC 95 historical treasures, or other similar assets held for public exhibition following amounts relating to these items:	on, education, or research	n in furtherance of public	c service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1			▶\$
	(ii) Assets included in Form 990, Part X			▶\$
	If the organization received or held works of art, historical treasure amounts required to be reported under FASB ASC 958 relatir	ig to these items:		
	a Revenue included on Form 990, Part VIII, line 1			▶\$
	<b>b</b> Assets included in Form 990, Part X			►\$

Part III Organizations Maintai	ining Colle	ctions	or Art, Histo	ricai Treasures, c	or Other Similar Ass	ets (continu	<i>1еа)</i>	
3 Using the organization's acquisition items (check all that apply):	, accession, ar	nd other r	ecords, check ar	y of the following that	make significant use of its	collection		
a Public exhibition			d Loan o	r exchange program				
b Scholarly research			e Other	- , -				
c Preservation for future gener	ations							
	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in							
5 During the year, did the organiza to be sold to raise funds rather the	han to be mai	ntained a	as part of the or	ganization's collectio	n?	Yes	No	
Escrow and Custodia	I Arrangem amount on	ents. ( Form 9	Complete if the 190, Part X, I	ne organization a ine 21.	nswered 'Yes' on Fo	rm 990, Par	t IV,	
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or othe	er intermediary t	for contributions or of	ther assets not included	Yes	No	
<b>b</b> If 'Yes,' explain the arrangement						<b>—</b> 1		
z				·9 ······		Amount		
c Beginning balance					1c	711,722.11		
d Additions during the year								
e Distributions during the year								
f Ending balance								
2 a Did the organization include an a						□ Vac	No	
						L L	No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	опеск пе	ere it the explan	ation has been provi	ded on Part XIII	.,,		
					000 D1 IV E-	10		
Part V Endowment Funds. C								
	(a) Current	year	(b) Prior year	(c) Two years ba	ack (d) Three years back	(e) Four yea	rs back	
1 a Beginning of year balance								
<b>b</b> Contributions								
c Net investment earnings, gains,								
and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage		nt vear	end balance (lin	e 1g. column (a)) hel	ld as:			
a Board designated or quasi-endown			8	(-7,				
<b>b</b> Permanent endowment								
c Term endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
		aual 100	0/					
The percentages on lines 2a, 2b, a								
3 a Are there endowment funds not in	the possession	of the or	ganization that a	are held and administer	red for the	Yes	No	
organization by:							140	
(i) Unrelated organizations								
(ii) Related organizations								
b If 'Yes' on line 3a(ii), are the rel	ated organiza	tions list	ed as required	on Schedule R?		3b		
4 Describe in Part XIII the intender	d uses of the	organiza	ation's endowme	ent funds.				
Part VI Land, Buildings, and	Equipmen	t.						
Complete if the organ	iization ans	wered	'Yes' on Forr	n 990, Part IV, Iir	ne 11a.See Form 99	)0, Part X, I	ine 10.	
Description of property		(a) Cost	or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book		
1 a Land		<u> </u>		34,171	Transcription transcription for the property of the property o	3.	4,171.	
<b>b</b> Buildings				494,982			5,841.	
c Leasehold improvements				17,964			9,411.	
							3,365	
d Equipment				133,485				
e Other		<u> </u>		58,329			<u>2,858.</u>	
Total. Add lines 1a through 1e. (Colum	mn (d) must e	equal For	m 990, Part X,	coiumn (B), line 10c.	)		5,646.	
ΒΛΛ					Sche	dule D (Form 9	50) ZU 19	

Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
(I)			erys federacy steps of the control o
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related.			
Complete if the organization answered	'Yes' on Form 99	N/A 0 Part IV line 11c See Form 99	0 Part V line 12
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of vear market value
(1)	<b>(1)</b>	Cymothod of valuations odds of one	or your market value
(2)			
(3)			
(4)			
(5)			
(6)			***************************************
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.	N/ 1 E 00		
Complete if the organization answered	Yes_on_Form_999	U, Part IV, line 11d. See Form 99	
	scription		
(1) Construction Devlopment Costs	***************************************		(b) Book value
(1) Construction Devlopment Costs (2)			640,130.
(2)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) (10)			640,130.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (a)	B) line 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.			640,130.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X)  Complete if the organization answered 'Yes' on Figure 1.	Form 990, Part IV, line 1		640,130.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X)  Complete if the organization answered 'Yes' on Figure 1.			640,130.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) Federal income taxes	Form 990, Part IV, line 1		640,130. 640,130. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (a)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1		640,130.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Figure 1. (1) Federal income taxes (2) Other Payables (3) (4)	Form 990, Part IV, line 1		640,130. 640,130. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Figure 1. (1) Federal income taxes (2) Other Payables (3) (4) (5)	Form 990, Part IV, line 1		640,130. 640,130. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (a)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Descr (1) Federal income taxes (2) Other Payables (3) (4) (5) (6)	Form 990, Part IV, line 1		640,130. 640,130. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (a)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  1. (a) Descr (1) Federal income taxes (2) Other Payables (3) (4) (5) (6) (7)	Form 990, Part IV, line 1		640,130. 640,130. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Final Complete if the organization and 'Yes' of the organization and 'Yes' organization and 'Yes' organization and 'Yes' organization and 'Yes' organization and 'Yes' organization and 'Yes' organization and 'Y	Form 990, Part IV, line 1		640,130. 640,130. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Final Temperature (a) Description (b) Total (column (b) must equal Form 990, Part X, column (column (colu	Form 990, Part IV, line 1		640,130. 640,130. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Final Temperature (solumn (a) Description (complete if the organization answered (complete if the organization	Form 990, Part IV, line 1		640,130. 640,130. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description (complete if the organization answered 'Yes' on Fig. (a) Description (complete if the organization answered 'Yes' on Fig. (a) Description (complete if the organization answered 'Yes' on Fig. (a) Description (complete if the organization answered 'Yes' on Fig. (a) Description (complete if the organization answered 'Yes' on Fig. (a) Description (complete if the organization answered 'Yes' on Fig. (a) Description (complete if the organization answered 'Yes' on Fig. (a) Description (complete if the organization answered 'Yes' on Fig. (b) Description (complete if the organization answered 'Yes' on Fig. (comple	orm 990, Part IV, line 1 iption of liability	le or 11f. See Form 990, Part X, line 25.	640,130. 640,130. (b) Book value 4,711.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Final Temperature (a) Description (b) Part X (column (complete if the organization answered (complete if the or	Form 990, Part IV, line 1 iption of liability	11e or 11f. See Form 990, Part X, line 25.	640,130.  (b) Book value  4,711.

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per R	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Pa	art 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:		
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	1
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2 d	1
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	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	1
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .		5
Part XIII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	
<b>b</b> Prior year adjustments		1
c Other losses	2 c	1
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 IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)	/h	1
<b>c</b> Add lines <b>4a</b> and <b>4b</b> ,		4 c
		4c 5

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

BAA

Schedule D (Form 990) 2019

#### SCHEDULE G (Form 990 or 990-EZ)

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 identification number Pets Lifeline, Inc. 94-2851279 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity (or retained by) (or retained by) or entity (fundraiser) have custody or control from activity fundraiser listed in of contributions? organization column (i) Yes No 2 3 5 6 7 8 9 10 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

R			(a) Event #1  Paws for A Cau (event type)	(b) Event #2 Winter Holiday (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
псzя<ях	1	Gross receipts	277,258.	8,070.		285,328.
Ĕ	2	Less: Contributions	197,207.	5,510.		202,717.
	3	Gross income (line 1 minus line 2)	80,051.	2,560.		82,611.
	4	Cash prizes				
n	5	Noncash prizes				
D-RECT	6	Rent/facility costs	29,485.			29,485.
	7	Food and beverages	22,598.			22,598.
X	8	Entertainment	31,676.			31,676.
EXPEZSES	9	Other direct expenses	48,095.	6,461.		54,556.
S	10 11	Direct expense summary. Add lines 4 three Net income summary. Subtract line 10 from	- , .			138,315. -55,704.
Par	till	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Par	t IV, line 19, or rep	oorted more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ë	1	Gross revenue				
_	2	Cash prizes				
DIRECT S	3	Noncash prizes				
C S T E S	4	Rent/facility costs				:
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colun	ın (d)		
	ı Is tl		g activities in each of t	hese states?		
		re any of the organization's gaming license (es,' explain:	es revoked, suspended	, or terminated during th	ne tax year?	Yes No

Schedule G (Form 990 or 990-EZ) 2019 Pets Lifeline, Inc.	94-2851279	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Тү	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?	to Y	es No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	140	•
<b>b</b> An outside facility		- %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	13 b	ૹ
Name •	·	
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming rev  b If 'Yes,' enter the amount of gaming revenue received by the organization   of gaming revenue retained by the third party   c If 'Yes,' enter name and address of the third party:	enue?	
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	ie 	Yes □No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		.c3
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	columns (iii) ai any additional	nd (v);
mormation. God institutions.		

#### SCHEDULE O (Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pets Lifeline, Inc.

Employer identification number 94-2851279

#### Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings

There are no committees with authority to act on behalf of the governing body.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

The organization provides a password protected PDF Form 990 to all members of its governing body before filing the form.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The determination of the Executive Director's compensation includes written yearly evaluation forms completed by the Board of Directors and the Executive Director. A meeting is held between the Governance Committee and the Executive Director to review the evaluations. A nonprofit compensation survey is used to determine a standard rate of pay for the position and this, along with the evaluation scores, is used to determine the appropriate increase, if any, in the Executive Director's compensation.

#### Form 990, Part VI. Line 19 - Other Organization Documents Publicly Available

The organization's latest audit report is available on its website. The website also includes a link to GuideStar for viewing of the organization's Form 990s.

#### **Financial Audit**

A financial audit is being conducted on the books and records of the organization for the period reported on this return. Due to the COVID-19 pandemic, audit activities have been postponed and the results of the audit will not be available prior to the extended due date of this return. This return will be amended if the audit results in material changes to the organization's financial position or results of operation.

#### California Wildfire Extension

As the organization, its financial records, and CPA all reside in Sonoma County, this return is being filed timely within the California wildfire extension period

Name of the organization
Pets Lifeline, Inc.

Employer identification number
94-2851279

granted as a result of the Glass Fire in Sonoma County.

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

		113.			
Automatic	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).		
All corporati	ons required to file an income tax return other the 1904 to request an extension of time to file income	nan Form 90	0.T (including 1120.C filers), partnership		
Type or	Name of exempt organization or other filer, see instructions.			Taxpayer identificat	ion number (TIN)
print	Pets Lifeline, Inc.			04 005405	•
File by the	Number, street, and room or suite number. If a P.O. box, see i	instructions.		[94-285127	9
due date for filing your	P.O. Box 341				
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	dress, see instru	ctions,		
mondonons.	Sonoma, CA 95476				
Enter the Re	eturn Code for the return that this application is f	for (file a se	parate application for each return)		01
Application Is For		Return Code	Application Is For		Return Code
	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-Bl		02	Form 1041-A		08
Form 4720 (		03	Form 4720 (other than individual)		09
Form 990-PI		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-1	(trust other than above)	06	Form 8870		12
<ul><li>If the org</li><li>If this is check th</li></ul>	e No. ► (707) 996-4577 ganization does not have an office or place of but for a Group Return, enter the organization's four is box ► If it is for part of the group, ansion is for.	isiness in th r digit Group	Exemption Number (GEN) . If	this is for the w	hole group,
for the	st an automatic 6-month extension of time until organization named above. The extension is for calendar year 20 or tax year beginning7/01, 2019	the organiz		zation return	
	ax year entered in line 1 is for less than 12 mon ange in accounting period	ths, check r	eason: Initial return Fir	nal return	
3 a If this a nonref	application is for Forms 990-BL, 990-PF, 990-T, and able credits. See instructions	4720, or 606	9, enter the tentative tax, less any	3 a \$	0.
b If this a tax pay	application is for Forms 990-PF, 990-T, 4720, or ments made. Include any prior year overpayments	6069, enter nt allowed a	any refundable credits and estimated s a credit	3 b \$	0.
EFTPS	e due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	instructions		3 c \$	0.
Caution: If y payment ins	ou are going to make an electronic funds withdr tructions.	awal (direct	debit) with this Form 8868, see Form 84	153-EO and Forn	1 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

# CALIFORNIA WILDFIRE EXTENSION - GLASS FIRE

TAXABLE YEAR 2019

# California Exempt Organization Annual Information Return



199

Calendar Ye	ar 2019 or fiscal year beginning (mm/dd/yyyy) 7/01/201	L9 , and ending (m	m/dd/yyyy) 12/31/2	2019 ·    California corporation	number	
				1116239	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	FELINE, INC. nation. See instructions.			FEIN		
				94-2851279	9	
P.O. BC				PMB no.		
City	A Jii		tate	Zip code		
SONOMA			CA oreign province/state/county	95476 Foreign postal code		
Foreign country	name	r.	oreign province/state/county	Toreign postar code		
B Amended C IRC Section D Final Information Enter date C Check acc 1	turn filed? 1 • 990T 2 • 990-PF 3 • Sch H (990) er 990 series roup filing? See instructions	organization engag See instructions  K Is the organization If "Yes," enter the gonnmember source L If organization is a R&TC Section 237(exception, check by M Is the organization N Did the organization taxable income?  O Is the organization audited in a prior gone	exempt under R&TC Section gross receipts from es.  a public charity exempt under D1d and meets the filing fee ox. No filing fee is required. In a Limited Liability Company on file Form 100 or Form 109 under audit by the IRS or ha year?.	23701g? Yes \$	s X No s X No s X No	
not report	red to the FTB? See instructions Yes X No	27477.00	the second second			
Part I	Complete Part I unless not required to file this form. See Go			1 3.3	49,389.	
Receipts	<ol> <li>Gross sales or receipts from other sources. From Side</li> <li>Gross dues and assessments from members and affilia</li> <li>Gross contributions, gifts, grants, and similar amounts</li> </ol>	ates		2	72,293.	
and Revenues	4 Total gross receipts for filing requirement test. Add line	- 1	12,233.			
Nevenues	This line must be completed. If the result is less than		ral Information B	4 5,1	21,682.	
	5 Cost of goods sold					
	6 Cost or other basis, and sales expenses of assets sold	6	3,174,147.	a de la companya della companya della companya della companya de la companya della		
	7 Total costs. Add line 5 and line 6				74,147.	
	8 Total gross income. Subtract line 7 from line 4				47,535.	
Expenses	9 Total expenses and disbursements. From Side 2, Part				66,274.	
	10 Excess of receipts over expenses and disbursements.			10 1,0	81,261.	
	11 Total payments			12		
	12 Use tax. See General Information K			13		
	the second of th			14		
Filing Fee			The second secon	15		
ree	15 Filing fee \$10 or \$25. See General Information F			16		
	16 Penalties and Interest. See General Information J				0	
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11	from the result		17	O.	
Sign	Under penalties of perjury, I declare that I have examined this return, including a correct, and complete. Declaration of preparer (other than taxpayer) is based on	accompanying schedules a all information of which pr	nu statements, and to the best reparer has any knowledge.	or my knowledge and bel	ner, it is true,	
Here	Signature	JTIVE DIR.	Date	• l'elephone	-4577	
Date	Preparer's ► JEFFREY M. DREYER	Date 11/21/2	Check if self-employed			
Paid Preparer's	JEFFREY M. DREYER, C.P.A.			Firm's FEIN		
Use Only	(or yours, if PA11 WEST NADA STREET SILLY	TE A		68-040101	6	
	self-employed) and address SONOMA, CA 95476				Telephone	
					3-2273	
	May the FTB discuss this return with the preparer shown a	bove? See instructi	ons	• X Yes	No	

059

PETS LIFELINE, INC.

Part II

Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

		1	Gross sales or receipts from all I				, [_1	
		2	Interest	, 2	53.			
Recei	ntc	3	Dividends	• • • • • • • • • • • • • • • • • • • •			3	41,068.
from	•	4	Gross rents				4	
Other		5	Gross royalties				5	
Sourc	es	6	Gross amount received from sale					3,192,068.
		7	Other income. Attach schedule.		SEE ST	ATEMENT 1	7	
		8	Total gross sales or receipts from other s					3,349,389.
		9	Contributions, gifts, grants, and similar ar	nounts paid. Attach schedule		<i></i>	9	3,313,303.
		10	Disbursements to or for member	S			10	
		11	Compensation of officers, director					81,185.
		12	Other salaries and wages					210,824.
Exper and	ıses	13	Interest		13			
anu Disbu	rse-	14	Taxes					158.
ments		15	Rents				15	22,168.
		16	Depreciation and depletion (See				16	29,624.
		17	Other Expenses and Disburseme					24,662.
			Total expenses and disbursements, Add I					497,653.
Sche	\d::Ic	, I	Balance Sheet					866,274.
			Datance Sileet		taxable year		d of ta	xable year
Asset 1				(a)	(b)	(c)	angestration	(d) 2 /13 995
			receivable		1,969,088. 1,606,872.			Z,413,000.
			eivable		1,000,072.			935,198.
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					•
	Federal and state government obligations.					regressive team control of the	1000010000	•
		nvestments in other bonds						•
			n stockSTMT_3		940,235.			• 1,477,740.
			IS		J. V., 200.		19079-06-06-0	• 1/1///10:
			ents. Attach schedule					•
			ssets	692,276.		704,7	60	
			ated depreciation	598,623.	93,653.	623,2		81,475.
				330,023.	34,171.	023,2	0.0	• 34,171.
			Attach schedule		236,375.			• 647,191.
			Autori Solicusia,		4,880,394.			5,589,660.
			et worth		4,000,004.			3,309,000.
			able		393,739.			• 44,247.
			gifts, or grants payable		393,139.		1995	44,241.
			tes payable				KSST4864	<u> </u>
			yable			0.00 8 60 0 00	1631,160	•
			es. Attach schedule		53,599.			4,711.
					4,433,056.			• 5,540,702.
			or principal fund		4,433,036.	50.00.00.00.00		● 3,340,102.
			ings or income fund					•
			ies and net worth		4,880,394.	6 6 6 6		5,589,660.
Sche							************	
Julia	Juui	. 111	Do not complete this schedule is			s less than \$50,000	)	
1	Net inc	ome pe	er books	1,107,646	. 7 Income recorded on	books this year not inc	cluded	
			ne tax	· · · · · · · · · · · · · · · · · · ·	in this return. Attac	h schedule, SEE S		• 26,385.
3	Excess	of cap	ital losses over capital gains		8 Deductions in this r			
			corded on books this year.		against book incom	e this year.		
			ıle					•
			· · · · · · · · · · · · · · · · · · ·		65.6	nd line 8	• • • •	26,385.
			Attach schedule		10 Net income per			1 001 001
6	Total. A	Add lin	e 1 through line 5	1,107,646	.   Subtract line 9	from line 6		1,081,261.

3652194 059 Page 2 Form 199 2019 CACA1112L 12/13/19

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

# California Copy Schedule of Contributors

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

2019

Employer identification number

Pets :	<u>Lifeline, Inc.</u>		94-2851279		
Organization type (check one):					
Filers of:		Section:			
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on		
Form 990	)-PF	527 political organization			
		501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		red by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.		
General	Rule				
X		ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalione contributor. Complete Parts I and II. See instructions for determining a contribu			
Special I	Rules				
	under sections 509(a) received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, ling contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that		
	during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recoll contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scien prevention of cruelty to children or animals. Complete Parts I, II, and III.			
	during the year, cont \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rectributions exclusively for religious, charitable, etc., purposes, but no such corchecked, enter here the total contributions that were received during the years. Don't complete any of the parts unless the <b>General Rule</b> applies to this sively religious, charitable, etc., contributions totaling \$5,000 or more during	ntributions totaled more than or for an <i>exclusively</i> religious, organization because		
990-PF)	, but it must answer 'N	isn't covered by the General Rule and/or the Special Rules doesn't file Scheo No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-EZ or on its Form 990-PF,		

Employer identification number

Pets Lifeline, Inc. 94-2851279 Part | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person Х Gerald & Connie Farr Payroli 1350 Avenida Sebastiani 10,000 Noncash (Complete Part II for Sonoma, CA 95476 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person Jane Sinclair Payroll 290 Chase Street 105,000 Noncash Sonoma, CA 95476-7155 (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total (d) Type of contribution contributions Person 3\_\_\_ William & Jeanne Osterland Payroll 6336 Meadowridge 30,000. Noncash Santa Rosa, CA 95409 (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total (d) Type of contribution contributions Person <u>Jere Owen</u> Payroll 2420 H Street 25,000 Noncash (Complete Part II for Sacramento, CA 95816-4111 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person Bill Jasper **Payroll** 80 2nd Street East 30,000 Noncash (Complete Part II for Sonoma, CA 95476-5738 noncash contributions.) (c) Total (d) Type of contribution (b) Name, address, and ZIP + 4 contributions Person Sonoma County Community Foundation Payroll 120 Stony Point Rd, Suite 220 10,000. Noncash (Complete Part II for Santa Rosa, CA 95401 noncash contributions.)

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Name	of	org						_

		_
Pets	Lifeline,	Inc.

Employer identification number

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94.	- / /	ואי	") 1	u

Part I	arti Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<del>7</del>	Rose Marie Piper Foundation	-	Person X Payroll		
	P.O. Box 772	\$ <u>15,000.</u>			
	Sonoma, CA 95476	-	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	Jonathan & Marieclaude Hirshberg		Person X		
	19170 Old Winery Road	\$15,000.	Payroll Noncash		
	Sonoma, CA 95476	-	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	Eleanor Price		Person X		
	14 Maybridge Road	\$ <u>5,</u> 000.	Payroll		
	Belvedere, CA 94920-2324		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10_	Diane & Todd Garrett		Person X		
	11 Via Paraiso W	\$ 5,100.	Payroll   Noncash		
	Tiburon, CA 94920-1574		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11_	Sandra & Dick Drew		Person X		
	581 Michael Drive	\$5,000.	Payroll Noncash		
	Sonoma, CA 95476-4626		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12_	Trish Hunter	_	Person X		
	154 West Spain Street, Apt.N	\$ 10,000.	Payroll Noncash		
	Sonoma, CA 95476-5449		(Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization Employer identification number Pets Lifeline, Inc. 94-2851279 Part | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person X 13\_ Candace Brown Payroll 19200 Baytree Lane 10,000. Noncash (Complete Part II for Sonoma, CA 95476-8903 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person 14 Kevin\_Schuh Payroll PO Box 1718 <u>5,</u>000. Noncash (Complete Part II for noncash contributions.) Glen Ellen, CA 95442 (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions (d) Type of contribution Person <u>15</u>\_ Elaine Smith Payroll 17900 Norrbom Road 10,000. Noncash (Complete Part II for Sonoma, CA 95476 noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total (d) Type of contribution contributions Person X 16\_ Wells Fargo Donor Advisors Payroll 6,218. One North Jefferson Noncash (Complete Part II for St. Louis, MO 63103 noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total

	2580 S. Ocean Blvd., Apt. 283  Palm Beach, FL 33480	\$5,000.	Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	Yvonne Hall  154 W. Spain St., Apt. E  Sonoma, CA 95476	\$ <u>10,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

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Melissa Weidhorn

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Person

X

contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 7 Page 2 Name of organization Employer identification number Pets Lifeline, Inc. 94-2851279 Part | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions Person X 19\_ Sylvia Jacob Pavroll P.O. Box 724 <u>34,</u>500. Noncash (Complete Part II for noncash contributions.) <u>Tiburon, CA 94920-0724</u> (a) No. (b) (c) Total contributions (d)
Type of contribution Name, address, and ZIP + 4 Person 20 Jean Schulz Payroll 1 Snoopy Place 25,000. Noncash (Complete Part II for Santa Rosa, CA 95403 noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total (d)
Type of contribution contributions Person 21\_ The Angel Fund **Payroll** 677 Broadway, 7th Floor 25,000. Noncash (Complete Part II for Abany, NY 12207 noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total (d) Type of contribution contributions Person X 22 Patricia Ward Payroll <u> 18851 Nikki Drive</u> 910,000. Noncash (Complete Part II for Sonoma, CA 95476 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person Х 23 Michael & Sue Steinberg Payroll 1351 Fulton Street 5,000 Noncash (Complete Part II for San Francisco, CA 94117 noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution (a) No. contributions

24

Marcie Waldron

18756 Deer Park Drive

Sonoma, CA 95476-6009

5,000

Person

**Payroll** 

Noncash

(Complete Part II for

noncash contributions.)

Х

5 Name of organization Employer identification number Pets Lifeline, Inc. 94-2851279

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	Marilyn & Michael Cabak  PO Box 339  Kenwood, CA 95452-0321	\$ <u>5,000.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	Maggie Ferrari  19380 Desilu Drive  Sonoma, CA 95476	\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	Phyllis Woodward  1340 Lubeck Street  Sonoma, CA 95476-7555	\$ <u>50,000.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>28</u> _	Julie Atwood PO Box 890 Kenwood, CA 95452	\$10,000.	Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>29</u> _	Suzanne Brangham  473 2nd Street East  Sonoma, CA 95476	\$5,000.	Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30_	Sheila & Paul Leach  PO Box 1510  Glen Ellen, CA 95442-1510	\$ <u>5,000</u> .	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Name of c	organization		
Pete	Lifelina	Tna	

Employer identification number

94-2851279

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
<u>31</u> _	George Simms			Person X
	107 Calle Merlot	_ \$_	15,084.	Payroll Noncash
	Sonoma, CA 95476-8068	_		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
<u>32</u> _	Robin Dian Collet			Person X
	2169 Falcon Ridge Drive	  \$_	168,115.	Payroll Noncash
	Petaluma, CA 94954-5883	-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
<u>33</u> _	Kakatu Foundation			Person X
	400 S. Walnut Street, Ste. 200	\$_	5,000.	Payroll Noncash
	Muncie, ID 47305	-		(Complete Part II for noncash contributions.)
(a)	(b)		(a)	4.10
(a) No.	Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3 <u>4</u> _	Name, address, and ZIP + 4  Tina Grippi		Total contributions	Person X
	Name, address, and ZIP + 4  Tina Grippi	\$_	Total contributions  10,000.	
	Name, address, and ZIP + 4  Tina Grippi	\$D-	contributions	Person X Payroll
	Name, address, and ZIP + 4  Tina Grippi  1010 East MacArthur Street	\$5	contributions	Person X Payroll  Noncash  (Complete Part II for
34_	Name, address, and ZIP + 4  Tina Grippi  1010 East MacArthur Street  Sonoma, CA 95476  (b)		10,000.	Person X Payroll
34	Name, address, and ZIP + 4  Tina Grippi  1010 East MacArthur Street  Sonoma, CA 95476  Name, address, and ZIP + 4	\$ 5	10,000.	Person X Payroll
34	Name, address, and ZIP + 4  Tina Grippi  1010 East MacArthur Street  Sonoma, CA 95476  Name, address, and ZIP + 4  Joane Palmi	-	10,000.  (c) Total contributions	Person X Payroll
34	Name, address, and ZIP + 4  Tina Grippi  1010 East MacArthur Street  Sonoma, CA 95476  Name, address, and ZIP + 4  Joane Palmi  1025 Bart Road	-	10,000.  (c) Total contributions	Person X Payroll
34 (a) No.	Name, address, and ZIP + 4  Tina Grippi  1010 East MacArthur Street  Sonoma, CA 95476  Name, address, and ZIP + 4  Joane Palmi  1025 Bart Road  Sonoma, CA 95476-4707  (b)	-	(c) Total contributions	Person X Payroll
34 No.	Name, address, and ZIP + 4  Tina Grippi  1010 East MacArthur Street  Sonoma, CA 95476  Name, address, and ZIP + 4  Joane Palmi  1025 Bart Road  Sonoma, CA 95476-4707  Name, address, and ZIP + 4	-	(c) Total contributions	Person X Payroll

lame of organization	1	***************************************		_	

Pets Lifeline, Inc.

Employer identification number 94-2851279

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u> _	ACBL Charity Foundation Corporation 6575 Windchase Blvd.	\$ <u>5,000.</u>	Person X Payroll Noncash
	Horn Lake, MS 38637		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>38</u> _	Manitou Fund		Person X
	4801 Highway 61 N, Ste. 310	\$ <u>500,000.</u>	Payroll Noncash
	Saint Paul, MN 55110		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>39</u> _	Award Roofing Inc.		Person X
	19251 Hickory Street	\$ <u>10,000.</u>	Payroll
	Sonoma, CA 95476		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40_	Judy Hallman		Person X
	1315 Jones Street	\$ <u>_25,</u> 000.	Payroll Noncash
	Sonoma, CA 95476-7689		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>41</u> _	Brian_Jennings		Person X
	423B Entfrente Road	\$ <u>10,000.</u>	Payroll Noncash
	Novato, CA 94949		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>42</u> _	Linda Jennings		Person X
	992 Bel Marin Keys Blvd.	\$ 10,000.	Payroll Noncash
	Novato, CA 94949		(Complete Part II for noncash contributions.)

1

Name of organization

Pets Lifeline, Inc.

Employer identification number

94-2851279

	Noncash Property (see instructions). Use duplicate copies of Part II if additional s		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
-		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<b></b>		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ -	<b></b>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sch	edule B (Form 990, 990-E	7 or 990-PF) (2010

1

Name of organ	ization feline, Inc.			Employer identification number		
	Exclusively religious, charitable, et	s contributions to over	nizations d	94-2851279		
	or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ne year from any one contrib Impleting Part III, enter the tota Œnter this information once. Se	<b>outor.</b> Completed of exclusive	te columns (a) through (e) and		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
		(e)				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee		
			<b></b>			
	<b> </b>					
		- <b></b> -				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	•	(d) Description of how gift is held		
				· <b></b>		
	<del></del>					
		(e)				
	Transferee's name, addres	(e) Transfer of gift	Dele	tionalin of turnal you to turnal you		
	Transferee S fiame, addres	Reia	tionship of transferor to transferee			
			<b></b>			
				·		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	<del></del>			<b></b>		
		(e) Transfer of gift		•		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee		
				·		
			<del>_</del>	<del></del>		
(a)	(b)	<u>(6)</u>		(q)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
rar(I						
				<b></b>		
		(e) Transfer of gift	gift			
	Transferee's name, addres		Rela	tionship of transferor to transferee		
			<b></b>			
	1		ı			

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Λ11	.l. r. 100 F								
	ch to Form 100 or For	rm 100W. FOR	M 199						
•							Californ	nia corpori	ation number
	rs lifeline, :						111	6239	
Par		xpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California				,	1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.					2	
3	Threshold cost of IR	C Section 179 prop	perty before reduct	ion in limitation			[	3	\$200,000
4	Reduction in limitati	on. Subtract line 3	from line 2. If zero	or less, enter -0-				4	
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	1. If zero or less,	enter -0			_5	
6_	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost	garan gara	
7	Listed property (elec	ted IRC Section 17	79 cost)		7				is repending and the steps
8	Total elected cost of	f IRC Section 179 p	property. Add amοι	ınts in column (c),	line 6 and	line 7		8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.					9	
10	Carryover of disallov	ved deduction from	ı prior taxable year	S			<u>.</u> [	10	
11	Business income lim	nitation. Enter the s	smaller of business	income (not less	than zero) (	or line 5	[	11	
12	IRC Section 179 exp	ense deduction, A	dd line 9 and line 1	<ol><li>but do not ente</li></ol>	r more than	n line 11		12	
13 Parl	Carryover of disallov	ved deduction to 20	020. Add line 9 and	I line 10, less line	12	13			
	· · · · · · · · · · · · · · · · · · ·	nd Election of Addit		T	Under R&T	C Section 243	56		
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	(d)	(e)	(f)	_ (g	) .	(h)
	of property	(mm/dd/yyyy)	other basis	Depreciation allowed or	Depreciatio method	п Life or rate	Deprecia this y		Additional first vear
				allowable in		'-"	"""	, oui	depreciation
Опп	STREET EAST	7/16/1000		earlier years					
		7/16/1982	20,900.			0			
	STREET E DE	6/30/2003	13,271.		<u> </u>	0			
	LDING	10/01/1986	320,454.	320,454.		39			
	ROVEMENTS	3/01/1991	2,892.	2,589.		39		74	•
	PROVEMENTS	6/01/1992	3,540.	3,057.		39		91	•
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not exceed	d			
David	\$2,000. See instructi	ions for line 14, co	lumn (h)			15	24	,662	•
Parl									
10	Total: If the corporat	iion is electing: ense, add the amo	unt on line 12 and	line 15 column (a	·\				
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	356, add the amour	nts on line	15, columns (	(a) and (h)	or	
	Depreciation (if no e	lection is made), e	nter the amount fro	om line 15, column	ı (g) <i></i>			16	
17	Total depreciation cl	aimed for federal p	urposes from fede	ral Form 4562, line	22			<u>17</u>	
ı	Depreciation adjustn Form 100W, Side 1, Form 100W, Side 2	nent. If line 17 is gr	reater than line 16,	enter the different	ce here and	d on Form 10	0 or		
	I OITH TOOM, Side Z	mie iz. (ii Gamoni	na debreciation am	iounts are used to	aetermine i	net income b	etore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is necessary.)				18	
Parl	IV Amortization					77500	<u>.</u>		
19	(a)	(b)	(c)		(d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			tization r allowable	R&TC Section	Period percenta		Amortization
		(	, , , , , , , , , , , , , , , , , , , ,		er years	(see instr)	percente	ige	for this year
					*****				
20	Total. Add the amou	nts in column (a)		1				20	
21	Total amortization cl						- I-	21	
		•	•				j.,		
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 2,	line 12					<i></i>	22	

3885

Attac	h to Form 100 or For	m 100W. FORM	1 199							
Carpai	ation name							Califor	nia corpo	ration number
PET	S LIFELINE, 1	INC.						1111	6239	
Pari		cpense Certain Pro	nerty Under IDC S	action 179				1777	0233	
1	Maximum deduction	under IRC Section	179 for California	ection 175					1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service				• • • • • • • • • • • • • • • • • • • •		2	723,000
3	Threshold cost of IRe	C Section 179 prop	erty before reducti	on in limitation	1				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter	-0				4	+200,000
5	Dollar limitation for t	axable year. Subtra	act line 4 from line	1. If zero or le	ess, ent	er -0			5	
6	(a)	Description of property		(b) Cost (busi	ness use	only)	(c) Elected	cost		
									6.00	
								*****		
7	Listed property (elec	ted IRC Section 17	9 cost)			7	******		ollsvilled	
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ınts in column	(c), line	6 and lin	ne 7		8	
9	Tentative deduction.								9	
10	Carryover of disallow	ved deduction from	prior taxable years	s					10	
11	Business income lim								11	
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	0, but do not e	enter m	ore than	line 11		12	MAN PARTY I 14 12 12 12 12 12 12 12 12 12 12 12 12 12
13 Parl	Carryover of disallow	ved deduction to 20	120. Add line 9 and	l line 10, less l	ine 12.		13		ÿ	
		nd Election of Additi		·	tion Un					
14	(a) Description	(b) Date acquired	<b>(c)</b> Cost or	(d) Depreciatio		(e) epreciation	(f) Life or	( <u>c</u> Deprecia	j) ation fo	or Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	-  -	method	rate	this		year
				allowable in earlier year						depreciation
IME	ROVEMENTS	10/01/1992	7,923.	6,7		S/L	39		203	3.
	LTER REHAB	10/01/1993	24,855.	20,6		S/L	39		637	
•	ROVEMENTS	12/01/1993	5,366.	4,4		S/L	39		138	
IME	ROVEMENTS	7/01/1995	30,286.	23,7		S/L	39		777	
	RNITURE AND P	9/13/2008	1,922.		50.2		7			
	Add the amounts in						<u> </u>			
	\$2,000. See instruct	ions for line 14, co	lumn (h)				15			
Par					_					
16	Total: If the corporal	tion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and B&TC Section 243	line 15, colum 356, add the ar	nn (g) <b>o</b> i mounts	r on line 19	5 columns (	a) and (h	) or	
	Depreciation (if no e									6
	Total depreciation cl								1	7
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter the diffe	erence l	here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 12. (If Californ	iess man line 16, i	enter the unier tounts are used	d to det	termine n	et income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is necess	ary.)				18	8
Par	t IV Amortization									
19	(a)	(b)	(c)		(d)	. E	(e)	(f)	اسما	(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		mortiza ed or al	ition llowable	R&TC Section	Period percent		Amortization for this year
	01 p. 0 p. 0	(	, , , , , , , , , , , , , , , , , , , ,		earlier y		(see instr)		3-	
								***************************************		
							<u>l</u>			
20	Total. Add the amou								20	
21	Total amortization c	laimed for federal j	ourposes from fede	eral Form 4562	, line 44	4			21	
22	Amortization adjustr	ment. If line 21 is g	reater than line 20	, enter the diff	erence	here and	on Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the differ	rence h	ere and o	on Form 100	or	22	
	Form 100W, Side 2,	ime iz				· · · · · · · · · · · ·				

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	ch to Form 100 or For	m 100W. FORM	199						
Corpoi	ration name						California	corporation	on number
	'S LIFELINE, I						11162	39	
Par		pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Sec							2	
3	Threshold cost of IRO							3	\$200,000
4	Reduction in limitation							4	
<u>5</u>	Dollar limitation for to		act line 4 from line			1	19000	5	SynTrovita reguesia socione a comunicari
	(a)	Description of property		(b) Cost (busine	ss use only)	(c) Electe	ed cost	25 (8) (1)	
									All the state of the state of
									(Business II) and management
7	Listed property (elec					<u> </u>			
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallow								
11 12	Business income lim								
13	IRC Section 179 exp Carryover of disallow								
Pari		nd Election of Additi					256		
14	(a)	(b)				T	T		<b>/</b> L\
14	Description	Date acquired	<b>(c)</b> Cost or	(d) Depreciation	(e) Depreciati	on Life or	(g) Depreciation	on for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this yea		year
				allowable in earlier years					depreciation
COT	JNTER TOPS-AD	6/01/2009	346.	29'	7. 200DB	7	1		
	PICNIC TABLES	3/09/2015	900.	55		7		129.	
	PTOP COMPUTER	2/15/2014	300.		2.200DB	5	*	1.	
	R CONDITIONIN	1/05/2005	4,914.	4,91	<del></del>	<del></del>			
	JIPMENT	5/01/1997	8,552.	8,55		10	+		
	Add the amounts in								
1.5	\$2,000. See instructi								
Par	t III Summary					,			
16	Total: If the corporat	ion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column	(g) or	1E salumna	(a) and (b) a		
	Depreciation (if no e								
17	Total depreciation cl							-	
	Depreciation adjustn Form 100W, Side 1,								
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the differe	nce here and	d on Form 100	or oforo		
	state adjustments or							18	
Par									
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		ortization	R&TC	Period or		Amortization
	of property	(mm/dd/yyyy	r) other ba		d or allowabl arlier years	e   Section (see instr)	percentag	e	for this year
						1,,			
								$\neg$	
								$\neg$	
	Eliza De l						1	$\dashv$	
	• 000								
20	Total, Add the amou	into in column (a)		L		1	1 2	20	
20	Total amortization of						·	21	
21							· · · · · · · · · · · · · · · · · · ·		
22	Amortization adjustr Form 100W, Side 1,	nent. It line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	, enter the differ enter the differe	ence nere a nce here and	na on rorm 19 d on Form 10	ou or 0 or	1	
	Form 100W, Side 2,	line 12						22	

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Atta	ob to Form 100 or Fa	100M	- 4									
	ch to Form 100 or For	m roow. FORM	<u> 199</u>									
•									Califor	rnia co	orporati	on number
	rs Lifeline,		····						111	623	39	
<u>Par</u>		xpense Certain Pro	perty Under IRC S	Section 1	79							
1	Maximum deduction	under IRC Section	179 for California	• • • • • • • •				• • • • •		1		\$25,000
2 3	Total cost of IRC Se	ection 179 property	placed in service .			• • • • • • • • • •		• • • • •			_	
4	Threshold cost of IR	C Section 179 prop	erty before reduct	ion in lim	iltation	• • • • • • • • • •		• • • • •	• • • • • • • • • •	3		\$200,000
5	Reduction in limitati	tavable year Subtr	rrom line 2. If zero	or less,	enter -0			• • • • •		4	_	
6	Dollar limitation for	Description of property	act line 4 from line							5	olectoresco	HIStory Company of the Company of th
	(a)	Description of property		(b) Co	st (business	use only)	(c)	) Elected	d cost			NAMES OF BUILDING OF BUILDING
				<u> </u>			•••					
7	Listed property (alex	ded IDO Ceelies 17	A 15									
8	Listed property (elec	f IDC Section 17	9 COST)			[7]						
9	Total elected cost of Tentative deduction.	Fotor the smaller	of line 5 or line 9	unts in co	olumn (c), i	ine 6 and	line /	• • • • • •	• • • • • • • • • •	8		
10	Carryover of disallov	ved deduction from	or inte 5 or title 6. nrior tavable vear	· · · · · · · · · · · ·		• • • • • • • • • • •	• • • • • • •			9 10		
11	Business income lin	nitation. Enter the s	maller of husiness	income	(not less t	han zero) /	or line F			11		
12	IRC Section 179 exp	ense deduction. Ar	ld line 9 and line 1	in but da	n not enter	more than	line 11	, I		12	+	
13	Carryover of disallov	ved deduction to 20	20. Add line 9 and	d line 10.	less line 1	2	13			1 12	25000	
Par	t II Depreciation a	nd Election of Additi	onal First Year Dep	reciation	Deduction	Under R&T	C Section	on 243	56		13/3/2/20	
14	(a)	(b)	(c)		(d)	(e)	(			q)		(h)
	Description	Date acquired	Cost or	Depre	eciation	Depreciation	n Life	e or	Deprecia	ation	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or rable in	method	ra	te	this	year	•	year
					er years							depreciation
SCF	ALE	8/23/1999	1,614.		1,614.	S/L		7				
EQU	JIPMENT	9/01/2000	26,922.	2	26,922.	S/L	1	7				
PHC	ONE SYSTEM	8/02/2002	15,744.		5,744.	S/L		7				
SAE	E	11/30/2005	500.		500.	S/L		5			*****	
TRA	AILER	4/08/2006	1,664.		1,664.	S/L		7		-	*****	
15	Add the amounts in	column (a) and col		of colum								
	\$2,000. See instruct	ions for line 14, col	umn (h)	or coluit	Illay	HOL EXCEE	u	15				
Par	ll Summary									-		
16	Total: If the corporat	tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15,	column (g)	or	1 m 1					
	Depreciation (if no e	election is made), e	nter the amount fro	ooo, auu om line 1	me amoun 15. column	its on line (a)	io, colu	mns (	g) and (n	) or	16	
17	Total depreciation cl	laimed for federal p	urposes from fede	ral Form	4562. line	22					17	
18	Depreciation adjustn	nent. If line 17 is gr	eater than line 16.	, enter th	e differenc	e here and	d on Fo	rm 100	O or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 1/ is	less than line 16. (	enter the	: difference	here and	on Forr	n 100-	or			
	state adjustments or	n Form 100 or Form	i 100W, no adjustn	nent is n	e useu to t ecessarv.)	actemme i		THE DO	51016		18	
Pari												
19	(a)	(b)	(c)		(0	d)	(e	)	(f)			(g)
	Description of property	Date acquired (mm/dd/yyyy)				ization allowable	R&	ŤC	Period			Amortization
	or property	(initi/dd/yyyy	otilei ba	515		anowable er years	Sect		percent	aye		for this year
							Ť				_	***************************************
												<del>, , , , , , , , , , , , , , , , , , , </del>
											ऻ '''	
									,			
								i			$\top$	
20	Total. Add the amou	ints in column (a)								20		
21	Total amortization cl									21		
		•	•		•					<del></del>	+-	
P-1-8-1	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and	on Forr	n 100	or			
	Form 100W, Side 2,	line 12								22		

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	ch to Form 100 or For	m 100W. FOR	1 199									
Corpo	ration name								Califor	nia corp	oratio	n number
PET	S LIFELINE, 1	INC.							1111	6239	)	
Par	t   Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79							
7	Maximum deduction									1		\$25,000
2	Total cost of IRC Se									2		1
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in lin	nitation					3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less,	enter -0					4		<u> </u>
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zer	ro or less, e	enter -0				5		
6	(a)	Description of property		(b) Co	ost (business u	ise only)	(c) E	lected	cost		ilikalika	
•										(90)8660		
					110							
7	Listed property (elec	ted IRC Section 17	'9 cost)	1		7						
8	Total elected cost of						line 7			8	98 8359	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8	1110	olullii (c), i	ine o ana	iiii			9		
10	Carryover of disallov	ved deduction from	prior taxable vear	· · · · · · · · · · · ·						10		
11	Business income lim	itation. Enter the s	maller of business	income	(not less th	nan zero) (	or line 5			11		
12	IRC Section 179 exp									12		
13	Carryover of disallov									L' <u>-</u> -	\$18 kg	
Par	Depreciation ar	nd Election of Additi	onal First Year Dep	reciation	Deduction	Under R&T	C Section	243	56		2011000	
14	(a)	(b)	(c)	1	(d)	(e)	(f)			3)		(h)
	Description	Date acquired	Cost or	Depr	eciation	Depreciatio		or	Deprecia	ation f	or	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate		this	year	l	year
					er years							depreciation
CAG	ES	11/16/2006	6,896.		6,896.	S/L		7		****		
FII	ING CABINETS	7/01/2008	410.		410.	S/L		7				
NEV	HEAT PUMP	7/09/2008	742.		742.	S/L		7			ĺ	
FII	ING CABINETS	10/10/2008	1,413.		1,407.	S/L		7				
CHE	TANOD-NAV YV	4/03/2009	2,399.		2,399.	S/L		5				
15	Add the amounts in	column (a) and col	umn (h) The total	of colum	nn (h) mav	not excee	ч					
	\$2,000. See instruct							5				
Par	t III Summary											
16		tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15,	column (g)	or	15 6		->			
	Depreciation (if no e	depreciation under dection is made), e	nter the amount fr	om line '	ine amoun 15. column	ເຮ on line ໄດ້ໂ	15, colum	ıns (	g) and (n	) or <sub>l</sub> 1	6	
17	Total depreciation of										7	
18	Depreciation adjusts	nent. If line 17 is a	reater than line 16	enter th	ne differenc	e here and	d on Forn	100	) or	··· F		
	Form 100W, Side 1.	line 6. If line 17 is	less than line 16.	enter the	e difference	here and	on Form	100	or		1	
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	ila depreciation am	nounts ar	re used to d	tetermine	net incom	ne be	etore	١,	8	
Par		11 01111 100 01 1 0111	T TOOTT, NO adjustin	Herit is ii	iecessaiy.)					'	Ü	
19	(a)	(b)	(c)			i)	(e)		(f)			(g)
	Description	Date acquire	d Costo	r	Amorti	zation	R&TC		Period	lor		Amortization
	of property	(mm/dd/yyyy	) other bas	sis	allowed or				percent	age		for this year
					in earlie	n years	(see ins	sir)				
	<u> </u>											<del> </del>
								$\dashv$				•
							-					
	T-1-1 A 1.1 ()									20		
20	Total. Add the amou	107								20		,
	Total amortization c	•	•							21		
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter th	ne difference	e here and	d on Forn	1 100 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12.	1633 HIAH IIHE ZU,	enter ut		incie ailu	OH POHIL	100		22		
			****************									

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Att-	ch to Form 100 or For	100W									
	ration name	m 10044. FOR	M 199					12.12			
								1	•		n number
	'S LIFELINE, 1							1111	6239	•	
Par		cpense Certain Pro	perty Under IRC S	ection 1	179				,		
1	Maximum deduction	under IRC Section	179 for California			• • • • • • • • • •	· · · · · · · · · · · · · · · ·		1		\$25,000
2 3	Total cost of IRC Se	Ction 179 property	placed in service .					• • • • • • • • • • • • • • • • • • • •	2		
4	Threshold cost of IR	C Section 179 prop	erty before reduct	ion in lir	nitation	· · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		3		\$200,000
5	Reduction in limitation for t	in. Subtract fille 3	nom ine 2. if zero	orless	, enter -u				4		
6		Description of property	act line 4 from line						5	Siniggo	SECOND DESCRIPTION OF THE PROPERTY OF THE PROP
<del> </del>	<u>(a)</u>	Describiton or broberty		(6) (	ost (business ı	use only)	(c) Electo	ed cost			
				ļ							
	Total Booming Total									10,000	er direcens A. G. p. p. p.
	Lists discussion of the		10 0					••••	12:03:0		
7 8	Listed property (elec	ted IRC Section 17	'9 cost)			7				March 1	
9	Total elected cost of	Enter the smaller	roperty. Add amou	ınts ın c	olumn (c), l	ine 6 and	line 7				
10	Tentative deduction.	cities the smaller	or line 5 or line 8.						9		
11	Carryover of disallow Business income lim	itation Enter the s	i prior taxable year	S		· · · · · · · · · · · · · · · · · · ·			10		
12	IRC Section 179 exp	ense deduction. A	d line 9 and line 1	income	i (iiut iess ti	nan zero)	or line 5		11 12		
13	Carryover of disallow	ved deduction to 20	120 Add Ing Q and	line 10	loss line 1	niore mar	111110 11		12	2005989	
Par	Depreciation ar	nd Election of Additi	onal First Year Den	recistion	Deduction	Under D&T	C Section 2/	256		331933	
14	(a)	(b)	(c)	T CCIUISOI	(d)	T		<u> </u>	\		/f->
•	Description	Date acquired	Cost or	Depr	eciation	(e) Depreciatio	ın Life or	Depreci	<b>g)</b> ation f	or	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate		year	J.	year
					vable in er years						depreciation
FUF	RNITURE	5/01/2009	806.		806.	S/L	7	1			
	RNITURE	5/27/2009	270.		270.	S/L	7				
	CURITY DEVICE	6/30/2009	339.	-	339.	S/L	7				
DES		7/09/2009	674.		674.	S/L	7				
	CICAL EQUIPME	8/24/2010	2,021.		2,021.	S/L	7				
13	Add the amounts in \$2,000. See instruction	column (g) and col	umn (h). The total	of colur	nn (h) may	not excee	d 15				
Par	t III Summary	10113 101 IIIIC 14, CO	idini (1)				15				
	Total: If the corporat	ion is electing:							- 1"		
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	or or					
	Additional first year (	depreciation under	R&TC Section 243	356. add	the amoun	ts on line	15, columns	(g) and (h	or [	ای	
17	Depreciation (if no e Total depreciation cla	iection is made), e	nter the amount tr	om line	15, column	(g)		• • • • • • • • • • • • • • • • • • • •	_	6  7	
18	Denreciation adjustm	anneu ioi ieuerai p nent Ifline 17 is ai	reater than line 16	onter tl	i 4002, iiile ho difforonc	ZZ		۰۰۰۰۰۰۰۰۰۱ ۱۸۱ مه	· · · ·  '	-	
	Depreciation adjustm Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form 100	or			
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	ia depreciation am	nounts a	re used to o	determine	net income b	efore	١,	ا ۱	
Par	IV Amortization	Form 100 of Form	i roow, no adjustn	nent is t	lecessary.)	· · · · · · · · · · · ·				8	
19		/b)	(0)		1.	٠	(0)				
13	<b>(a)</b> Description	(b) Date acquire	d (c) d Cost o	er	Amorti	d <b>)</b> ization	(e) R&TC	(f) Period	lor		(g) Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	Section	percent			for this year
					in earlie	er years	(see instr)				-
											111111111111111111111111111111111111111
20	Total. Add the amou								20		
21	Total amortization cl	•	•		•				21		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he differend	e here an	d on Form 10	00 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. It line 21 is	iess than line 20,	enter the	e difference	nere and	on Form 100	or	22		
	JOHN TOUTY, SILE Z,	шк 14							44		

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	th to Form 100 or Form	m 100W. FORM	199						
Corpor	ration name						California co	orporatio	n number
	'S LIFELINE, I						111623	39	
<u>Part</u>		pense Certain Prop						-T	
1	Maximum deduction								\$25 <b>,</b> 000
2	Total cost of IRC Sec								0000 000
3 4	Threshold cost of IRG Reduction in limitation								\$200,000
5	Dollar limitation for t								
6		Description of property	ct line 4 nom me	(b) Cost (business		(c) Elected			
	(u)	Description of property		(b) oost (busiless	usc only)	(0) 2100100	1 6031		
							<del></del>		
7	Listed property (elec	ted IBC Section 179	) cost)		7				
8	Total elected cost of				· · · · L	line 7	8		Note that the light state of the
9	Tentative deduction.	•							
10	Carryover of disallow								
11	Business income lim								
12	IRC Section 179 exp	ense deduction. Ad	d line 9 and line 1	0, but do not ente	r more that	n line <u>11</u>			
13	Carryover of disallov							APP. AP	
Par	t II Depreciation ar	nd Election of Addition	nal First Year Dep	reciation Deduction	1 Under R&T	C Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	on Life or rate	Depreciation this yea		Additional first vear
	or property	(·····, aa, 33, 33, 37)	owie, pagie	allowable in	11100.122	, 5,15		-	depreciation
				earlier years					
DES		3/28/2011	352.	352		7		<b>.</b>	
	MPUTERS	7/23/2014	3,432.	3,373		5_		59.	
	INK PAD EDGE	3/25/2015	648.	552		5 5		96.	
	LL OPTIPLEX 7	3/25/2015	503.	429	<del></del>	3		74.	
	OBE ACROBAT S	7/29/2014	330.	330					
15	Add the amounts in								
Davi	\$2,000. See instruct	ions for line 14, col	ımn (n)			13			
<u> 16</u>	t    Summary  Total: If the corporat	tion is algoting:							
10	IRC Section 179 exc	ense, add the amou	unt on line 12 and	line 15, column (	g) or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amou	ınts on line	15, columns	(g) and (h) <b>o</b> i	16	
17	Depreciation (if no e Total depreciation of							17	
12	Depreciation adjustr	nameu ioi leuerai p ment Ifline 17 is gr	urposes from leue ester than line 16	enter the differen	nce here an	nd on Form 10	 ιΩ or	<del>'''</del>	
10	Form 100W Side 1	line 6. If line 17 is	less than line 16.	enter the different	ce here and	i on Form 100	or		
	Form 100W, Side 2, state adjustments of	line 12. (If Californ	ia depreciation an	nounts are used to	determine	net income b	etore	18	
Par		II POIIII 100 OF POIIII	100vv, no aujusti	Herit is riecessary.	.)		<u>.,,.</u>	1.0	
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
1.5	Description	Date acquired	d Cost o		rtization	(e) R&TC	Period or		Amortization
	of property	(mm/dd/yyyy)	) other ba		or allowable lier years	e Section (see instr)	percentage	,	for this year
				111 COI	ner years	(300 111011)			
				<del></del>					
								<del></del>	
							<u> </u>	+	
							<del> </del>		
	Total. Add the amou	unto in column (c)					20	<u>_</u>	
20									
21								+	
22	Amortization adjusti Form 100W, Side 1,	ment. It line 21 is gi . line 6. If line 21 is	eater than line 20 less than line 20	r, enter the differen	ce here an	d on Form 100	) Of		
	Form 100W, Side 2	lino 10					2	2	

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	ch to Form 100 or For	m 100W. FOR	1 199						
•							California	corporati	on number
	'S LIFELINE,						11162	239	
Pari		cpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California					1	\$25,000
	Total cost of IRC Se	ction 179 property	placed in service.	· · · · · · · · · · · · · · · · · · ·	<i></i>	• • • • • • • • • • • • • • • • • • • •		2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in limitation		• • • • • • • • • • • • • • • • • • • •	· · <i>, .</i> · · · · · .	3	\$200,000
4 5	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0-	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		4	
6	Dollar limitation for t		act line 4 from line				7794	5	A SALES OF THE SAL
	(a)	Description of property		(b) Cost (business t	ise only)	(c) Electer	d cost		
								101 (61 (6)	
							it	BERTHAN	
	Listed property (elec	ted IRC Section 17	9 cost)	**********	7				
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ınts in column (c), I	ine 6 and li	ne 7	<i></i>	8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.	•••••				9	
10 11	Carryover of disallow	ved deduction from	prior taxable year	S				0	
12	Business income lim	attation. Enter the s	mailer of business	income (not less ti	nan zero) o	r line 5		1	
	IRC Section 179 exp Carryover of disallov	ense deduction. At	id line 9 and line i	U, but do not enter	more than	line   1		2	
Part	Denreciation ar	red deduction to 20	onal First Year Den	reciation Deduction	Linday DOTC	15   Cootion 243	CC		
14	(a)	(b)		l					1 415
1**	Description	Date acquired	<b>(c)</b> Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciati	on for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this ye		year
				allowable in earlier years					depreciation
TPF	IONE	3/07/2015	480.	416.	S/L	5		64.	
	4 TOYOTA SIE	5/16/2014	8,600.	8,600.	S/L	5		04.	
FEN		11/01/2006	2,925.	2,469.	S/L	15		105	
	RINKLER SYSTE	7/17/2007	2,550.	2,032.	S/L	15	·	195. 170.	
	YL FLOORING-	6/01/2009	382.	382.		7		1/0.	
				<u> </u>	S/L	<del></del>			
	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, col	umn (h). The total lumn (h)	of column (h) may	not exceed	15			
Part	ll Summary								
16	Total: If the corporat	ion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	unt on line 12 and R&TC Section 243	line 15, column (g) 356, add the amoun	) <b>or</b> ts on line 1	5 columns (	n) and (h) o	<b>1</b>	
	Depreciation (if no e	lection is made), e	nter the amount fr	om line 15, column	(g)			16	
17	Total depreciation cl	aimed for federal p	urposes from fede	ral Form 4562, line	22			. 17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 12. (If Californ	ia depreciation arr	enter the difference lounts are used to d	determine n	et income b	or efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is necessary.)			• • • • • • • • • • • • •	. 18	
Parl	t IV Amortization								
19	(a)	(b)	(c)	(	d) _	(e) R&TC	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o ther ba			Section	Period o percentag		Amortization for this year
	or property	(((((((((((((((((((((((((((((((((((((((	, outer bar	in earlie		(see instr)	percentag	_	ior uns year
20	Total. Add the amou	ints in column (a).					2	20	***************************************
21	Total amortization cl						<u> </u>	21	
	Amortization adjustr		•						
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and c	on Form 100	or		
	Form 100W, Side 2,	line 12	****				<u> 2</u>	22	

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Λ.μ.	ob to East 100 East	30011	-								
	ch to Form 100 or For	m 100W. FOR	M 199								
,								Calif	fornia cor	poratio	on number
	S LIFELINE,							11	1623	9	
Par		xpense Certain Pro	perty Under IRC S	ection 1	179						
1	Maximum deduction	under IRC Section	179 for California		<i></i>				. 1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.						. 2		
3	Threshold cost of IR	C Section 179 prop	erty before reduct	ion in lir	nitation				. 3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less	, enter -0				. 4		
	Dollar limitation for t		act line 4 from line	1					, 5		
6	(a)	Description of property		(b) C	ost (business	use only)	(c) Elect	ed cost			
		<u></u>							8 8 8 8		
									\$50,000		
							1				
7	Listed property (elec	ted IRC Section 17	<sup>79</sup> cost)			7					
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	unts in c	olumn (c), l	line 6 and I	ine 7		. 8	Π	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						. 9		
10	Carryover of disallov	ved deduction from	ı prior taxable year	s			· · · · · · · · · · · · · · · · · · ·		. 10		
11	Business income lim	itation. Enter the s	maller of business	income	(not less t	han zero) o	r line 5		. 11		
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	IO, but d	lo not enter	more than	line 11		. 12		
13	Carryover of disallow	ved deduction to 20	020. Add line 9 and	1 line 10	, less line 1	12	13				
Parl	•	nd Election of Additi		reciation	1 Deduction	Under R&T	C Section 24	356			
14	<b>(a)</b> Description	(b) Date acquired	(c)		(d)	(e)	(f)		(g)		(h)
	of property	(mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life or rate	Depred	ciation s year	tor	Additional first year
		` ' ' ' ' '		allov	vable in	Iniotribu	Take		y y cai		depreciation
		5 (0.0 (0.0 0.0			er years		_				
	PROVEMENTS-AD	6/26/2009	422.		422.	<u> </u>	7	<del></del>			
	MODEL	6/30/2009	1,156.		1,156.	S/L	7				
	AILER	7/28/2009	9,868.	<del></del>	9,140.		7	<del></del>			
	AILER	7/28/2009	9,032.	t e	9,032.		7				
TUE	F SHED	9/27/2010	2,300.		2,300.	S/L	7				
15	Add the amounts in	column (g) and col	umn (h). The total	of colur	nn (h) may	not exceed	i				
_	\$2,000. See instruct	ions for line 14, col	lumn (h)				15				
Part					•						
16	Total: If the corporat IRC Section 179 exp	tion is electing:	unt on line 10 and	line 1E	aaluman (n)	۱ ۵ ۳					
	Additional first year	depreciation under	R&TC Section 243	356. add	the amoun	its on line 1	5. columns	(a) and (	h) or		
	Depreciation (if no e	lection is made), e	nter the amount fro	om line	15, column	(g)			'	16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Forn	1 4562, line	22			<u>L</u>	17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is gr	reater than line 16,	, enter ti	he difference	ce here and	on Form 10	00 or			
	Form 100W, Side 2,	line 12. (If Californ	iia depréciation am	nounts a	re used to (	determine r	iet income b	efore			
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary.)					18	
Parl	t IV Amortization										
19	(a)	(b)	(c)			d)	(e)	(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy				ization allowable	R&TC Section	Perio percer			Amortization for this year
		(11111111111111111111111111111111111111	, 00,101 501	0.0		er years	(see instr)	percer	itage	l	ioi tilis year
										<u> </u>	
										Ī	12012
				••			<u> </u>			T	
							†			$\vdash$	
20	Total. Add the amou	ints in column (a)							. 20	1	
21	Total amortization cl									1	
		•	•						` <del> </del> -		
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form 100	or			
	Form 100W, Side 2,	line 12							. 22		

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Attac	to Form 100 or For	m 100W. FOR	M 199						
Corpo	ration name						California	a corporati	on number
	S LIFELINE, I	INC.					1116	239	
Parl		pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California					1	\$25,000
	Total cost of IRC Sec	ction 179 property	placed in service.	,		.,,		2	
3	Threshold cost of IRO	C Section 179 pro	perty before reducti	ion in limitation			<i></i>	3	\$200,000
4 5	Reduction in limitation	on. Subtract line 3	trom line 2. If zero	or less, enter -0			· <i>· · · ·</i> · · · · .	4	
6	Dollar limitation for t		act line 4 from line				263	5	D\$65555000000000000000000000000000000000
	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
								150 (100 (100	
7	Listed property (elec	fed IDC Section 1	70 cost)		7				
8	Total elected cost of	IRC Section 179 r	property Add amou	ints in column (c)	ine 6 and li	ino 7		8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.	III colditat (c), i	iiile o and ii	IIIC / , , , , , , , , , , , , , , , , , ,		9	
10	Carryover of disallow	ed deduction from	prior taxable year	S			· · · · · · · · · · · · · · · · · · ·	10	
11	Business income lim	itation. Enter the s	maller of business	income (not less t	han zero) o	r line 5	-	11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11	· · · · · · · · · · · · · · · · · · ·	12	
13		ed deduction to 2	020. Add line 9 and	l line 10, less line 1	12	13		31114	
Part			ional First Year Dep	reciation Deduction	Under R&TO	C Section 243	56		
14	(a) Description	<b>(b)</b> Date acquired	(c)	(d)	(e)	(f)	(g)		(h)
	of property	(mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreciat this ye		Additional first year
		, ,,,,,,		allowable in	111031100	14.0	i iio y	, ui	depreciation
יודי <i>ד</i>	F SHED	9/27/2010	2,500.	earlier years	0/7	-			
	F-ADOPTION S		3,800.	2,500. 2,278.	S/L S/L	15		252	
	ODEL-MED TRA		1,000.		S/L	7		253.	
	YL FLOOR-MED		2,498.	1,000. 2,498.	S/L	7			
	SINETS FOR ME		2,681.	2,681.	S/L	7			
				<u></u>					
19	Add the amounts in \$2,000. See instructi	column (g) and co ons for line 14, co	lumn (n). The total Iumn (h)	of column (h) may	not exceed	15			
Part	III Summary	<u> </u>							l
16	Total: If the corporat	ion is electing:		********				T	
	IRC Section 179 expe Additional first year	ense, add the amo	unt on line 12 and	line 15, column (g)	) or	E columna (	(a) a a a (b)		
	Depreciation (if no el	lection is made), e	nter the amount from	om line 15. column	(a)	o, columns (	g) and (n)	. 16	
17	Total depreciation cla	aimed for federal p	ourposes from fede	ral Form 4562, line	22			. 17	
18	Depreciation adjustm	ent. If line 17 is a	reater than line 16.	enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12. (If Califorr	less than line 16, o	enter the difference	e here and o determine r	on Form 100 set income b	or efore		
	state adjustments on	Form 100 or Forn	n 100W, no adjustn	nent is necessary.)				. 18	
Part	IV Amortization								
19	(a)	(b)	(c)		d)	(e) R&TC	(f)		(g)
	Description of property	Date acquire (mm/dd/yyy)			ization r allowable	Section	Period of percentage		Amortization for this year
				in earlie	er years	(see instr)			tor and your
								_	
									····
20	Total. Add the amou						· · · · · · · · · · ·	20	
21	Total amortization cl		·				<u> </u>	21	
22	Amortization adjustments Form 100W, Side 1,	nent. If line 21 is g	reater than line 20,	, enter the different	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	ime o. ii iine ∠i is line 12	iess man line 20,	enter the altrerence	e nere and (	on Form 100	] :	22	
		1-1111111							******

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	ch to Form 100 or For	m 100W. FORM	199				······································	- 1×-	(a.e.a.)	/2	
								1	fornia corp		number
	S LIFELINE, I						<u> </u>	11	16239		
<u>Part</u>		pense Certain Pro							_,		
1	Maximum deduction										\$25,000
2	Total cost of IRC Se										445
3	Threshold cost of IR										\$200,000
4	Reduction in limitation										
<u>5</u>	Dollar limitation for t		act line 4 from line						. 5		
-	(a)	Description of property		(b) Cost	(business t	ise only)	(c) Elec	ed cost	4		
		<u></u>							4		
									4		in carea de comunica
									$\perp$		
	Listed property (elec									1	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7											
	9 Tentative deduction. Enter the smaller of line 5 or line 8									<u> </u>	
10	y									<b>}</b>	
11 12										ļ <u> </u>	
	IRC Section 179 exp							<u></u>	. 12	0868899996	
13 Pari	13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12										
		· · · · · · · · · · · · · · · · · · ·				T	· . · · · · · · · · · · · · · · · · · ·		(m)	<del>-  </del>	4.5
14	<b>(a)</b> Description	(b) Date acquired	(c) Cost or	Depre		(e) Depreciatio	n Life or	Depre	(g) ciation t	for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allow	ed or	method	rate		s year		year
				allowa earlier							depreciation
SHE	ED IMPROVEMEN	12/31/2010	727.	camer	727.	S/L		7		$\dashv$	
	EEZER	1/06/2011	184.		184.	S/L		7			
	RIGERATOR	1/06/2011	196.		196.	S/L		<del>′ </del> -		$\dashv$	
	CROWAVE	1/06/2011	99.		99.	S/L		7		-	
	TRAILER IMP	1/31/2011	1,517.	<b>—</b>	1,517.	S/L		7			
								1		<del> -</del>	<u> </u>
15	Add the amounts in \$2,000. See instruct										
Par		ions for line 14, col	unin (1)				13				
16	Total: If the corpora	tion is election:				····			T T	- T	
10	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, c	olumn (g	) or					
	Additional first year	depreciation under	R&TC Section 243	356, add tl	ne amour	its on line				16	
17	Depreciation (if no e								_	16 17	
	Total depreciation of								·····	<del>'/</del>	
10	Depreciation adjustr Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the	difference	e here and	on Form 10	IU or	1	1	
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	nounts are	used to	determine	net income	before	.	10	
<u> </u>	state adjustments or	n Form 100 or Form	ı juuw, no adjustn	nent is ne	cessary.)	· · · · · · · · · · · · · · · · · · ·				18	· · · · · · · · · · · · · · · · · · ·
Par		71.5				'4\	(a)		n	_	(a)
19	<b>(а)</b> Description	(b) Date acquire	d (c) Cost o	ır İ		d) ization	(e) R&TC	Perio	r) od or		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy			allowed or	r allowable	Section	perce	ntage		for this year
					in earli	er years	(see instr	<u> </u>		<b> </b>	-
										<b>!</b>	
										<del> </del>	
										<del> </del>	<u>.</u>
										<u> </u>	
20	Total. Add the amou	147								<u> </u>	
21	Total amortization c	laimed for federal p	ourposes from fede	eral Form	4562, line	e 44			21		
22	Amortization adjusts	ment If line 21 is a	reater than line 20	enter the	e differen	ce here an	d on Form	100 or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	e here and	on Form 10	JU or	20		
	Form 100W, Side 2,	line 12		·······					22	1	

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	ch to Form 100 or For	m 100W. FORI	M 199			••••				
							Calif	ornia c	orporation	on number
	rs Lifeline, 1						11;	1623	39	
Par	t   Election To E	cpense Certain Pro	perty Under IRC S	ection 179						
1	Maximum deduction	under IRC Section	179 for California					. 1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.		,			. 2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in limitation				. 3		\$200,000
4 5	Reduction in limitation	on, Subtract line 3	from line 2. If zero	or less, enter -0		• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	. 4		
-6	Dollar limitation for t		act line 4 from line					. 5	SATORISMANNO	200ACISTRA DE LA CONTRA DELA CONTRA DE LA CONTRA DELA CONTRA DE LA CONTRA DELA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DELA CONTRA DE LA CONTRA DELA CON
	(a)	Description of property		(b) Cost (business	use only)	(c) Elec	ted cost	_		
				1				_	(19)(8)(6)	
7	Listed property (elec	ted IRC Section 17	'9 cost)		7					
8 9	Total elected cost of	TRC Section 179 p	roperty. Add amou	ınts in column (c), l	ine 6 and li	ine 7		. 8		
10	Tentative deduction.	and deduction from	of line 5 of line 8.		• • • • • • • • • • •			. 9		
11	Carryover of disallow Business income lim	veu deduction from	prior taxable year	S	• • • • • • • • • • • • •			. 10		
12	IRC Section 179 exp	ense deduction A	inaliel of business	income (not less t	nan zero) o	r line 5	• • • • • • • • • • • • • • • • • • • •			
13	Carryover of disallow	ved deduction to 20		io, put uo not enter 1 line 10 less line 1	niore man	110e [1,		. 12	1200000	ansi na sanana na sanana na sanana na sanana na sanana na sanana na sanana na sanana na sanana na sanana na sa
Par	Depreciation ar	nd Election of Additi	onal First Year Den	reciation Deduction	Linder P&T(	Section 2	1256			
14	(a)	(b)	(c)	(d)	(e)	·		(m)		71-5
• •	Description	Date acquired	Cost or	Depreciation	Depreciation	(f) Life or	Depred	<b>(g)</b> :iatior	ı for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate		year		year
				allowable in earlier years						depreciation
FEN	ICE	2/28/2012	4,500.	4,500.	S/L		7			
IME	ROVEMENTS	4/17/2013	21,624.	21,623.	S/L		7		1.	
PAI	NTING/LATTIC	6/30/2015	16,634.	9,504.	S/L		7	2,3		
	RS/CAT ENCLO	6/30/2015	13,815.	7,896.	S/L		7	$\frac{2,3}{1,9}$		
	KENNEL ROOF	6/30/2015	8,500.	4,856.	S/L		7	$\frac{1,5}{1,2}$		
	Add the amounts in						1	<b>,</b>	74.	
15	\$2,000. See instructi	column (g) and col	umm (n). The total	or column (n) may	not exceed	15				
Parl	III Summary		<u> </u>							
	Total: If the corporat	ion is electing:	***************************************			*****		··· · I		
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g)	or					
	Additional first year of Depreciation (if no e	depreciation under lection is made), a	R&IC Section 243	356, add the amoun	ts on line 1	5, columns	(g) and (l	h) <b>or</b>	16	
17	Total depreciation cla	aimed for federal n	urnoses from fede	ral Form 4562 line	22		*******	····	17	
18	Depreciation adjustm	ent If line 17 is a	eater than line 16	enter the difference	o here and	on Form 1	በስ ልተ	· · · · · }		
	Form 100W. Side 1.	line 6. It line 17 is	less than line 16. a	enter the difference	here and d	on Form 10	lΩ or			
	Form 100W, Side 2, state adjustments or	ine iz. (if Californ	ia depreciation am 100W no adjustr	iounts are used to d	determine n	et income	before		18	
Part	IV Amortization		r 10011, no adjustit	none is necessary.)				,	-10	
19	(a)	(b)	(c)		d)	(e)	(1)		T	(g)
	Description	Date acquire	d Costo	r   Amorti	zation	(e) R&TC	Perio			Amortization
	of property	(mm/dd/yyyy	) other bas	sis allowed or in earlie		Section (see instr	percen	tage		for this year
				in carne	n yours	(300 III3U	<u> </u>			
									-	
									_	
									-	,
									-	
20	20 Total. Add the amounts in column (g)									
								. <u>20</u> . 21	+	
	Total amortization cl							-   41		*******
22	Amortization adjustm Form 100W, Side 1,	ient. it line 21 is gi line 6. If line 21 is	eater than line 20, less than line 20 <i>•</i>	, enter the difference	e nere and here and c	on Form 10	UU or O or			
	Form 100W, Side 2,	line 12		·····				. 22		

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			•						
	ch to Form 100 or For	m 100W. FORM	1 199						
Corpo	ration name						California	corporat	ion number
PE:	rs Lifeline,	INC.					11162	39	
Par	t   Election To Ex	xpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California					<u>1  </u>	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.					2	Y23,000
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in limitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0-				4	7200,000
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	1. If zero or less.	enter -0			5	
6		Description of property		(b) Cost (business		(c) Electe	5769 Y		
				(1)		(0) 2,000	<u>u 505</u> 0		
7	Listed property (elec	ted IDC Section 17	(O coch)		<del>  </del>				
8	Total elected cost of	FIRC Section 170 n	roporty Add amou		7	: <b>7</b>		<u> </u>	
9	Tentative deduction.	Foter the smaller	of line 5 or line 9	ints in column (c),	line o and i	ine 7	• • • • • • • • •	8	
10	Carryover of disallov	ved deduction from	or line 5 or line 6.					9	
11	Business income lim	nitation Enter the s	maller of husiness	income (not loce	than zara) a	r lina E			
12	IRC Section 179 exp	ense deduction. Ac	d line 9 and line 1	O but do not onto	r more then	line 11	1		
13	Carryover of disallov	ved deduction to 20	120 Add line 9 and	l line 10 less line	10 E (1211 12 F	12	<u>I</u>	<u> </u>	High collaboration and transition and the collaboration and
Par	Depreciation at	nd Election of Additi	onal First Year Den	reciation Deduction	n Under D2T(	C Section 243	PEC	8666	rajo es receptos se as as as
14	(a)	(b)	(c)		1	1	T		4.5
.,	Description	Date acquired	Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciation	nn for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this year		year
				allowable in earlier years					depreciation
MEI	OI LIGHT FLOO	7/08/2011	1,148.	1,148	. S/L	7			
	TRAILER AIR	8/03/2011	283.	283		7			
	TRAILER WAT	8/01/2016	2,227.					210	
	SHER	7/26/2016				7 7	*******	318.	
	ER	11/03/2016	3,951.	1,645		7		564.	
			2,856.	1,088		7		408.	
	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, col	umn (h). The total umn (h)	of column (h) ma	y not exceed	l 15			
Par									
16	Total: If the corporal	ion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo denreciation under	unt on line 12 and R&TC Section 243	line 15, column (d	g) <b>or</b> ints on line 1	5 columns /	(a) and (b)		
	Depreciation (if no e	lection is made), e	nter the amount fro	om line 15, columi	n (a)		gy and (n) <b>o</b>	16	
17	Total depreciation cl	aimed for federal p	urposes from fede	ral Form 4562, lin	e 22			17	
	Depreciation adjustn	nent. If line 17 is ar	eater than line 16.	enter the differer	ice here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16, o	enter the difference	e here and o	on Form 100	or		
	state adjustments or	1 Form 100 or Form	ia depreciation am i 100W, no adiustn	nent is necessary.	αειεππηε τ )	let illcome b	eiore	18	
Par								· · · · · · · · · · · · · · · · · · ·	
19	(a)	(b)	(c)		(d)	(e)	<b>(f)</b>		(g)
	Description	Date acquire	d ∣ Costio		tization	R&TC	Period or		Amortization
	of property	(mm/dd/yyyy	) other bas	sis allowed o	or allowable ier years	Section (see instr)	percentage	9	for this year
				iii can	ici years	(300 (11311)			
						-			1000
		-						-	
	<b>—</b>								
20	Total. Add the amou								
21	Total amortization cl	•	•	·				1	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is gr line 6. If line 21 is	reater than line 20, less than line 20,	enter the differer enter the differenc	nce here and se here and o	l on Form 10 on Form 100	0 or or		
	Form 100W, Side 2,	line 12						2	

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		<u>-                                      </u>								
	h to Form 100 or For	m 100W. FORM	199							
Corpora	ation name		***************************************	,				Californ	ia corporatio	n number
PET	S LIFELINE, I	NC.						1116	239	
Part		pense Certain Pro								
1	Maximum deduction	under IRC Section	179 for California						1	\$25,000
2	Total cost of IRC Sec	ction 179 property p	olaced in service					[	2	
	Threshold cost of IR0		-					F-	3	\$200,000
	Reduction in limitation								4	
	Dollar limitation for t		act line 4 from line						5	
6	(a)	Description of property		(b) Cost	(business u	ise only)	(c) Elected	cost		
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Listed property (elec									
	Total elected cost of							· -	8	
	Tentative deduction.							- F	9	
	Carryover of disallov								10	
11	Business income lim								11	
12	IRC Section 179 exp							<u></u>	12	
	Carryover of disallow								ji ka sa	
Part		nd Election of Addition	<b>_</b>				<del></del>	r		
14	(a) Description	(b) Date acquired	(c) Cost or	(d Depred	) riation	(e) Depreciation	(f) Life or	(g Deprecia	) ition for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowe		method	rate	this		year
		, , , , , , , , , , , , , , , , , , , ,		allowal				_		depreciation
EME	DOENGY CEDUT	6/01/2017	36,718.	earlier		S/L	5	-	,344.	
	RGENCY SERVI				252.		7			
	F SHED/VET T		17,964.		987.	S/L	7		566.	
	TRAILER CAB		4,580.		744.	S/L		<u> </u>	654.	
VET			4,744.		L,808.	S/L	7		678.	
	STHESIA MACH		3,323.		L,148.	S/L	7		<u>475.</u>	
15	Add the amounts in \$2,000. See instruct									
Part										
16	Total: If the corporat	tion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	unt on line 12 and R&TC Section 243	ine וט, כ S56 add fl	olumn (g) se amoun	) <b>or</b> its on line 1	5. columns	(a) and (b)	or	]
	Depreciation (if no e	election is made), e	nter the amount fr	om line 15	, column	(g)		(3) (7)	16	
17	Total depreciation of	laimed for federal p	urposes from fede	ral Form 4	1562, line	22			17	
18	Depreciation adjustr	nent. If line 17 is g	reater than line 16	, enter the	difference	e here and	on Form 10	0 or	Ì	
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	iess than line 16, i ia depreciation am	enter the t nounts are	used to	determine r	net income b	efore		
	state adjustments or	n Form 100 or Forn	i 100W, no adjustr	nent is ne	cessary.)	<u></u> .			18	
Pari	IV Amortization					-				
19	(a)	(b)	(c)			d)	(e)	(n)	_	(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost of other ba			ization r allowable	R&ŤC Section	Period percenta		Amortization for this year
	or property	(IIIII/QQ/yyyy	) Union bu	313		er years	(see instr)	po. oo; (c.	^g*	Tor triis year
20	Total. Add the amou	ints in column (a)							20	
21	Total amortization of								21	
22										
44	Amortization adjusti Form 100W, Side 1,	, line 6. If line 21 is	less than line 20,	enter the	difference	e here and	on Form 100	or or		
	Form 100W, Side 2,	, line 12			<u></u>	<u> </u>	<u> </u>		22	

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	th to Form 100 or Form	m 100W. FORM	199				I Calita	ain gares '	ion numbes
·								nia corporat	ON NUMBER
	'S LIFELINE, I						1111	6239	
Part	Maximum deduction	pense Certain Proj				<b></b>		1	405 000
2	Total cost of IRC Sec							2	\$25,000
3	Threshold cost of IRC	,						3	\$200,000
4	Reduction in limitation							4	7200,000
5	Dollar limitation for t							5	
6		Description of property	1110 1 11011 11110	(b) Cost (business		(c) Elected			
				(0) 000 (000)		(0) 2,0000			
								100 (100 (100)	Andreas and com-
7	Listed property (elec	ted IRC Section 179	9 cost)	<u></u>	7			61 US 150	
8	Total elected cost of					ne 7		8	
9	Tentative deduction.							9	
10	Carryover of disallow							10	
11	Business income lim							11	
12	IRC Section 179 exp							12	
13	Carryover of disallow							(E)	
Parl	Depreciation ar	nd Election of Addition	onal First Year Dep	reciation Deduction	Under R&TO	Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	_ (g	3)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		Additional first year
	p. op o. o	(	7.1.13. 224.5	allowable in	""""			,	depreciation
				earlier years					
	COCLAVE	2/17/2017	2,100.	700.	S/L	7		300.	
	TRLR WALL M	3/29/2017	2,879.	925.	S/L	7		411.	· [
	NOVO THINK CE	9/05/2017	1,384.	508.	S/L	5		277.	
	L PHONE	2/12/2018	524.	149.	S/L	5		105.	<del>-</del>
ASU	JS LAPTOP	8/04/2017	870.	334.	s/L	5		174.	
15	Add the amounts in								
	\$2,000. See instructi	ions for line 14, col	umn (h)			<u>.</u> 15			<u> </u>
Pari									
16	Total: If the corporat	ion is electing: ense_add_the_amo	unt on line 12 and	line 15. column (a	) or			ļ	
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	356, add the amour	nts on line 1	5, columns (	(g) and (h	) or	
	Depreciation (if no e								
	Total depreciation cl							17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is gr line 6. If line 17 is	eater than line 16.	, enter the difference enter the difference	ce nere and e here and o	on Form 10 on Form 100	or or		
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	nounts are used to	determine r	net income b	efore	1.0	
_	state adjustments or	1 Form 100 or Form	i 100W, no adjustr	nent is necessary.)				18	
Par			<del></del>			7-	- 40		
19	<b>(a)</b> Description	(b) Date acquire	d (c)	or Amori	( <b>d)</b> tization	(e) R&TC	<b>(f)</b> Period	lor	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy	other ba	sis allowed o	r allowable	Section	percent		for this year
				ın earlı	er years	(see instr)		\	
						<u> </u>			
									<u></u>
					<u></u>				
20	Total. Add the amou							20	
21	Total amortization c							21	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the differen	ce here and	on Form 10	0 or		
		line b. If line 21 is						22	

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	th to Form 100 or For	m 100W. FORM	1 199								
Corpor	ation name							Cal	ifornia co	rporatio	n number
	S LIFELINE, I	·····						11	1623	39	
<u>Part</u>		pense Certain Pro									
1	Maximum deduction										\$25,000
2	Total cost of IRC Sec									_	0000 000
3 4	Threshold cost of IRe Reduction in limitation										\$200,000
5	Dollar limitation for t										
-6		Description of property	act line + non line		st (business u		(c) Elec		10000		
	<u> </u>	Description of property		(6) (0	or (nasiness r	ise only)	(6) 1,160	ieu cost	-		
									$\dashv$		
									$\dashv$		
						<del></del>					
7	Listed property (elec	ted IRC Section 17	9 cost)			7			-		
8	Total elected cost of						ne 7		8	interiore	
9	Tentative deduction.	•								1	
10	Carryover of disallov	ved deduction from	prior taxable years	s <i></i>		<i></i>			10		
11	Business income lim	itation. Enter the s	maller of business	income	(not less th	nan zero) o	r line 5		11		
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	0, but do	o not enter	more than	line 11		12		
	Carryover of disallov									Till See	entralities and consistent and
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation	Deduction	Under R&TO	Section 2	4356			
14	(a)	(b) Date acquired	(c)		(d)	(e)	(f) Life or	Donre	<b>(g)</b> eciation	a for	(h) Additional first
	Description of property	(mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	rate		is year		year
	,	`			able in				•		depreciation
VAT TA F	מקוח מקונ מקו	12/14/2017	1 676	earne	er years 379.	S/L		7		39.	
	PER HEATER VAN CAGES	12/14/2017	1,675. 5,849.		975.	S/L		7		336.	
	LL COMPUTER E	<del></del>	1,282.		64.	S/L		5		92.	
	NINE KENNELS/	9/04/2019	10,619.		04.	S/L		7	506.		
	SHING MACHINE	9/04/2019	1,865.	<u> </u>		S/L		7		89.	
				<u> </u>	(1-)	<u> </u>		<u>,                                     </u>			
15	Add the amounts in \$2,000. See instruct										
Par		ions for time 117, co	iditii (ii)								
16	Total: If the corpora	tion is electing:									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)	or	E saluman	~ (a) and	(h) av		:
	Depreciation (if no	depreciation under election is made), e	nter the amount fr	oo, auu om line	nie amoun 15. column	(a)	o, column	s (y) anu	(11) (11	16	
17	Total depreciation c	laimed for federal r	ourposes from fede	ral Form	1 4562, line	22				17	
18	Depreciation adjustr	ment. If line 17 is g	reater than line 16	, enter ti	ne differend	ce here and	l on Form	100 or			
	Form 100W, Side 1, Form 100W, Side 2,	Tine b. If line 17 is	less than line ib.	enier ind	- amerence	: nere and	OH FOITH IN	וט טכ			
	state adjustments o	n Form 100 or Forn	n 100W, no adjustr	nent is r	ecessary.)					18	
Par	t IV Amortization										
19	(a)	(b)	(c)		. (	d)	(e)		<b>(f)</b>		(g)
	Description of property	Date acquire (mm/dd/yyyy	ed Cost o v) other ba		Amort allowed o	ization r allowable	R&TC Section		iod or entage		Amortization for this year
	or property	(11111111111111111111111111111111111111	,, 0			er years	(see inst				
										_	
20	Total. Add the amo										
21	Total amortization of								21	<u> </u>	
22	Amortization adjust	ment. If line 21 is g	reater than line 20	, enter t	he differen	ce here and	d on Form	100 or			
	Form 100W, Side 1 Form 100W, Side 2	, line 6. If line 21 is - line 12	i iess than line 20,	enter th	e amerenc	e nere and	OH FORES		22	2	
	TOTAL FOOTE, CIGO 2		,								

20	1	Ω
ZU	ı	J

#### **California Statements**

Page 1

Pets Lifeline, Inc.

94-2851279

State	nent	:1			
<b>Form</b>	199,	<b>Part</b>	П,	Line	7
Other	Inco	me			

Income from Special Events	\$ 82,611.
Program Service Revenue	 33,589.
Total	\$ 116,200.

#### Statement 2 Form 199, Part II, Line 17 Other Expenses

Accounting Fees	\$	3,200.
Advertising and Promotion	•	22,206.
Automobile Expenses		3,768.
Bank & Merchant Fees		8,566.
Board Expenses		2,948.
Capital Campaign Expenses		26,866.
Dog Training Expenses		2,654.
Donor Expenses.		3,412.
Dues & Subscriptions		5,062.
Information Technology		4,202.
Insurance		5,894.
Investment management fees.		6,168.
Kids Camp Expenses		4,255.
Legal Fees		11,349.
Moving Costs & Temp. Shelter		100,186.
Nonshelter Spay/Neuter Expense		925.
Office Expenses.		8,363.
		30,454.
Other Employee Benefit		19,313.
Other feesPension Plan Contributions		411
		1,149.
Postage and Shipping		23,344.
Printing and Publications		23,344. 751.
Repairs & Maintenance		
Shelter Supplies, Vets, Etc.		47,930.
Special Event Expenses		138,315.
Telephone		7,324.
Training Expenses		87.
Travel		4,824.
Volunteer Expenses	<del></del>	3,727.
Total	- <u>ఫ</u>	497,653.

#### Statement 3 Form 199, Schedule L, Line 7 Investments in Stocks

Mutual Funds	\$	1,477,740.
Pooled Investments		0.
Total	Ś	1,477,740.

2019	California Statements	Page 2
	Pets Lifeline, Inc.	94-2851279
Statement 4 Form 199, Schedu Other Assets Construction De	evlopment Costses and Deferred Charges	640,130. 7,061. 647,191.
Statement 5 Form 199, Schedu Other Liabilities	ile L, Line 18	
Other Payables	Total \$	4,711. 4,711.
	Ile M-1, Line 7 on Books Not on Return  Gains on Investments	26,385. 26,385.

#### STATE OF CALIFORNIA WILDFIRE OXTENSION - GLASS FI RRF-1

For your most recent full accounting period (beginning

(Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.ag.ca.gov/charities/

Name of Organization

P.O. BOX 341

Address (Number and Street) SONOMA, CA 95476 City or Town, State and ZIP Code

(707) 996-4577

**Gross Annual Revenue** 

Between \$25,000 and \$100,000

PART A - ACTIVITIES

Gross Annual Revenue \$

Signature of Authorized Agent

Less than \$25,000

Telephone Number

PETS LIFELINE, INC

List all DBAs and names the organization uses or has used

#### ANNUAL REGISTRATION RENEWAL FEE REPO TO ATTORNEY GENERAL OF CALIFORNIA

ALIFE	PENIA L	DILDFIRE BXTENSIO	W-GLAS	& FIRE	DEPARTMENT OF JU	STICE	S Je			
	ANNUAL	REGISTRATION REN	EWAL FEE	REPORT	(For Registry Use	1 of 5 Only)				
	TO A	TTORNEY GENERAL	OF CALIF	ORNIA						
	Failure to subn organization's ac minimum tax o	tions 12586 and 12587, Californi. Cal. Code Regs. sections 301-30/ nit this report annually no later than four mo counting period may result in the loss of te of \$800, plus interest, and/or fines or filing p 3703; Government Code section 12586.1. II	6, 309, 311, and onths and fifteen afte ax exemption and the penalties. Revenue &	312 or the end of the assessment of a Taxation Code						
1505			Check if:							
INC.			Change of							
organization u	ses or has used			Registration Num	ber <u>049475</u>					
176			Covnosstiss	Ounce to althought	1116000					
Code	100 cm		Corporation or Organization No. 1116239							
1	NANC' E-mail Ac	YKING@PETSLIFELINE.O	Federal Emplo	oyer ID No. 94	-2851279					
ANNUAL R	EGISTRATION	RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Depar			1, and 312)					
ue	Fee	Gross Annual Revenue	Fee	Gross Annual	Revenue	E	ee			
\$100,000	0 \$25	Between \$100,001 and \$250,00 Between \$250,001 and \$1 million			0,001 and \$10 millior 00,001 and \$50 millio 50 million	n \$:	150 225 300			
ITIES										
	ccounting per	iod (beginning 7/01/19	ending	12/31/19	) list:					
nue \$	1,809,22	0. Noncash Contributions \$		0. Total A	ssets \$ 5,58	9,66	0.			
	penses \$			s \$86						
		G ORGANIZATION DURIN								
		answer "yes" to any of the ques r each "yes" response. Please re				Yes	No			
g period, w e thereof, e	vere there any either directly o	contracts, loans, leases or other financia or with an entity in which any suc	al transactions betw ch officer, director o	veen the organiza or trustee had any f	ation and any inancial interest?	П	X			
g period, w	vas there any t	heft, embezzlement, diversion or	r misuse of the	organization's charita	ble property or funds?		X			
g period, w	vere any organ	ization funds used to pay any pe	enalty, fine or ju	dgment?			X			
g period, w	vere the servic	es of a commercial fundraiser, fundra	ising counsel fo	or charitable purposes	s, or commercial		V			

No	ART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT  te: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.	Yes	No				
1 [	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X				
2 [	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X				
3 [	B During this reporting period, were any organization funds used to pay any penalty, fine or judgment?						
	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?						
5 [	During this reporting period, did the organization receive any governmental funding?						
6 [	During this reporting period, did the organization hold a raffle for charitable purposes?		X				
7 [	Does the organization conduct a vehicle donation program?		X				
8 [	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X					
9 ,	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X				

EXECUTIVE DIR.

NANCY KING

Printed Name

# CALIFORNIA WILDFIRE EXTENSION - GLASS FIRE

Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Change of Accounting Period

#### Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Α	For the 2	2019 calen	dar yea	r, or tax	year be	ginning	7/01		, 2019, a	nd ending	12/3	31		, 2019		
В	Check if app		C								12/			ification number		
	Addres	s change	Pets	Life	line	Tnc										
	Address change Pets Lifeline, Inc.  Name change P.O. Box 341										94-2851279  E Telephone number					
	-			ma, C		76										
	Initial r			, 0.							- 1	(70	7) 9	96-4577		
	Final reti	urn/terminated	1													
	Amend	led return										G Gross re	eceipts	\$ 5,121,682.		
	Applica	ation pending	F Nam	ne and addr	ess of prin	cipal officer:						group return		105 100		
			Same	As C	Abov	e				н	(b) Are all	subordinates attach a list.	include	d? Yes No		
1	Tax-exem	npt status:	X 501(	(c)(3)	501(c)	( )	◆ (insert n)	0.) 4947(	a)(1) or	527	II INO,	attach a list.	(see in	structions) —		
J	Websit	e: - ww	w.pe	tslife	eline	ora				н	(c) Group e	exemption nu	mher D			
K	Form of o	rganization:	X Corp		Trust	Associat	ion Oth	ner►	L Yes	ar of formation				legal domicile: CA		
Pa	art I	Summar		-					- 190	or torribution	. 1902		riate or i	legal domicile. CA		
				organiza	tion's m	ission or m	nost sinnif	icant activitie	s Pate	Tifol:	ino io	. dodi	anto	d +0		
		otecti	ng ar	od im	rovi	ng the	lives	of cats	and de	ogs in	need	in Son	Care	Walley		
Activities & Governance	th	rough	shelf	tering	and	adopti	on hi	mane edu	cation	and	COMMI	nity r	roa	rame		
na					2	_uuopti	<u> </u>	mane eau	cation	i, and	COMM	TITCA F	1109			
Ver	2 Chi	eck this bo	ox ►	lif the	organiza	ation discor	ntinued its	operations of	or dispos	ed of more	e than 2	5% of its	not as			
ဗ	3 Nu			embers of	of the ac	vernina ba	dv (Part \	/I, line 1a)	ar dispos	ca or more	c triair zc	370 OI IL3	3	14		
∞8	4 Nu	mber of in	depend	ent votir	ng meml	bers of the	governing	body (Part	VI, line 1	b)			4	14		
lies	5 Tot	al number	of indi	viduals e	employe	d in calend	lar year 20	019 (Part V, I	ine 2a).			Solida labora	5	16		
Ξ	6 Tot	al number	of volu	inteers (	estimate	e if necessa	ary)						6	75		
Ac		al unrelate	ed busir	ness rev	enue fro	m Part VII	l, column	(C), line 12.					7a	0.		
	b Net	t unrelated	d busine	ess taxal	ole incor	ne from Fo	rm 990-T	, line 39				a statutatata	7b	0.		
												rior Year		Current Year		
Revenue	8 Contributions and grants (Part VIII, line 1h)									1,728,046.		1,772,293.				
	9 Program service revenue (Part VIII, line 2g)								74,986.			33,589.				
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)									73,319.			59,042.			
ď	The extension of art vini, column (v), lines of our oc, oc, loc, and the column (v), lines of our oc, oc, oc, loc, and the column (v), lines of our oc, oc, oc, oc, oc, oc, oc, oc, oc, oc,									35,578.			-55,704.			
								VIII, column			1	,911,9		1,809,220.		
	13 Gra	ants and s	imilar a	mounts	paid (Pa	art IX, colu	mn (A), lir	nes 1-3)								
	14 Bei	14 Benefits paid to or for members (Part IX, column (A), line 4)											- 1			
	15 Sal													345,042.		
es	16a Professional fundraising fees (Part IX, column (A), line 11e)												343,042.			
Expenses	100110										nati					
×	<b>b</b> 101					column (D	Contract of the second			,863.						
-	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)									575,369.			382,917.			
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)										1,213,944.			727,959.		
	19 Revenue less expenses. Subtract line 18 from line 12											1,081,261.				
200											Beginnin	g of Curren	t Year	End of Year		
ete	<b>20</b> Tot	20 Total assets (Part X, line 16)									4	5,589,660.				
Ass	<b>21</b> Tot	tal liabilitie	s (Part	X, line	26)											
Net Assets of	22 Ne	t assets or	r fund b	alances	Subtra	ct line 21 fr	rom line 2	0			4	,433,0	56	5,540,702.		
		Signatur		The contraction	- COM 10		GE 150/07 A.E.	STATE AND STATE OF		a tine of the time of		,,		0,010,702.		
					mined this	return include	ing accompar	aving schedules a	nd statemer	nts and to the	hest of my	knowledge	and heli	ief, it is true, correct, and		
com	plete. Declar	ation of prepa	arer (other	than office	r) is based	on all informa	ation of which	preparer has any	knowledge	i.	best of my	Miomicago	and bon	ici, it is true, correct, and		
Sig	an	Signatu	ure of offic	er							Dat	te				
He	ere	Nan	су Кі	na							Eveci	itive I	)ir			
				ne and title							DACCE	ICT VE I	) <u>.</u> .			
_		Print/Type p	Contract Contract	Service annual	_	Prenare	r's signature		Ir	Date		Check 2	X if	PTIN		
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	eparer	Firm's name				Dreyer								0.101.01.5		
US	se Only	Firm's addr	-			apa Str	eet, S	uite A				Firm's EIN	12577	-0401016		
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MA	witho DC	discourse the	aic ratin	on with th	an prope	ror chown	about 7 (	ean instruction	nc)					Y Voc No		

# Form 990 (2019) Pets Lifeline, Inc. Part IV Checklist of Required Schedules

4	le the agranization described in particular FORCACTA AND ADDRESS OF THE PROPERTY OF THE PROPER		Yes	No
ı	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4		4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8		8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		<del></del>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			1 85 191
;	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	07.1855/72413
I	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
1	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a 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		Х
ļ	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16		16		х
17	The state of the s	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	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? If 'Yes,' complete Schedule I, Parts I and II	21	:	x
				/2010\

# Form 990 (2019) Pets Lifeline, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	81
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	res	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		^_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	_	
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			4 (65) - 67 (68) 1 (66)
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> Yes,' complete Schedule L, Part IV	28c	***	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	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		Х
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		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t 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			<u>. L L</u>
_	- Fater the number variety in Day 2 of Fame 1000 Fater 0 (face) and the last	-tésszrosálok	Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	· · · I			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	100000000000000000000000000000000000000
BA/			990 (	2019)

Form 990 (2019) Pets Lifeline, Inc.

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

b if Yes, has it filed a Firm 990-T for this year? If We're line 3s, provide an explosation as Schedulo 0.  4 a At any time during the calendary arts did the exploration have an interest in or a speaker or other authority over, a faminated account). The provided of the				Yes	No
Note: If the sum of lines Is and 2s is greater than 250, you may be required to a-file (see instructions) 3 a Did the organization have urmsielable business gross income of \$1,000 m more during the year?. 3 s If Yes, last filed a Ferm 990-T for this year? If White files 25, provide an explanation and Schedule 0. 3 b If Yes, last filed a Ferm 990-T for this year? If White files 25, provide an explanation and Schedule 0. 4 at any fine during the calculary see, did the organization have an interest in, or other financial accountly. 5 b Was the organization to foreign country. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization by the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Was the organization and party to a prohibited tax shelter transaction? 5 b Was the organization and party to a prohibited star shelter transaction? 5 c If Yes, to line 5a or 5b, did the organization file Form 8886-T? 5 c Organization and party to a prohibite she are normally greater than \$100,000, and did the organization she were not tax deductible a contributions? 6 a Dees the organization had were not tax deductible a contributions or gifts were not tax deductible? 7 organization shall any exceive deductible contributions under section 170(c). 8 bid the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7 b If Yes, did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7 b If Yes, did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7 b If Yes, did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payment of the year. 8 bid the organization selection of the year in excess of \$75 made party as a contribution and payment of the yea					
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bill Yes, sha till filled a form \$50-T for this year? If We're line 3b, provide an application as Schotale Q.  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 account)?  5 at Yes in for the name of the foreign country  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 at Yes the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 at Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 at Yes, to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 b X x If Yes, to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 b X x If Yes, to line 5 a or 5b, did the organization that the vary solicitation an express statement that such contributions or gifts were not tax deductibles are contribution under section 170(c).  a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles are party or the prohibition of the value of the goods or services provided?  7 organization star may receive deductible contributions under section 170(c).  a Did the organization notify the donor of the value of the goods or services provided?  7 at Y the Yes, indicate the number of Forms 8282 filed during the year.  7 b If Yes, indicate the number of Forms 8282 filed during the year.  7 b If the organization received a contribution or during the year.  7 b If the organization received a contribution or cars, beats, singlenes, or other vehicles, did the organization file a Form 500-B organization received a contribution or cars, beats, singlenes, or other vehicles, did the organization file a Form 500-B organization make any			(5) (5) (5) (6) (6) (6)	80 (N. 2011) 81 (218) (2	
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11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders		·			
a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  c Enter the amount of reserves on hand.  13b  c Enter the amount of reserves on hand.  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If 'Yes,' see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			-	100000	1000000
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.  12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  c Enter the amount of reserves on hand.  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.  14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If 'Yes,' see instructions and file Form 4720, Schedule N.  15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
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Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  c Enter the amount of reserves on hand.  13b  c Enter the amount of reserves on hand.  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If 'Yes,' see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X			13-	90.00.0	188(4)))
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	i		132	SAUTO AND	BSSGD2683
c Enter the amount of reserves on hand.  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If 'Yes,' see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X		<del>-</del>			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X	15	excess parachute payment(s) during the year?	15	(Eggandinos)	X
To the digatilization and obtained in the district the di			(200		
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16	S CHANG	Х

Nancy King 21045 Broadway

Form 990 (2019) Pets Lifeline, Inc. 94-2851279 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 b Enter the number of voting members included on line 1a, above, who are independent .... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?.... 2 X 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?..... Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: See Schedule O a The governing body?.... Х 8 a **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... Χ 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done..... 12 c Х 13 Did the organization have a written whistleblower policy?..... 13 Х X 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? X 15 a b Other officers or key employees of the organization. X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website Own website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

(707) 996-4577

Sonoma CA 95476

Form 990 (20	019)	Pets	Li fe	line.	Tnc
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94-2851279

Page 7

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									
<b>(A)</b> Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	<b>(E)</b> Reportable  compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Nancy King	40									
Executive Dir.	0			X				126,731.	0.	17,724.
(2) Monica Dashwood	1									
Director	0	Х						0.	0.	0.
(3) Yvonne Hall	1							1111111		
Director	0	Х						0.	0.	0.
(4) Paul Arata	1									
Treasurer	0	Х		Х				0.	0.	0.
(5) Toni Casamento	1									
Director	0	Х						0.	0.	0.
(6) Anne Mieling	1									
Director	0	Х						0.	0.	0.
(7) Brad Meyer	1									
Director	0	Х				1		0.	0.	0.
(8) Sandy Drew	1									
Director	0	Х						O.	0.	0.
(9) Brian Ness	1						Т	-		· · ·
Director	0	Х				l		0.	0.	0.
(10) Marchelle Carleton	2									
Vice President	0	X		Х			l	0.	0.	0.
(11) David Ball	1						Π			
Director	0	X				1	l	0.	0.	0.
(12) Kevin Schuh	2					1				
President	10	x		Х				0.	0.	0.
(13) Elaine Smith	1									
Secretary	0	X		Х				0.	0.	0.
(14) Deborah Emery	1			<u> </u>						
Director		Х						0.	0.	0.

Part VII   Section A. Officers, Directors, Tru	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
	(B)			(0						
(A) Name and title	Average hours per week	box,	, unle:	SS DE	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	(F) Estimated amount of other
		Indiv	Instit	Officer	Key	High	Form	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	for related organiza	Individual trustee or director	nstitutional trustee	ğ	Key employee	est co oyee	彦			and related organizations
	<ul> <li>tions</li> <li>below</li> </ul>	trust	al true		yee	mper				
	dotted line)	96	stee			Highest compensated employee				
(15) Rhonda Stallings Director	<u>- 1</u> -	X						0.		
(16)		Λ						<u> </u>	0.	0.
(17)										
(18)			-							
(19)		1			_	_				
(20)										
		<u> </u>								
(21)										
(22)	<b></b>									
(23)										
(24)										
(25)										
1 b Subtotal		<u> </u>	<u></u>		L	L	<u> </u>	126,731.	0.	17,724.
c Total from continuation sheets to Part VII, Secti	on A		<i></i>				<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)							► ved	126,731. more than \$100,00	0. 00 of reportable com	17,724. pensation
from the organization 1									11 11 11 11 11 11 11 11 11 11 11 11 11	Yes No
3 Did the organization list any former officer, direct	tor, truste	e, ke	у ег	mpl	oye	e, or	higl	nest compensated	l employee	3 X
<ul> <li>on line 1a? If 'Yes,' complete Schedule J for suc</li> <li>For any individual listed on line 1a, is the sum of the organization and related organizations greated</li> </ul>										· · · · · · · · · · · · · · · · · · ·
such individual						• • • •			• • • • • • • • • • • • • • • • • • • •	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	rsatio	on fre chea	om Iule	any J fo	unre or suc	elate ch p	ed organization or erson	individual 	
Section B. Independent Contractors  1 Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen	deni	t co	ntra	ctors endi	tha	at received more t	han \$100,000 of	r.
(A) Name and business address  (B) Description of services Compensation										
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited t	o tho	se	liste	d abo	ve)	who received more	e than	
#100,000 of compensation from the organization	· U									

Total revenue   Related or exempt   Unrelated business evenue   Province			Check if Schedule O contains a response or note to any	y line in this Part V	III		
2				(A)	(B) Related or exempt function	<b>(C)</b> Unrelated business	(D) Revenue excluded from tax under sections
2	nts nts						
2	3ra Ioui						
2	Is. Am						
2	Giff						
2	ıs,						
2	tion Pr S	ţ					
2	ibu Th	q	Noncash contributions included in				
2	onto nd (						
3   Investment income (including dividends, interest, and other similar amounts).   41,121.		h		1,772,293.			
3   Investment income (including dividends, interest, and other similar amounts).   41,121.	ane	0 -					
3   Investment income (including dividends, interest, and other similar amounts).   41,121.	eve						
3   Investment income (including dividends, interest, and other similar amounts).   41,121.	e H	D					
3   Investment income (including dividends, interest, and other similar amounts).   41,121.	ķ	ن					
3   Investment income (including dividends, interest, and other similar amounts).   41,121.	ည်	u					
3   Investment income (including dividends, interest, and other similar amounts).   41,121.	Тап						
3   Investment income (including dividends, interest, and other similar amounts).   41,121.	ည်				186.		APPROXIMANISANAPA PRINTER (CARTERIALE)
### and the similar amounts   41,121	ᄟ			33,589.			
A   Income from investment of tax-exempt bond proceeds   5   5   6   6   6   6   6   6   6   6		3	other similar amounts)	A1 121			41 101
Securities   Ga   Gas greats   Ga   Gas		4	· · · · · · · · · · · · · · · · · · ·	41,121.			41,141.
Contributions reported on line 1c)   See Part IV, line 18		5	·				
Description   Description							96 (98 (98 (98 (98 (98 (98 (98 (98 (98 (98
C   Rental income or (loss)   G   C   Net rental income or (loss)   A   Rental income or (loss)   A   Rental income or (loss)   A   A   A   A   A   A   A   A   A		6 a	Gross rents 6a				
A   Net rental income or (loss)   7   3   6   7   3   7   1   3   3   1   3   3   7   1   3   3   3   3   3   3   3   3   3			·				
Ta Gross amount from sales of assets of the than inventory b. Less: cost or other basis and sales expenses:   Caption (loss)							
Table   Sales of assets   Table   Ta		d	Net rental income or (loss)▶				
Other than inventory   b   Less: cost or other basis and sales expenses   C   Since		7 a	Gross amount from				
b Less: cost or other basis and sales expenses			7610 101 000   10 814				
C Gain or (loss)   C   7,180   10,741		b	Less: cost or other basis			an final and a second	
d Net gain or (loss).							
Ba Gross income from fundraising events (not including \$ 202,717. of contributions reported on line 1c).  See Part IV, line 18			7,2001 20,1221				
(not including \$ 202,717. of contributions reported on line 1c).  See Part IV, line 18.  b Less: direct expenses.  c Net income or (loss) from fundraising events.  b Less: direct expenses.  c Net income or (loss) from gaming activities.  See Part IV, line 19.  b Less: direct expenses.  10a Gross sales of inventory, less. returns and allowances  b Less: cost of goods sold.  c Net income or (loss) from sales of inventory.  Business Code  11a				17,921.			17,921.
of contributions reported on line 1c). See Part IV, line 18		8a					
9a Gross income from gaming activities. See Part IV, line 19	/en						
9a Gross income from gaming activities. See Part IV, line 19	Rei						
9a Gross income from gaming activities. See Part IV, line 19	er	b					
9a Gross income from gaming activities. See Part IV, line 19	돌			-55 704			-55 704
See Part IV, line 19 9a 9b Company See Part IV, line 19 9b See Part IV, line 1	<u>ب</u>			33,104.			33,70%.
C Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Net income or (loss) from sales of inventory  Business Code  11a b C C d All other revenue		Ja	See Part IV, line 19				
To a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d		b	Less: direct expenses 9b				
b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d		С	Net income or (loss) from gaming activities ▶				
b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d		10 a	Gross sales of inventory, less				
c Net income or (loss) from sales of inventory  Business Code  11 a  b  c C  d All other revenue  e Total. Add lines 11a-11d  b				S. British and China			
Business Code							
11a		С					
e fotal. Add lifes fragity.	S	11 ~					
e fotal. Add lifes fragity.	§ ₹	۱ اظ ام		***************************************			
e fotal. Add lifes fragity.	<u>a</u>	, ה					
e fotal. Add lifes fragity.	P. Se	H	All other revenue				
	Σ						
			Total revenue. See instructions.	1,809,220.	33,589.	0.	3,338.

### Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response or note to any line in this Part IX									
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	81,185.	32,474.	0.	48,711.				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	_				
7		210,824.	141,252.		0.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	411.	275.	37,948. 74.	31,624.				
9	Other employee benefits	30,454.	20,404.		62.				
10	Payroll taxes	22,168.		5,482.	4,568.				
11	Fees for services (nonemployees):	42,100.	14,853.	3,990.	3,325.				
a	Management								
	Legal	11,349.		11 240					
	Accounting	3,200.		11,349.					
	Lobbying	3,200.		3,200.					
	Professional fundraising services. See Part IV, line 17								
	Investment management fees	6,168.		6,168.					
	Other, (If line 11g amount exceeds 10% of line 25 column			0,100.					
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	19,313.	3,563.		15,750.				
13	Office expenses	22,206.	10,884.		11,322.				
14	Information technology.	8,363.	5,603.	1,505.	1,255.				
15	Royalties	4,202.	2,101.		2,101.				
16	Occupancy.	29,624.	10.040	F 220	A 4.4.4				
17	Travel	4,824.	19,848. 2,412.	5,332.	4,444.				
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	4,024.	2,412.		2,412.				
19	Conferences, conventions, and meetings								
20	Interest	158.		158.					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	24,662.	16,524.	4,439.	3,699.				
23	InsuranceOther expenses. Itemize expenses not	5,894.	2,621.	2,686.	587.				
24	covered above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
я		100,186.	67 105	10.000	15.000				
	Moving Costs & Temp. Shelter Shelter Supplies, Vets, Etc.	47,930.	67,125. 47,930.	18,033.	15,028.				
	Capital Campaign Expenses	26,866.	41,930.		26.000				
	Printing and Publications	23,344.	176.	48.	<u>26,866.</u>				
	All other expenses	44,628.	20,353.	5,286.	23,120. 18,989.				
	Total functional expenses. Add lines 1 through 24e	727,959.	408,398.	105,698.	213,863.				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► if following SOP 98-2 (ASC 958-720)	TEF-00100 07			Form 990 (2019)				

		Check if Schedule O contains a response or note to	any lir	ne in this Part X	**************************************	<u>.</u>	<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18,756.	1	113,567.
	2	Savings and temporary cash investments	1,950,332.	2	2,300,318.		
- {	3	Pledges and grants receivable, net	1,606,872.	3	935,198.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section		,		6	
	7	Notes and loans receivable, net	<i></i> .			7	
2	8	Inventories for sale or use		· ·		8	
Assets	9	Prepaid expenses and deferred charges		i.	46,462.	9	7,061.
<b>4</b>	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	738,931.			Dorffichie Grestre es al televici gasprotes confraços dalesados
		Less: accumulated depreciation		623,285.	127,824.	10 c	115,646.
	11	Investments - publicly traded securities			940,235.	11	1,477,740.
	12	Investments – other securities. See Part IV, line 11		L		12	
ı	13	Investments - program-related, See Part IV, line 11.		- I		13	
1	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	189,913.	15	640,130.		
ı	16	Total assets. Add lines 1 through 15 (must equal line			4,880,394.	16	5,589,660.
	17	Accounts payable and accrued expenses	393,739.	17	44,247.		
	18	Grants payable		L.	40 540	18 19	
i	19		48,548.	20			
တ	20 21	Tax-exempt bond liabilities				21	
Ę		The state of the s		L		×34817434	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or rsons.	35%	STORING STORY	22	
_	23	Secured mortgages and notes payable to unrelated the	ird par	ties		23	
ļ	24	Unsecured notes and loans payable to unrelated third		L		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to re iplete P	lated third parties, art X of Schedule D	5,051.	25	4,711.
	26	Total liabilities. Add lines 17 through 25			447,338.	26	48,958.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e <b>&gt;</b>	X		0.00	
E	27	Net assets without donor restrictions			996,634.	27	2,408,743.
Ba	28	Net assets with donor restrictions			3,436,422.	28	3,131,959.
펄		Organizations that do not follow FASB ASC 958, che					
Net Assets or Fund Balance		and complete lines 29 through 33.		<u> </u>			
2	29	Capital stock or trust principal, or current funds			29		
sts.	30	Paid-in or capital surplus, or land, building, or equipm	nent fur	nd		30	
88	31	Retained earnings, endowment, accumulated income				31	
ž.	32	Total net assets or fund balances			4,433,056.	32	5,540,702.
ž	33	Total liabilities and net assets/fund balances			4,880,394.	33	5,589,660.

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
	otal revenue (must equal Part VIII, column (A), line 12)	1	1,	809,2	220.			
2 T	Total expenses (must equal Part IX, column (A), line 25)	2		727,				
<b>3</b> F	Revenue less expenses. Subtract line 2 from line 1	3	1.	081,2	261.			
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		433,0				
5 N								
<b>6</b> [	Donated services and use of facilities	6		26,3				
7	nvestment expenses	7						
8 F	Prior period adjustments	8						
9 (	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10 N	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		/					
	column (B))	10	5,	540,	<u>702.</u>			
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 <i>F</i>	Accounting method used to prepare the Form 990: Cash X Accrual Other			1 0 0000	Min dig.			
	f the organization changed its method of accounting from a prior year or checked 'Other,' explain n Schedule O.			0.00				
2 a \	Nere the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X			
S	f 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis							
	Were the organization's financial statements audited by an independent accountant?		2	b X	F (200)150-4403			
l t	f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa pasis, consolidated basis, or both:	ate		100	49.49			
	X Separate basis Consolidated basis Both consolidated and separate basis							
c l r	f 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c X				
(	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3 a /	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b				
BAA	TEEA0112L 01/21/20		Fo	rm <b>990</b>	(2019)			

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

							Linpidye	Ideligiic	anon number
		Lifeline, Inc.					94-28	85127	'9
Parl		Reason for Public Cha	arity Status (All o	rganizations must (	comple	ete this	part.) See ii	nstruc	tions.
ine o	rga	nization is not a private found	dation because it is: (	(For lines 1 through 12,	check o	only one	box.)		
1	Н	A church, convention of church					(i).		
2	Ш	A school described in section							
3	Ц	A hospital or a cooperative t	nospital service organ	ization described in sec	ction 17	O(b)(1)(	A)(iii).		
4		A medical research organiza	ition operated in conj	unction with a hospital	describe	ed in se	ction 170(b)(1)(A	<b>\)(iii)</b> . E	inter the hospital's
	_	name, city, and state:							•
5		An organization operated for section 170(b)(1)(A)(iv). (Co	r the benefit of a colle emplete Part II.)	ege or university owned	or oper	ated by	a governmenta	unit de	escribed in
6 7		A federal, state, or local gov	ernment or governme	ental unit described in s	ection '	170(b)(1	)(A)(v).		
′	X	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	nental un	it or from the ger	neral pul	blic described
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	II.)				
9	П	An agricultural research organi	ization described in <b>sec</b>	ction 170(b)(1)(A)(ix) oper	ated in d	coniuncti	ол with a land-or:	ant colle	ene
		or university or a non-land-grad	nt college of agriculture	(see instructions). Enter	the nan	ne, city,	and state of the	college o	or
		university:							
10		An organization that normally a from activities related to its a investment income and unrelated to 10.75. See section	exempt functions—sur lated business taxabl	oject to certain exception e income (less section	nne and	(2) no	mara than 22 1/	20/ 24:	to a senset from an a
11	П	June 30, 1975. See <b>section</b> 9 An organization organized at			oty Soc	caction	- E09(-)(4)		
12	Н	An organization organized at							
	_	lines 12a through 12d that de	escribes the type of s	upporting organization	or <b>sectio</b> and con	o <b>n 509(a</b> nolete li	<b>)(2).</b> See <b>sectio</b> nes 12e, 12f, an	<b>n 509(a</b> id 12a	)(3). Check the box in
а	Ш	Type I. A supporting organization organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o	organizat stees of t	ion(s), typically b the supporting or	y giving ganizatio	the supported
b		Type II. A supporting organize management of the supporting	zation supervised or c	controlled in connection	with its	suppor	ted organization	(s), by	having control or
c		must complete Part IV, Sect	ions A and C.			_	• •	•	
d		Type III functionally integrated organization(s) (see instruction	<ul> <li>A supporting organizations). You must comp</li> </ul>	olete Part IV, Sections	n with, ai <b>A, D, an</b>	nd functi <b>d E.</b>	onally integrated v	with, its	supported
u	Ш	Type III non-functionally integrated. The constructionally integrated. The constructions), You must com	rated. A supporting org Organization generally plete Part IV. Section	anization operated in cor must satisfy a distribute S A and D, and Part V	nection tion req	with its : uiremen	supported organiz t and an attenti	zation(s) veness	) that is not requirement (see
e		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	ha IDS	that it is	a Type I, Type	II, Typ	e III functionally
f	En	ter the number of supported	organizations						
g	Pro	vide the following informatio	n about the supported	d organization(s).					
(i	) Nai	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizal in your g	s the tion listed poverning ment?	(v) Amount of mo support (see instri		(vi) Amount of other support (see instructions)
					Yes	No			
		***************************************							
A)									
B)									
C)									
D)									
E\									
E)		· · · · · · · · · · · · · · · · · · ·							
otal									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III, If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year **(b)** 2016 (a) 2015 (c) 2017 (d) 2018 (e) 2019 (f) Total beginning in) 🕨 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . 797,737 912,914 ,903,782. 2,947,131 ,772,293 8,333,857. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... 0. The value of services or facilities furnished by a governmental unit to the organization without charge... 0 Total. Add lines 1 through 3... 797.737 1,903,782. 912,914 2,947,131 772. 293 8,333,857. 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)... 1,727,085. Public support. Subtract line 5 from line 4..... 6,606,772. Section B. Total Support Calendar year (or fiscal year (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total beginning in) 🟲 Amounts from line 4..... 797,737 912,914 903,782 947,131 772,293 8,333,857. Gross income from interest, dividends, payments received on securities loans, rents, rovalties, and income from similar sources... 28.718 9,300 31,523 51,223 41.121161,885. Net income from unrelated business activities, whether or not the business is regularly carried on.... 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI 106,663 135,968 155,242 229,092 82,611 709,576. 11 Total support. Add lines 7 through 10..... 9,205,318. Gross receipts from related activities, etc. (see instructions)..... 12 293,901. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage 14 71.77% 15 Public support percentage from 2018 Schedule A, Part II, line 14..... 15 74.87% 16a 33-1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ...... b 33-1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... 17a 10%-facts-and-circumstances test—2019. 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........... 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions...

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
	dar year (or fiscal year beginning in) 🟲	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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.							
	governmental unit to the organization without charge							
	Total. Add lines 1 through 5 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							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in) 🟲	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
10a	Amounts from line 6							
-	taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b							
11	Net income from unrelated business activities not included in 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.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) ▶ □	
	tion C. Computation of Pu				<u>,                                      </u>			
	Public support percentage for 20				•		%	
	16 Public support percentage from 2018 Schedule A, Part III, line 15							
	tion D. Computation of Inv				40.			
17	Investment income percentage f						%	
18	Investment income percentage f						%	
	33-1/3% support tests—2019. If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	ization qualifies a	as a publicly supp	orted organization	▶ 📋	
b	<b>33-1/3% support tests—2018.</b> If line 18 is not more than 33-1/3%	6, check this box a	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported organ	nization 🟲 💹	
		والمال والمراب المثال المراجعة والمسا	ole a hay on line '	18 10a ar 10h a	book thic how one	see instructions.	<b>▶</b>	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	69 (6) ( 30, 30)	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	and the same of th	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7	illeria.	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8	888151111	
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b	ales pia pa	A1841553
C	Did a disqualified person (as defined in 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.	9c	83.09468B	12341117111
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 10b below.	10a		
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.)	10b	politicisti (c.	30900000

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	Spilow	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	11 -		
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11b		
	ction B. Type I Supporting Organizations	110		
36	ction B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1 1		
Se	ction 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instrud	ctions)	
2	2 Activities Test. Answer (a) and (b) below.	-	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
;	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	10 10 10 to		0000
	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? <i>Provide details in Part VI.</i>	3a		aranga,
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		350 HS 64

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	Nov. 20, 1970 (explain in ust complete Sections A	n Part VI). <b>See</b> through E.
Sec	ction 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1с		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4		4		
5	Income tax imposed in prior year	5		
	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-functionally inte (see instructions).	grate		
BAA			Schedule A (F	orm 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 Pets Lifeline, Inc.		94-285	1279 Page <b>7</b>
	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza		
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2019					
a From 2014					
<b>b</b> From 2015					
c From 2016					
<b>d</b> From 2017		English William Co.			
e From 2018					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2019 distributable amount					
i Carryover from 2014 not applied (see instructions)					
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4 Distributions for 2019 from Section D, line 7:					
a Applied to underdistributions of prior years			THE RESERVE OF THE PERSON OF T		
<b>b</b> Applied to 2019 distributable amount					
c Remainder. Subtract lines 4a and 4b from 4.					
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7 Excess distributions carryover to 2020. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2015	CONCRETE SECURITION OF SECURITION AND SECURITION OF SECURITION	A STATE OF THE PARTY OF THE PAR			
b Excess from 2016			10/100/100/100/100/100/100/100/100/100/		
c Excess from 2017					
d Excess from 2018			B 18 18 18 18 18 18 18 18 18 18 18 18 18		
e Excess from 2019					

BAA

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Pets Lifeline, Inc.

94-2851279

Page 8

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

#### Part II, Line 10 - Other Income

Nature and Source	<u> </u>	2019		2018		2017	 2016	 2015
Event Revenue	1 <u>\$</u>	82,611. 82,611.	\$ \$	229,092. 229,092.	\$ \$	155,242. 155,242.	\$	\$ 106,663. 106,663.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Pets Lifeline, Inc.

#### **Schedule of Contributors**

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

2019

Employer identification number

Pets Lifeline, Inc.	
Organization type (check one)	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
Form 990-PF	527 political organization
	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	red by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organization fill or property) from any	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
under sections 509(a) received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that ne contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, I contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational prevention of cruelty to children or animals. Complete Parts I, II, and III.
during the year, cont \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, tributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than checked, enter here the total contributions that were received during the year for an exclusively religious, lose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because sively religious, charitable, etc., contributions totaling \$5,000 or more during the year.
990-PF), but it must answer 'N	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or lo' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

_	D	•
- 1	Page	•

	T T
Name of organization	Employer identification number
Pets Lifeline, Inc.	94-2851279

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jane Sinclair		Person X
	290 Chase Street	\$ 105,000.	Payroll Noncash
	Sonoma, CA 95476-7155		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Patricia Ward		Person X
	18851 Nikki Drive	\$910,000.	Payroll Noncash
	Sonoma, CA 95476		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Phyllis Woodward		Person X
	1340 Lubeck Street	\$50,000.	Payroll Noncash
	Sonoma, CA 95476-7555	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Robin Dian Collet		Person X
	2169 Falcon Ridge Drive	\$ 168,115.	Payroll
	Petaluma, CA 94954-5883		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Manitou Fund		Person X
	4801 Highway 61 N, Ste. 310	\$ 500,000.	Payroll Noncash
	Saint Paul, MN 55110	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		s	Payroll Noncash
		<u> </u>	(Complete Part II for
BAA	TEEA0702L 08/09/19	Schedule B (Form 99	noncásh contributions.) 90, 990-EZ, or 990-PF) (2019)

1

Name of organization Employer identification number

Pets Lifeline, Inc.

94-2851279

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		····
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<b></b>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<b></b>			
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ <b>-</b>	
BAA	Sch	edule B (Form 990, 990-E	Z, or 990-PF) (2019

Name of organization Employer identification number Pets Lifeline, 94-2851279 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Pets Lifeline, Inc.			94-2851279
Par		r Advised Funds or Othe	er Similar Funds or Ac	
180	Complete if the organization answ	wered 'Yes' on Form 990,	Part IV, line 6.	
		(a) Donor advised f	unds (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)	<del>}</del>		
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the	assets held in donor advise	d funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing to the donor or donor advisor.	ng that grant funds can be u , or for any other purpose co	sed only
3590				
rai	Conservation Easements. Complete if the organization answ	wered 'Yes' on Form 990	Part IV line 7	
	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (for example)			torically important land area
	Protection of natural habitat	pro-reordation or causation,	<b></b>	tified historic structure
	Preservation of open space			timot motorio ottaviato
2	Complete lines 2a through 2d if the organization h	held a qualified conservation cont	tribution in the form of a conse	ervation easement on the
-	last day of the tax year.	Ticla a qualifica conscivation conte	and another the form of a const	
				Held at the End of the Tax Year
	a Total number of conservation easements		2a	
ı	Total acreage restricted by conservation ease	ments	2b	
ı	Number of conservation easements on a certi	fied historic structure included	in (a) 2c	
•	Number of conservation easements included in structure listed in the National Register	in (c) acquired after 7/25/06, ar	nd not on a historic	
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished,	or terminated by the organizat	tion during the
4	Number of states where property subject to conse	ervation easement is located 🕨		
5	Does the organization have a written policy re and enforcement of the conservation easemet	egarding the periodic monitoring	g, inspection, handling of vi	olations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations	, and enforcing conservation e	easements during the year
7	Amount of expenses incurred in monitoring, insper ►\$	ecting, handling of violations, and	d enforcing conservation easer	ments during the year
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	quirements of section 170(h	n)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization rejinclude, if applicable, the text of the footnote	norts conservation easements i	in its revenue and expense	statement and balance sheet, and
4480	conservation easements.	actions of Art Historical	Treasures or Other S	imilar Assets
	Complete if the organization ans			
	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financial	eld for public exhibition, educat al statements that describes th	tion, or research in furtherar lese items.	nce of public service, provide in
	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII	, line 1		▶\$
	(ii) Assets included in Form 990, Part X			▶\$
2	amounts required to be reported under FASB	BASC 958 relating to these iten	ns:	
	a Revenue included on Form 990, Part VIII, line	e 1		•\$
	b Assets included in Form 990, Part X			►\$

Part III Organizations Maintaining Co	llections of Art, Histo	rical Treasures, or	Other Similar Ass	ets (con	tínue	:d)
3 Using the organization's acquisition, accession items (check all that apply):	, and other records, check ar	ny of the following that ma	ake significant use of its	collection		
a Public exhibition	<b>d</b> ☐ Loan o	or exchange program				
b Scholarly research	e Other	- , -				
c Preservation for future generations	<b></b>					
4 Provide a description of the organization's colle Part XIII.	ections and explain how they	further the organization's	exempt purpose in			
5 During the year, did the organization solicit to be sold to raise funds rather than to be re-	or receive donations of art naintained as part of the or	, historical treasures, or ganization's collection?	r other similar assets	Yes		]No
Part IV   Escrow and Custodial Arrange   line 9, or reported an amount of	ements. Complete if the Form 990, Part X, I	ne organization ans ine 21.	swered 'Yes' on For	m 990, f	Part <sup>-</sup>	IV,
1 a Is the organization an agent, trustee, custo on Form 990, Part X?	dian or other intermediary	for contributions or othe	er assets not included	Yes		No
b If 'Yes,' explain the arrangement in Part XII						]
	·			Amount		
c Beginning balance			1с			
d Additions during the year	***********		1d			
e Distributions during the year			1e			
f Ending balance						
2 a Did the organization include an amount on			l l			No
<b>b</b> If 'Yes,' explain the arrangement in Part XI	<ol> <li>Check here if the explan</li> </ol>	ation has been provide	d on Part XIII		[	]
				·		
Part V Endowment Funds. Complete						
(a) Curr	ent year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four	r years	back
1 a Beginning of year balance				-		<del></del>
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance		<u> </u>				
2 Provide the estimated percentage of the cu	rrent year end balance (lin	e 1g, column (a)) held	as:			
a Board designated or quasi-endowment	<u> </u>					
<b>b</b> Permanent endowment ►	ှစ် -					
c Term endowment ►%						
The percentages on lines 2a, 2b, and 2c should	d equal 100%,					
3 a Are there endowment funds not in the possess organization by:	ion of the organization that a	are held and administered	for the	ΓY	'es	No
(i) Unrelated organizations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. 3a(i)		
(ii) Related organizations				. 3a(ii)		
b If 'Yes' on line 3a(ii), are the related organ						****
4 Describe in Part XIII the intended uses of t	he organization's endowme	ent funds.				
Part VI Land, Buildings, and Equipme	ent.					
Complete if the organization a	nswered 'Yes' on Forr	n 990, Part IV, line	11a. See Form 99	0, Part X	ر, lin	e 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Bo	ok vai	lue
1 a Land		34,171.		· · · · · · · · · · · · · · · · · · ·	34,	171.
<b>b</b> Buildings		494,982.	469,141.			841.
c Leasehold improvements		17,964.	8,553.			411.
d Equipment		133,485.	110,120.			365.
e Other		58,329.	35,471.			858.
Total. Add lines 1a through 1e. (Column (d) mus					115,	646.
				Jula D. /East	GDO'	2010

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		Other Securities.		N/A	
			'Yes' on Form 990	, Part IV, line 11b. See Form 99	
(a) Description	of security or cate	gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial de	rivatives				
	equity interes	its			
(3) Other					
(A)					
(B)					
(C)			_		
(D)					
(E)					
(F)	<b></b>				
(G)					
(H)					
(l)	<u></u>				
		90, Part X, column (B) line 12.) 🟲			
Part VIII Inv	estments –	- Program Related.	N/.   E 000	N/A	0.0.17.1.10
				, Part IV, line 11c. See Form 99	
	Description of	investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)					
(2)					
(3)					
<u>(4)</u>					
(5)					
(6)					
(8)					
(9)					
(10)		200 Dank V and 12 12 12 12 1			
	ner Assets.	190, Part X, column (B) line 13.) 🕨	<u> </u>		<u> </u>
Co	mplete if the	e organization answered	'Yes' on Form 990	), Part IV, line 11d. See Form 99	90, Part X, line 15.
		(a) De	scription		(b) Book value
(1) Constr	<u>uction De</u>	vlopment Costs			640,130.
(2)					<u></u>
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
(10)					
	(b) must eau	al Form 990. Part X. column (	B) line 15,)		640,130.
Part Y Ot	her Liahiliti	es.	······································		
Cor	nplete if the or	ganization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25.	
1.		(a) Desci	iption of liability		(b) Book value
(1) Federal in					4 711
(2) Other	Payables				4,711.
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
(10)					
(11)					
	must equal Form	990, Part X, column (B) line 25.1	,	<b>.</b>	4,711.
2. Liability for unce	ertain tax positions	In Part XIII, provide the text of the fo	ootnote to the organization's f	inancial statements that reports the organization's	liability for uncertain
tax positions under	FASB ASC 740. C	heck here if the text of the footnote ha	s been provided in Part XIII.		

Part XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenu	e per Return. N/A	
Complete if the organization answered 'Yes' on Form 990			
1 Total revenue, gains, and other support per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	<del></del>
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>b</b> Other (Describe in Part XIII.)	4b	is (wey)	
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part XIII Reconciliation of Expenses per Audited Financial State	monte With Evnon	ses per Peturn M/A	
Complete if the organization answered 'Yes' on Form 99			
	0, Part IV, line 12a		
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements	0, Part IV, line 12a		
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements	0, Part IV, line 12a		
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements	0, Part IV, line 12a		
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements	0, Part IV, line 12a		
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements	2a 2b 2c		
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.).	2a 2b 2c 2d 4a 4b	2e 3	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.	2a 2b 2c 2d 4a 4b	2e 3	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.).	2a 2b 2c 2d 4a 4b	2e 3	

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

Schedule D (Form 990) 2019

#### SCHEDULE G (Form 990 or 990-EZ)

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 identification number Pets Lifeline, Inc. 94-2851279 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants C Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . Yes b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity (or retained by) have custody or control or entity (fundraiser) from activity of contributions? organization column (i) Yes No 1 2 3 6 7 10 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2019 Pets Lifeline, Inc. 94-2851279 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. (d) Total events (add column (a) through column (c)) (a) Event #1 (b) Event #2 (c) Other events Paws for A Cau Winter Holiday None (event type) (event type) (total number) REVENUE 1 Gross receipts..... 277,258. 8,070. 285,328. 2 Less: Contributions..... <u>202,717</u>. 197,207. 5,510. Gross income (line 1 minus line 2)..... 82,611. 80,051. 2,560. Noncash prizes..... DIRECT Rent/facility costs..... 29,485. 29,485. 7 Food and beverages..... 22,598. 22,598. EXPENSE Entertainment..... 31,676. 31,676. Other direct expenses..... 48,095. 6,461. 54,556. 10 Direct expense summary. Add lines 4 through 9 in column (d)...............................▶ 138,315. -55,704. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add column (a) REVENUE (a) Bingo bingo/progressive (c) Other gaming through column (c)) bingo Gross revenue..... 2 Cash prizes ...... XPENSES DIRECT 3 Noncash prizes..... Rent/facility costs..... Other direct expenses ..... Yes Yes Yes No 6 Volunteer labor..... No No 7 Direct expense summary. Add lines 2 through 5 in column (d)...... 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states?..... **b** If 'No,' explain:

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

Sche	edule G (Form 990 or 990-EZ) 2019 Pets Lifeline, Inc.	94-2851279	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:	
	Name ►		
	Address ►		
15 -	Does the organization have a contract with a third party from whom the organization receives gaming rev	onue? \begin{array}{c} \bullet \nu_{\text{sc}} \\ \	□ No
156		d the amount	∐No
N.	of committee accounts and aimed has the third and to the	u trie amount	
	of garning revenue retained by the third party = \$  If 'Yes,' enter name and address of the third party:		
`	on the same and analysis of the same party.		
	Name •		
	Address ►		·
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
:	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain t	ne	_
	state gaming license?	Yes	No
ļ	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the	
7 <b>- 3</b> 555	organization's own exempt activities during the tax year > \$	columna (iii) and	<u> </u>
Pa	<b>ITIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	any additional	(v),

#### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pets Lifeline, Inc

Employer identification number 94-2851279

Form 990, Part VI. Line 8 - Explanation of No Contemporaneously Documentation of Meetings

There are no committees with authority to act on behalf of the governing body.

Form 990, Part VI, Line 11b - Form 990 Review Process

The organization provides a password protected PDF Form 990 to all members of its governing body before filing the form.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The determination of the Executive Director's compensation includes written yearly evaluation forms completed by the Board of Directors and the Executive Director. A meeting is held between the Governance Committee and the Executive Director to review the evaluations. A nonprofit compensation survey is used to determine a standard rate of pay for the position and this, along with the evaluation scores, is used to determine the appropriate increase, if any, in the Executive Director's compensation.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization's latest audit report is available on its website. The website also includes a link to GuideStar for viewing of the organization's Form 990s.

**Financial Audit** 

A financial audit is being conducted on the books and records of the organization for the period reported on this return. Due to the COVID-19 pandemic, audit activities have been postponed and the results of the audit will not be available prior to the extended due date of this return. This return will be amended if the audit results in material changes to the organization's financial position or results of operation.

California Wildfire Extension

As the organization, its financial records, and CPA all reside in Sonoma County,

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization Employer identification number 94-2851279 Pets Lifeline, Inc.

granted as a result of the Glass Fire in Sonoma County.

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

<del></del>					
<u>Automati</u>	c 6-Month Extension of Time. Only sub	mit origina	al (no copies needed).		
All corporati	ons required to file an income tax return other th 1004 to request an extension of time to file income	nan Form 99	0-T (including 1120-C filers), partnership	s, REM	ICs, and trusts must
use i omi 70	Name of exempt organization or other filer, see instructions.	e tax returns		Тахрауе	r identification number (TIN)
Type or					
print	Pets Lifeline, Inc.			94-2	851279
File by the	Number, street, and room or suite number. If a P.O. box, see	instructions.		124 2	0012/3
due date for filing your	P.O. Box 341				
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign ad-	dress, see instru	ctions.		······································
matructions.	Sonoma, CA 95476				
Enter the Ro	eturn Code for the return that this application is t	for (file a se	parate application for each return)		01
Application		Return	Application		Return
ls For		Code	ls For		Code
	r Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B		02	Form 1041-A	<del></del> -	08
Form 4720		03	Form 4720 (other than individual)		09
Form 990-P		04	Form 5227 Form 6069		10
	(section 401(a) or 408(a) trust) (trust other than above)	05 06	Form 8870		12
<ul><li>If the or</li><li>If this is check the</li></ul>	ne No. ► (707) 996-4577  ganization does not have an office or place of but for a Group Return, enter the organization's founts box ► . If it is for part of the group, ension is for.	usiness in th ır digit Group	Exemption Number (GEN) . It	this is	for the whole group,
1 I reque for the		r the organiz	ng <u>12/31,<sup>20</sup> 19</u>	zation r	
3 a If this nonre	application is for Forms 990-BL, 990-PF, 990-T, fundable credits. See instructions	4720, or 60	69, enter the tentative tax, less any	3 a	\$ 0
tax pa	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpayme	ent allowed a	as a credit	3 b	\$
EFTP	ice due. Subtract line 3b from line 3a. Include yo S (Electronic Federal Tax Payment System). Se	e instruction	<u> </u>	3 c	
Caution: If payment in	you are going to make an electronic funds withd structions.	Irawal (direc	t debit) with this Form 8868, see Form 8	453-EO	and Form 8879-EO fo

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)