Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

A	For t	he 2023 calen	dar year, or tax year begi	nning	*****	and ending		898	. 20				
В		if applicable:	С		, 2020,	and cramy		anlover ido	, ZU ntification number				
	A	ddress change	Pets Lifeline,]	nc.			I						
	N _i	ame change	P.O. Box 341					4-285 lephone nu					
	In	itial return	Sonoma, CA 95476	5									
		nal return/terminated					(707)	996-4577				
	-	mended return											
	_		E Name and Aldress & Co.		····			oss receipts					
		oplication pending	F Name and address of principa	al officer:			(a) Is this a group						
_	T		Same As C Above			H	l(b) Are all subording If "No," attach	nates includ	led? Yes No				
<u> </u>		exempt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527	ii iioj attaciji	J 1101. OCC 1	natiocilota.				
J			w.petslifeline.o	rg		Н	(c) Group exemption	on number					
K		of organization:	X Corporation Trust	Association Other	L	rear of formation	1: 1982	M State of	f legal domicile: CA				
Pa	art I	Summar	/	· · · · · · · · · · · · · · · · · · ·		~							
	1	Briefly descri	be the organization's miss	ion or most significant	activities:Pet	s Lifel	ine is de	dicat	ed to				
g		Procedur	nd and rmbrowind	the lives of a	cats and a	doas in	need in 9	Onome	Vallor				
Ē	-	<u>through</u>	sheltering and a	doption, humane	educati	on, and	community	proc	rams.				
eri	1												
õ	2	Check this bo	x if the organization	n discontinued its oper	ations or disp	osed of more	e than 25% of	its net a	ssets.				
જ	4	Number of in	ung members of the dove	rning body (Part V. Tina	o la)			1 2	15				
es	5	Total number	lependent voting member	s of the governing body	(Part VI, line	: 1b)		4	1.5				
Ξ	6	Total number	of individuals employed in	r calendar year 2023 (F	'art V, line 2a)) <i>.</i>		. 5	43				
Activities & Governance	7a	Total unrelate	of volunteers (estimate if d business revenue from	Dart VIII. solumn (C) II		• • • • • • • • • • • • • • • • • • • •	* * * * * * * * * * * * * * * * * * * *	6	175				
_		Net unrelated	business taxable income	from Form 990 T. Doct	ne i∠			7a	0.				
			Decirioso taxable income	noist offit 990-1, Part	1, iirie 11				0.				
	8	Contributions	and grants (Part VIII, line	16\			Prior Ye		Current Year				
Revenue	9	Program serv	ce revenue (Part VIII, line	20)			,		1,576,593.				
ř	10	Investment in	come (Part VIII, column (2) lines 3 (1 and 7d)	• • • • • • • • • • • • • • • • • • • •			,400.	130,256.				
ñ	11	Other revenue	(Part VIII, column (A), Iii	nes 5 6d 8c 9c 10c s	and 11a)			,305.	42,206.				
	12	Total revenue	- add lines 8 through 11	(must equal Part VIII)	column (A) lir	12\		,552.	4,528.				
	13	Grants and sir	milar amounts paid (Part	X column (A) lines 1.	3)	10 12.	1,271	,803.	1,753,583.				
	14	Benefits paid	to or for members (Part I)	Column (A) tine (A)	<i>5</i>)								
	l 15	Salaries, othe	enefits paid to or for members (Part IX, column (A), line 4)										
စ္ပ	16a	Professional f	undraising face (Dest IV	5-10)	1,106	<u>,217.</u>	1,367,296.						
Expenses	, ,	T 1 1 6	undraising fees (Part IX, o	column (A), line 11e)									
꿃	b		ng expenses (Part IX, col		39	1,007.							
	17	Other expense	es (Part IX, column (A), lii	nes 11a-11d, 11f-24e)				,831.	940,867.				
	18	Total expense	s. Add lines 13-17 (must i	equal Part IX, column (A), line 25)		1,924		2,308,163.				
	19	Revenue less	expenses. Subtract line 1	8 from line 12				,245.	-554,580.				
ssets or Salances					******		Beginning of Cur		End of Year				
alar	20	Total assets (I	Part X, line 16)				6,343		5,913,034.				
Net As Fund B	21	Total liabilities	(Part X, line 26)					,255.	101,941.				
S	22	Net assets or	fund balances. Subtract li	ne 21 from line 20			6,240		,				
Pa	rt II	Signature	Block				0,240	,330.	5,811,093.				
Unde	r penalti			rn, including accompanying set	adulas and atatam	anda and to the							
comp	olete. De	claration of prepar	lare that I have examined this retu er (other than officer) is based on	all information of which prepare	r has any knowled	ge.	best of my knowle	dge and be	lief, it is true, correct, and				
				78.0	····								
Sig Hei	n	Signature of o	fficer	1000			Date						
Hei	re	Olivia	Kristiansen			Fizz.	ecutive D						
		Type or print i	name and title	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· EX	ecurive D	TT.					
		Print/Type pro	parer's name	Preparer's signature		Date	Charle	T 1.,	PTIN				
Pai	d	Gary W	inston	Gary Winston			Check	∐ if					
	pare			tancy Corporat	11/08/2	4 self-emp	ioyed	P00244226					
Use	e Onl	y Firm's addres			TOII	****							
			_	Firm's EIN 87-4158158									
Mav	the 15	S discuss this	Sonoma, CA 95 return with the preparer	chown observed Committee			Phone n	<u> </u>					
RA A	For	Panenuoul D-	duction Act No.	snown above? See inst	ructions				. X Yes No				
	ווטרו	ahetwork K6	duction Act Notice, see t	ne separate instruction	s.	TEEA0	101L 08/23/23		Form 990 (2023)				

Forn	n 990 (2023) Pets Lifeline, Inc.	94-285127	9 Page 2
Pa	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III		
'			
	Pets Lifeline is dedicated to protecting and improving the li	ves of cats an	d_dogs_in
	need in Sonoma Valley through sheltering and adoption, humane community programs.	<u>_education,_an</u>	<u>d</u> _
2	and or services during the year writing were not listed on the	ne prior	
	Form 990 or 990-EZ?		Yes X No
_	If "Yes," describe these new services on Schedule O.	L }	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	m services?	Yes X No
4	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocand revenue, if any, for each program service reported.	services, as measure ations to others, the to	d by expenses. otal expenses,
4a	(Code:) (Expenses \$ 827,024. including grants of \$) (Revenue \$	106,810.)
	Animal Shelter/Adoption Services - Pets Lifeline takes in and	cares for str	Suc 210
	abandoned dogs and cats by providing them with food, shelter	medical atten	tion and
	numan kindness. We place animals into loving, permanent homes	s if their own	are do not
	rets lifeline averages an intake of 500 cats a	av rag spob br	ar with a
	98% live release rate. All shelter animals are spayed or neu-	<u>ered_before_a</u>	doption to
	help control future unwanted animals. In addition, they are before adoption and receive all necessary vaccinations.	<u>seen_by_a_vete</u> :	<u>rinarian</u>
	Heressary vaccinations.		
	~		
4b	(Code:) (Expenses \$ 91,376. including grants of \$) (Revenue \$	11,801.)
	Humane Education - Pets Lifeline offers educational programming	ng that has a	
	two-pronged approach. One, teaching compassion for all living	things, and t	
	offering a humane education curriculum for the learning needs	<u>of students in</u>	n_Pre-K,
	T-K, and K-5th grade classrooms. The programs are taught by I	<u> ets_Lifeline_e</u>	educators
	on Sonoma Valley elementary school campuses, as well as at our include programs such as "Kids Speak for Pets", "Early Literature of the control of the contr	own racitity,	and
	"Library Skills Instruction", and "Humane Education Summer Can	TimeT Activition	1
	services reach approximately 500 students each year.	<u> </u>	10g C 10H
		-	
	~		
40	/Code:		
40	(Code:) (Expenses \$ 90,166. including grants of \$) (Revenue \$	<u>11,645.</u>)
	Behavioral Training - Pets Lifeline offers a variety of ongoin	<u>ig classes for </u>	<u>canines</u>
	and their owners, including Family Dog I (a beginning level of the behavioral fundamentals). Family Dog II (continued to the behavioral fundamentals).	<u>urse that cove</u>	rs_all
	the behavioral fundamentals), Family Dog II (an intermediate of AKC's Canine Good Citizen criteria), as well as courses provide	course address	ng the
	handlers with the requisite skills needed to effectively work	with shelter	<u>canine</u>
	Approximately 50 dogs go through these training programs each	vear	mas
4d	Other program services (Describe on Schedule O.)		
	(Evnance à	ė	`
4e	Total program service expenses 1,008,566.	¥))
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Form 990 (2023) Pets Lifeline, Inc. Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1		
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	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	***	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.			
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.	6		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	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		
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		X
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	Hiii Hiii Hi
	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Х	
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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 School to E. Best James H. C. Best James H.	14b	10000	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part 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.			 V
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>х</u>
	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
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Did the organization answer "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. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d 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 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25d 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		1990 (2023) Pets Lifeline, Inc. 94-285127	9	F	age 4
22 Dut the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), in Part I / Am II. Part I	Га	Checklist of Required Schedules (continued)		·	
23 DU the organization review "Yes" to Perf VII, Section A, line 3, 4, or 5, about compensation of tumor officers, director, tustees, key employees, and highest compensation of tumor officers, director, tustees, key employees, and highest compensation officers. If the view is extend officer for the last day of the year, that was issued offair December 31, 2002? If "Yes", answer lines 28th through 24d and the last day of the year, that was issued offair December 31, 2002? If "Yes", answer lines 28th through 24d and 24a X X DI American Section of the last day of the year, that was issued offair December 31, 2002? If "Yes", answer lines 28th through 24d and 24a X DI American Section 25th provided the provided of the organization maintain an escrew about other than a refunding escrew at any time during the year? 24d 24c 25a Section 501(x3), 501(x4), and 501(x29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes", complete Schedule L, Part I. b is the organization were that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I. b is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, furcies, key employee, creator or founder, substantial contributor, or 35% controlled entity of the programmation provide a griant or other assistance to any current or former officer, director, furcies, key employee, creator or founder, substantial contributor, or 35% controlled entity of not a 35% controlled entity function and provide a griant or other assistance to any current or former officer, director, furcies, they employee, creator or founder, or substantial contributor, or 35% controlled entity of not a 35% controlled entity function, and exceptions. a A current or a 35% controlled entity function of art, historical treasures, or other similar assests, or qualified conservation and the organizat	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Yes	No
24a Dit 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 31,000? If "Yes," answer lines 28th brough 24d and complete Schodule K, If "No," go to ime 25d. 25a Scriton For (CX), 501(CX), 501(C		Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		Х	A
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c 2dd 2	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2003, if "Year," appropriate 24th through 24th			y
c Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-evempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c/x9), 501(c/x9), 301(c/x9) and 501(c/x9) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? b Is the organization waver that it engaged in an excess benefit transaction with a disqualified person during the year? b Is the organization waver that it engaged in an excess benefit transaction with a disqualified person in a pirot year, and that the transaction with a disqualified person during the year? b Is the organization report any amount on Part X. line 5 or 22, for receivables from or paratles to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member of any of these persons? if "Yes," complete Schedule L. Part II. 25 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution 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 IV. 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28 A zurrent or former officer, director, trustee, key employee, creator or founder, or substantial contribution? If "Yes," complete Schedule L, Part IV. 28 A zurrent or former officer, director, trustee, key employee, creator or founder, or substantial contribution? If "Yes," complete Schedule L, Part IV. 28 A zurrent or former officer, director, trustee, key employee, creator or founder, or substantial contribution? If "Yes," complete Schedule II, Part IV. 29 Did the organ	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	1		
d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?" 25a Section 57b(2X), 501(CX0), and 501(CX0), and 501(CX2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes." complete Schedule L, Part II. b is the organization sware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization's prior Forms 900 or 990-ET? "Yes." complete Schedule L, Part II. 25b		any tax-exempt bonds:			
b is the organization aware that it engaged in an excess benefit transaction with a disuplified person in a prior year, and that the fransaction has not been reported on any of the organizations prior Forms 930 or 990-E27 if "Yes," complete Schedule L, Part I. 25b	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
Schedule L, Part II. 25b X 27b Id 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 contribution, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27b Id 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 contribution or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27c	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
or family member of any of these persons? If "yes," complete Schedule L, "Part II" Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founders, substantial contributor or employee there of, a grant selection committee member, or to a 35% controlled entity (including an employee) there of, a grant selection committee member, or to a 35% controlled entity (including an employee) there of, a grant selection committee member, or to a 35% controlled entity (including an employee there of, a grant selection committee member, or to a 35% controlled entity (including an employee there of, a grant selection committee member, or to a 35% controlled entity (including an employee) there of, a grant selection committee member, or to a 35% controlled entity (including an employee) there of, a grant selection committee member, or to a 35% controlled entity of one or more individuals and or organization selection or any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b	b	MIGUAL UIC GERNACUUH HAS HOLDERH FENOMER ON ARVIOT THE AMARICANICATION'S PRIOR Forms BOD or COO E72 16 V/va #	25b		Х
member, or to a 35% controlled entity (including an 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. 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, furstee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 282 if "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization osell, exchange dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 34 Was the organization osell, exchange dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part III. 35 Did the organization osell ose of transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part III. 35 Did the organization have a controlled entity within the meaning of sec	26	or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 rif "Yes," complete Schedule R, Part II. 31 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 32 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, Iine 2 33 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization of section 512(b)(13)? If "Yes," complete Schedule O for Part VI, Iine 2 35 Did the organization complete Schedule O and provide explanati	27	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		Х
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 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. 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1. 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization felated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, V, Iine 2. 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, Iine 2. 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 V, Iine 2. 37 Did the organization complete Schedule O and provide explanations on Schedule O for Pa		mistractions for applicable filing thresholds, conditions, and exceptions).			in da
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b Ix Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I. 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. 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?. 36 Section 501(c)(3) organization, Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 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. 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. 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 11 a 25 Note: All Form 990 filers are required to complete Schedule O. 48 Did the organiz		res, complete Schedule L, Part IV	28a	1905001035101	Х
Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 28c	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		tomplete Schedule L, Part IV	28c		Х
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 10 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 X 10 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 11 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 II. III. or IV. 34 X 12 Did the organization evaluated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III. or IV. 34 X 13 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 14 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 15 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 16 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	29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		Х	
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine I. 34	30	Contributions: If Yes, Complete Schedule M	30		Х
32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b 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			31		Х
33	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
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	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
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. 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. 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. 1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. 1a 25 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. 1b 0 1c X		Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
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			35a		
36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part VI Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.	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		
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part VI Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?. 1c X	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
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part VI Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?. 1c X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. 1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?. 1c X	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O		Х	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	Par	ty Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. 1a 25 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			·····		No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1a b	Enter the number of Forms W. 2C included on line 1. Catar 0. if not applicable		-	
	С	Did the organization comply with backup withholding rules for reportable nauments to upodate and reportable against	1c	X	

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Form 990 (2023) Pets Lifeline, Inc.

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

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	5 5 5 5 5 5 5
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country		dividi.	
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Ja h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	٠,,		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	7h 8	(this sign)	EHOLIGHIJE E
9	Sponsoring organizations maintaining donor advised funds.	0		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1791111191921	jaganan
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	****	
	Section 501(c)(7) organizations. Enter:	1 (61/16)	Militariya	
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders			
	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	1170352.56319	100111111111111111111111111111111111111
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.	13a	(Milderine	18.000.000.000
h	Enter the amount of reserves the organization is required to maintain by the states in			
-	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		100	
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	J. P. Milde	X
	If "Yes," complete Form 4720, Schedule O.	16		Δ
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
- A -	If "Yes," complete Form 6069.			
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Form 990 (2023) Pets Lifeline, Inc. 94-2851279 Part VIIII 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 No Yes 1a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent. . . . 15 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Δ X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Did the organization have members or stockholders?.... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7b X 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?..... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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..... q Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.......... **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13..... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.. Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done..... 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 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? a The organization's CEO, Executive Director, or top management official.. See. Schedule.. O...... 15a X **b** Other officers or key employees of the organization..... 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16a Χ 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?... 16h 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 Another's website X 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.

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Olivia Kristiansen 19686 Eighth Street East Sonoma CA 95476 (707)

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Form 990 (2023)

	Form 990	(2023)	Pets	Lifeline	. 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

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

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

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

(A) Name and title	tions below dotted line)	offic	unle	ss pe	ition more rson i irecto	Fig. Highest compensated	an ee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Nancy King Executive Director	$-\frac{41}{0}$.,	150 605		
(2) Frank Espina	1						Χ	158,605.	0.	11,359.
Treasurer		X		Х				0.	0	^
(3) Yvonne Hall	1	1		Λ				0.	0.	0.
Secretary	0	Х		х				0.	0.	0.
(4) Robert Lerner	1									<u></u>
Director	0	X						0.	0.	0.
(5) Toni Casamento	1									
Director	0	Х						0.	0.	0.
(6) Cynthia Frank	1									
Director	0	Х						0.	0.	0.
_(7)_Ken_Wayne	1									
Director	0	X						0.	0.	0.
_(8)_Jane_Hutchinson	1								-	
Director	0	Х						0.	0.	0.
_(9) Larry Krieger	1									
Vice President	0	X		Х				0.	0.	0.
(10) Marchelle Carleton	2			أ						
President (11) Deborah Emery	0	Х		Х				0.	0.	0.
Director	1	,						_		
(12) Tiffany Newman	0	X	\dashv					0.	0.	<u> </u>
Director	1	х						0.	0.	•
(13) Laura Zimmerman	1	-27	\dashv					<u> </u>	U.	0.
Director	-	х						0.	0.	0.
(14) Bob Holloway	1			\neg						<u> </u>
Director	0	Х]				0.	0.	0.

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Па	Tevin Section A. Officers, Directors, 17L	istees,	Ney	En	ple	oye	es,	and	d Highest Con	pensated Emp	loyees (continued)
					(C)					
	(A) Name and title	(B) Average hours	offic	er an	ss pe d a d	rson irecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		per week (list any hours for related organiza-	Individual trustee or director	Institutio	Officer	Key employee	Highest o	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
		tions below dotted line)	or or	Institutional trustee		loyee	Highest compensated employee				
(15)	Suzanne Maloney Director	1	Х				8.		0	0	
(16)	Gary Umholtz Director	1	X						0.	0.	0.
(17)	Olivia Kristiansen Executive Dir.	- 41 0	^						0.	0.	0.
(18)			-		Х				0.	0.	0.
(19)					~~~				***************************************		
(20)										CTT AUDIT I	
(21)										200940	1
(22)							:			CHIMPON I	
(23)					***************************************						
(24)											
(25)					****						
1b	Subtotal	on A						• • •	158,605. 0.	0.	11,359.
d	Total (add lines 1b and 1c)							٠		0.	0. 11,359.
2	Total number of individuals (including but not limited from the organization 1	to those I	sted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	pensation
3	Did the organization list any former officer, direct	tor, truste	e ke	ev e	mnle	OVE	or:	hiat	nest companyated	employee	Yes No
4	on the ra: If res, complete schedule 3 for such	n inaiviau	aı	• • • •							. 3 X
-	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual						• • • •				. 4 X
5 Sec	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes tion B. Independent Contractors	e compen s," <i>comple</i>	satio ete S	n fr	om : dule	any J fo	unre or suc	late ch p	d organization or person	individual	. 5 X
1	Complete this table for your five highest company	sated inde	epen	dent	t cor	ntrad	ctors	tha	t received more th	nan \$100.000 of	- NAL-4-21
*****	compensation from the organization. Report compens	sation for	the c	alen	dar y	year	endir	ng w	vith or within the or (B)	ganization's tax yea	
	Name and business addr	ess							Description of	of services	(C) Compensation
	negative and the second										
											W 40 July 1
2	Total number of independent contractors (including b \$100,000 of compensation from the organization	ut not limi O	ted to	o the	se l	isted	i abo	ve)	who received more	than	
BAA			TEEA0	108L	08/2	23/23				B043	Form 990 (2023)

Form 990 (2023)

		U Ct-tt-f	<u> </u>	erriie,	TITIC	· .			94-2851279	Page 9
Fal	V Y	Statement of								·
					a res _l	oonse or note to an	y line in this Part \ (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
₹, £	1a	Federated campaig			1a_					
ig in	b	Membership dues.			1b					
5, G	С	Fundraising events			1c	321,100.	printing the first fill			
ੜ੍ਹੇ ਤੱ	a	Related organization			1d					
Contributions, Gifts, Grants, and Other Similar Amounts	f		grams (contributions) tributions, gifts, grants, and ints not included above		1e	283,590.				
혈융	a	Noncash contributions in			1f	971,903.				
i o		lines 1a-1f			1 <u>g</u>	25,262.				
	n	Total. Add lines 1a	-1£.				1,576,593.			
	2a					Business Code				
eve	La h	<u>Program Fees ar</u>	n <u>d</u> F	k <u>evenue</u>		900099	130,256.	130,256.		
<u>я</u>	6								1	
ervi	d						<u> </u>			
SE	е						}			
Program Service Revenue	f	All other program s	ervi	ce revenu	e					
몺	g	Total. Add lines 2a	-2f .				130,256.			
	3	Investment income (inclu	ding divide	ends, i	nterest, and				
	,	other similar amou					43,211.			43,211.
	4 Income from investment of tax-exempt box 5 Royalties						***************************************	******		
	٦	Noyallies		(i) R		(ii) Personal			en e	Himmone Carrier (Con) (Con)
	6a	Gross rents	6a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(i) i orosia.				
		Less: rental expenses	6b							
	ď	Net rental income of	or (lo	ss)						AND THE PROPERTY OF THE PROPER
	7a	Gross amount from		(i) Secu	rities	(ii) Other				
		sales of assets other than inventory	7a	636,	014	. 10,297.				
	b	Less: cost or other basis	7b 647,316 7c -11,302		***************************************					
	_	and sales expenses Gain or (loss)								
	l	Net gain or (loss)			. 10,297.	1 005				
41		Gross income from fund	rninin		Г	1	-1,005.			-1,005.
Other Revenue	Oa	(not including \$of contributions reported	3	21,100	<u>. </u>					
ŭ		See Part IV, line 18			8	a 200,318.				
<u>je</u>	l	Less: direct expens			8	b 196,524.				
ð	С	Net income or (loss	s) fro	om fundra	ising	events	3,794.			
	9a	Gross income from gami See Part IV, line 19	ing ac	tivities.	9	<u></u>				
	ь	Less: direct expens			9					
		Net income or (loss			1 -	1	Notice of the second se	Faternanalistativalimitiitii		
		Gross sales of inventory,			Ĭ [and company of the		
		returns and allowances.			10	a				
		Less: cost of goods			10					
	С	Net income or (loss	s) fro	om sales o	of inve				2317	
ភិ	11-	0.1 -				Business Code				
8 ₹	11a	Other Income	- -			900099	734.	734.	******	
scellaneo Revenue	, ה									
Miscellaneous Revenue	d	All other revenue.								
Σ̈́	e			d			734.			
	12	Total revenue. See					1,753,583.	130,990.	0.	42,206.
BAA							A0109L 08/23/23	1 10,330.	<u> </u>	Form 990 (2023)

TEEA0109L 08/23/23

Part IX Statement of Functional Expenses

	Check if Schedule O contains a r	esponse or note to any	line in this Part IX	<u></u>	
Do 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	***************************************	FORMAL C		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.		MINUSES - THE PERSON - THE PERS	3.40	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				ennemanakarandan panta
6	trustees, and key employees	0.	0.	0.	0
ю	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	1,130,787.	395,776.	508,854.	226 157
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	1,130,707.	333,770.	300,034.	226,157
	employer contributions)	7,056.	2,470.	3,175.	1,411
9	Other employee benefits	140,513.	49,179.	63,231.	28,103
10	Payroll taxes	88,940.	31,129.	40,023.	17,788
11	Fees for services (nonemployees):				
	Management				
b	Legal	3,392.		3,392.	
	Accounting	35,249.		35,249.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	13,608.		13,608.	
ŗ	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	140,181.	53,646.	63,811.	22,724
12	Advertising and promotion	18,236.	7,294.	1,824.	9,118
13	Office expenses	15,611.	4,683.	8,586.	2,342
14	Information technology	13,183.	4,614.	7,251.	1,318
15	Royalties		***************************************		
16	Occupancy	138,103.	47,823.	73,218.	17,062
17	Travel	3,985.	797.	1,594.	1,594
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		1774		
	Conferences, conventions, and meetings				- William I
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	133,658.	69,502.	30,741.	33,415
23 24	Other expenses, Itamiza expenses and	26,551.	9,806.	11,593.	5,152
24	covered above. (List miscellaneous expenses				
	on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e				
	expenses on Schedule O.)				
а	F-	312,660.	312,660.	agutanorransingani/Esssynospasisa id	nundaggssmallennandiff
b		30,721.	6,144.	6,144.	18,433
c	Other Expenses	27,711.	9,699.	13,855.	4,157
c	Bad Debt (Unfulfilled Pledge)	15,000.		15,000.	
6	All other expenses	13,018.	3,344.	7,441.	2,233
	Total functional expenses. Add lines 1 through 24e	2,308,163.	1,008,566.	908,590.	391,007
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).		·		
ВАА		TEEA0110L 08,	1-0-0		Form 990 (2023

Part X Balance Sheet (A) (B) End of year Beginning of year 500,323. 260,676 Savings and temporary cash investments..... 2 354,265. 92,110. Pledges and grants receivable, net..... 37,065. 3 Accounts receivable, net 4 462 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 7 Notes and loans receivable, net..... Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 26,713 9,678 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 4,580,000 **b** Less: accumulated depreciation..... 10b 4,297,232 10c 410,816. 4,169,184 11 Investments – other securities. See Part IV, line 11...... 1,384,889 12 1,124,242 Investments – program-related. See Part IV, line 11..... 13 13 14 14 Intangible assets..... Other assets. See Part IV, line 11..... 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33)...... 6,343,805. 5,913,034. 17 Accounts payable and accrued expenses...... 98,146. 17 87,464 Grants payable 18 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D........ 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 22 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 5,109 14,477. Total liabilities. Add lines 17 through 25..... 103,255 26 101,941, Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 5,830,137 5,459,456. Net assets with donor restrictions..... 28 410,413 351,637 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Ö Capital stock or trust principal, or current funds...... 29 Paid-in or capital surplus, or land, building, or equipment fund..... 30 Retained earnings, endowment, accumulated income, or other funds..... 31 Total net assets or fund balances..... 6,240,550 32 5,811,093. Total liabilities and net assets/fund balances..... 33 33 6,343,805. 5,913,034. TEEA01111 08/23/23

Forn	n 990 (2023) Pets Lifeline, Inc. 94-	2851279		Page 12
Pai	t XIII Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,753	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,308	
3	Revenue less expenses. Subtract line 2 from line 1	3	-554	,580.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,240	
5	Net unrealized gains (losses) on investments	5		,123.
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	5,811	<u>,093.</u>
ı aı	, 5			
	Check if Schedule O contains a response or note to any line in this Part XII			[
_			Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b }	ζ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. X Separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	2c)	ζ .
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X
	o 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	lit 	3b	
BAA	TEEA0112L 08/23/23		Form 99	0 (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Schedule A (Form 990) 2023

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Pe	ts Lifeline, Inc.					Employer identi					
Pa	Reason for Public C	harity Status (A	Il organization			94-28512	179				
The	rtil Reason for Public Corganization is not a private for	oundation because it i	s: /For lines 1 through 1	st com	plete ti	nis part.) See instr	uctions.				
1	A church, convention of chu	urches, or association	of churches described in -	z, cneci	confy or	e box.)	· · · · · · · · · · · · · · · · · · ·				
2	A school described in sec	ction 170/hV1VAVii)	/Attach Schodule 5 (5-	ection 1	/U(b)(1)(/	4)(i).					
3	A hospital or a cooperativ	e hospital service or	(FO)	m 990).,) • • • • • • • • • • • • • • • • • • •						
4	A medical research organ name, city, and state:	nization operated in co	oniunction with a baselt	section	Г/0(Б)(1)	(A)(iii).					
	name, city, and state:	op or acousting of	orijanetion with a nospiti	ai descri	bea in s	ection 170(b)(1)(A)(iii).	Enter the hospital's				
5	An organization operated	for the benefit of a c		ed or on	⊸ – – – erated b	V a dovernmental unit	. — — — — — — — — — — — — — — — — — — —				
6	Entransity of local governmental unit described in a set of the se										
7	IALAD Of Gardation that normal	llu ropoiuse e edeal - 11	al part of its support from	a govern	170(b)(mental u	1)(A)(v).	1.15				
8	in section 170(b)(1)(A)(vi) A community trust describ). (Complete Part II.)	(1)(4)(4) (0	u goven	iniciliai u	ilit or irom the general p	ublic described				
9	I I An agricultural research orga	anization described in									
	An agricultural research orgonic or university or a non-land-guniversity:	grant college of agricult	section 170(b)(1)(A)(ix) op ture (see instructions). En	erated in ter the na	conjunci me. citv	tion with a land-grant col	lege				
10											
10	An organization that norm	ally receives (1) more	e than 33-1/3% of its su	 pport fro	— — — — m contri	hutions morphorabis s					
	An organization that norm from activities related to it investment income and un June 30, 1975. See sectio	is exempt functions, some arelated business taxa an 509(a)(2)	subject to certain except able income (less section	ions; an n 511 ta	d (2) no x) from l	more than 33-1/3% of Jusinesses acquired by	its support from gross				
11	An organization organized	and operated exclus	ie mart III.) ively to tost for public as	-4-1 O			the organization after				
12	An organization organized	and operated evolue	ively to test for public sa	атету. Se	e sectio	n 509(a)(4),					
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated supervised as contralled.										
а											
	complete i art iv, sections A and B.										
b	Type II. A supporting organ management of the supporting	nization supervised or	controlled in connectio	n with its	s suppor	ted organization(s) by	having control or				
•	" combiete rait IV, 360	cuons A and C.	,		· ····anage	and aupported organiza	HON(S). YOU				
С	Type III functionally integrate organization(s) (see instructionally integrated) Type III non-functionally integrated	ed. A supporting organizations). You must con	zation operated in connecti	on with, a	and functi	onally integrated with, its	supported				
d	Type III non-functionally inte functionally integrated. The	grated. A supporting o	rganization operated in co	nnection	id E.		,,				
	instructions), You must cor	organization genera	lly must satisfy a distrib	ution rec	with its Juiremer	supported organization(s it and an attentiveness) that is not				
е	functionally integrated. The instructions). You must cor Check this box if the organi	ization received a uni	ons A and D, and Part V			***************************************	requirement (see				
•	integrated, or Type III non-	functionally integrated	tten determination from	the IRS	that it is	s a Type I, Type II, Typ	e III functionally				
q	and marriage of Supported	ม บานสกมิวิสิทิกกร				*****					
	Provide the following information Name of supported organization										
•	y nome of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv)	s the	(v) Amount of monetary	(vi) Amount of other				
			above (see instructions))	in your o	tion listed loverning ment?	support (see instructions)	support (see instructions)				
				Yes		i					
				res	No						
(A)											
(B)			,				74				
	<u> </u>			ļ							
(C)											
<u>(D)</u>			i i								
(E)											
Total	<u> </u>	\$	SENTIME CONTINUES TO THE PARTY OF THE PARTY								
	or Panenwork Bodustin a										
200 F	or Paperwork Reduction Act N	lotice, see the Instruc	ctions for Form 990 or 9	90-EZ.	***************************************	Sobodi	Ile A (Form 000) 2022				

TEEA0401L 08/14/23

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										
begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,772,293.	2,054,471.	1,912,992.	1,196,650.	1,576,593.	8,512,999.			
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.			
	Total. Add lines 1 through 3	1,772,293.	2,054,471.	1,912,992.	1,196,650.	1,576,593.	8,512,999.			
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)						3,568,801.			
6	Public support. Subtract line 5 from line 4						4,944,198.			
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	1,772,293.	2,054,471.	1,912,992.	1,196,650.	1,576,593.	8,512,999.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,121.	79,806.	119,432.	59,501.	43,211.	343,071.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	113) 1031	937001.	10/811.	0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Fart VI.	82,611.	93,498.	-28,842.	-11,552.	4,528.	140,243.			
11	Total support. Add lines 7 through 10						8,996,313.			
12	Gross receipts from related active	rities, etc. (see in:	structions)				336,519.			
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)				
Sec	tion C. Computation of Pu	blic Support P	ercentage							
14	Public support percentage for 20	23 (line 6, colum	n (f), divided by li				54.96%			
15	Public support percentage from	2022 Schedule A,	Part II, line 14		· · · · · · · · · · · · · · · · · · ·		64.49%			
16a	33-1/3% support test—2023. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b olicly supported o	ox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box			
b	b 33-1/3% support test—2022. 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 to or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test checkthis l	nov and stop bere	a Evnlain in Part	VI bow			
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the facts-a l-circumstances t	nd-circumstances est. The organizat	s test, check this l lion qualifies as a	pox and stop her e publicly supporte	e. Explain in Part i ed organization	VI how the			
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions			
ВАА			TEEA0402L				A (Form 990) 2023			

Schedule A (Form 990) 2023

Pets Lifeline, Inc.

94-2851279

Pag

Part III

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							
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Gifts, grants, contributions, and membership fees				7	-		
	received. (Do not include							
2	any "unusual grants.") Gross receipts from admissions,							
-	merchandise sold or services							
	performed, or facilities furnished in any activity that is							
	related to the organization's							
	tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							_
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf.							
5	The value of services or							
	facilities furnished by a							
	governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	····						
	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	Me substitution period des						
	7c from line 6.)							
	tion B. Total Support	711111	***************************************					
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6							
10a	Gross income from interest, dividends,							_
	payments received on securities loans, rents, royalties, and income from							
	similar sources							
b	Unrelated business taxable income (less section 511	************						
	taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b.							
	whether or not the business is							
	regularly carried on							
12	Other income. Do not include				107808			_
	gain or loss from the sale of capital assets (Explain in							
	Part VI.)							_
13	Total support. (Add lines 9, 10c, 11, and 12.)							_
14	First 5 years. If the Form 990 is	for the organization	on's first, second	third fourth or	l fifth tax vear as a	section 501(c	1(3)	_
	organization, check this box and	stop here					·····	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
15	Public support percentage for 20	023 (line 8, columi	າ (f), divided by l	ine 13, column (f))		15	8
	Public support percentage from						16	8
	tion D. Computation of Inv							
17	Investment income percentage t						17	왕
18	Investment income percentage f						18	8
19a	33-1/3% support tests -2023. If	the organization d	id not check the	box on line 14, a	nd line 15 is more	than 33-1/3%	and line 17,	\Box
h	is not more than 33-1/3%, check							Ш
Ŋ	33-1/3% support tests—2022. If line 18 is not more than 33-1/3%	และ organization d 6, check this box a	and stop here. Th	ne organization ai	ne 19a, and line 1 ualifies as a public	o is more thai ly supported (ਸ ਤਤ-1/ਤ‰, and organization	
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b,	check this box and	see instructi	ons	Н
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 Part VI 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 lines 3b and 3c 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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3c	100 miles	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	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? If "Yes," provide detail in Part VI .	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L. (Form 990).	8	(000)	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	a.602 (03.	Ministr
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	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	2000 2000 2000 2000 2000 2000 2000 200	

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Schedule A (Form 990) 2023

Pai	tilV Supporting Organizations (continued)			age s
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b		
				dittiidilii
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
-	Mon Dr. Type 1 Supporting Organizations			Γ
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	3		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	ASS VALUE OF THE PROPERTY OF T	
Sec	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Internation there	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion 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).		***************************************	
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see		. m.L!	_\
`	serior organization supported a governmental entity. Describe in Part VI now you supported a governmental entity (see	! INSTR	iction.	5 <i>)</i> .
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
ŧ	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		
ŀ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	Barri / James Angels in James Angels	The second secon
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	2-		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a 3b	1901-193	
ВАА		/Form	n 00/1	2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	ntions	31275 1 age 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on A	lov 20 1070 (ovalais in	Part VI). See 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		
	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	:	
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):	1000 AND		
2	The second second to high exempt and assets	2		
3		3		***************************************
4	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	The second is the proof of the second in the	3		
		4		
		5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	(see instructions).	egrate	d Type III supporting org	anization
BAA			Sche	edule A (Form 990) 2023

Pai	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	t <mark>ions</mark> (continued	d)	
Sec	tion D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	1			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	1	2		
3	Administrative expenses paid to accomplish exempt purposes of s	3	WW		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		ALTERNA .	6	
_7	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the organizat in Part VI). See instructions.	tion is responsive (provide	details	8	
_ 9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	Excess distributions carryover, if any, to 2023				
	From 2018			induziii Reference	
	From 2019				
_	From 2020				
	From 2021				
	From 2022				
	f Total of lines 3a through 3e				
9	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	i Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2023 from Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.	West Steament of the Control of the			
	Breakdown of line 7:				
a	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
C	Excess from 2022				
	Excess from 2023				
DAA					

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Pets Lifeline, Inc.

94-2851279

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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		 2023	 2022	_	2021	 2020	2019
Event Revenue Other Income		\$ 3,794. 734.	\$ -12,048. 496.	\$	-28,842.	\$ 93,498.	\$ 82,611.
	Total	\$ 4,528.	\$ -11,552.	\$	-28,842.	\$ 93,498.	\$ 82,611.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification numbe Pets Lifeline, Inc. 94-2851279 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year). Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.... Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?... No Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.... No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1.

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

Schedule D (Form 990) 2023 Pets	Lifeline	, Inc.		94-285	1279		Page 2
Part III Organizations Main	taining Col	lections of Art, His	storical Treasures,	, or Other Similar A	ssets	(conti	nued)
3 Using the organization's acquisition items (check all that apply).							
a Public exhibition		d Loan	or exchange program				
b Scholarly research		e Other					
c Preservation for future gener		_	-				****
4 Provide a description of the organiz Part XIII.							
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or nan to be mair	receive donations of a ntained as part of the o	rt, historical treasures, organization's collection	or other similar assets า?	Yes		No
Part IV Escrow and Custod Complete if the orga Form 990, Part X, Iii	inization an	ments swered "Yes" on F	Form 990, Part IV,	line 9, or reported a	an amo	ount o	n
1a Is the organization an agent, trus on Form 990, Part X?	stee, custodiar			her assets not included	Yes		No
b If "Yes," explain the arrangement in	Part XIII and	complete the following to	able.		Amoun	 	
c Beginning balance				1c	7 0110011		
d Additions during the year			,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
e Distributions during the year				1e			
f Ending balance				1f		,	
2a Did the organization include an a	mount on For	m 990, Part X, line 21,	, for escrow or custodia	ıl account liability?	Yes		No
b If "Yes," explain the arrangemen	t in Part XIII.	Check here if the expla	anation has been provid	ded in Part XIII		[
Part V Endowment Funds Complete if the orga	nization an	swered "Yes" on F	Form 990. Part IV	line 10			

1a Beginning of year balance	(a) Current	year (b) Prior yea	r (c) Two years bac	ck (d) Three years back	(e)	Four year	s back
b Contributions				2.11ULU-1			
	· · · · · · · · · · · · · · · · · · ·	777744					*******
c Net investment earnings, gains, and losses							
d Grants or scholarships	7.00.00				- 		
e Other expenditures for facilities	***************************************		.,,		<u> </u>		
and programs f Administrative expenses							
g End of year balance	*******				_		
2 Provide the estimated percentage	e of the currer	t year and balance (liv	20 10 00tumm (2) leate	<u> </u>			
a Board designated or quasi-endov		it year end balance (iii	ne ig, column (a)) neid	i as:			
b Permanent endowment	**************************************						
c Term endowment	°						
The percentages on lines 2a, 2b, ar		ual 100%.					
3a Are there endowment funds not in t		•	والمراجع المراجع المراجع المراجع المراجع	-l			
organization by:	ne possession	or the organization that	are neid and administere	d for the	Ī	Yes	No
(i) Unrelated organizations?				*	. 3a(i)		
(ii) Related organizations?				• • • • • • • • • • • • • • • • • • • •	. 3a(ii)		
b If "Yes" on line 3a(ii), are the rel	ated organizat	ions listed as required	on Schedule R?		. 3b		
4 Describe in Part XIII the intended			ent funds.				1
Part VI Land, Buildings, an							
Complete if the organizati	on answered "	Yes" on Form 990, Part	IV, line 11a. See Form	990, Part X, line 10.			
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1a Land	L		34,171.			34	,171.
b Buildings			4,198,066.	278,078.	3		,988.
c Leasehold improvements	I		36,980.	2,214.			<u>,766.</u>
d Equipment	L.	MANUTE OF THE STATE OF THE STAT	197,323.	87,478.			<u>,845.</u>
e Other			113,460.	43,046.			<u>, 414.</u>
Total. Add lines 1a through 1e. (Colum BAA	ııı (a) must eq	uai Form 990, Part X,	iine TUc, column (B)).			,169	
שחת				Sched	lule D (F	orm 99(JJ ZUZS

Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1) Financial derivatives.			Joan Mariot Pariso
(2) Closely held equity interests	Try sing L	- AMOUNT CONTRACT CON	
(3) Other Mutual Funds	1,124,242.	End of Year Market Value	1700
(A)			
(B)			
(D)			· · · · · · · · · · · · · · · · · · ·
(C) (D) (E) (F)			
(F)			
(H)			
(1) Total. (Column (b) must equal Form 990, Part X, line 12, column (B))	1 104 040		Sidiking in ang ang ang ang ang ang ang ang ang an
Part VIII Investments — Program Related	1,124,242.	N/A	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation; Cost or end-	of-year market value
(1)			
(2)			
(4)	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
(5)			***************************************
(6)			
(7)	7		
(8)			**************************************
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, line 13, column (B))		Tuni birili siyi bir onu biyayesarasa miyani birili muyurusa kalesasa s	Aliyahana waxan ka
Part IX Other Assets	· 1 N/F		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) Do	escription	7AA743 M. U	(b) Book value
(2)			
(3)			
(4)		1,000	
(5)			
(6) (7)	1800-11-1		
(8)		910/459-0	
(9)			- m-manutare L.
(10)			
Total. (Column (b) must equal Form 990, Part X, line 15,	column (B))		
Other Liabilities Complete if the organization answered "Yes" o	n Form 990 Part IV line	e 11e or 11f See Form 990 Part X line 2	5
	cription of liability	7170 01 7177 000 1 01111 000, 1 ute X, 11110 2	(b) Book value
(1) Federal income taxes			
(2) Credit Card Payables (3)			14,477.
(4)	····		***************************************
(5)			
(6)			
(7)			
(8)	wa		
(10)	, , , , , , , , , , , , , , , , , , , 		
(11)			
Total. (Column (b) must equal Form 990, Part X, line 25,	column (B))		14,477.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization's f	inancial statements that reports the organization's	liability for uncertain
tax positions under FASB ASC 740. Check here if the text of the footnote h			_
BAA	TEEA3303L 07/20/23	Sched	dule D (Form 990) 2023

Schedule D (Form 990) 2023

Par	Reconciliation of Revenue per Audited Financial Statemen	ts With R	evenue per Re	turn	·
	Complete if the organization answered "Yes" on Form 990, F	Part IV, lii	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements	,		7	2,014,458.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			igiji dij	
а	Net unrealized gains (losses) on investments	2a	125,123.		
b	Donated services and use of facilities	2b	149,360.		
С	Recoveries of prior year grants	2c	***************************************		
d	Other (Describe in Part XIII.)	2d	=======================================	i officiality	
е	Add lines 2a through 2d			2e	274,483.
3	Subtract line 2e from line 1			3	1,739,975.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			0030400	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,608.		
	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	13,608.
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	1,753,583.
Par	TXII Reconciliation of Expenses per Audited Financial Statement	nts With I	Expenses per	Retu	rn
Pat	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F	nts With I ⊃art IV, li	Expenses per ne 12a.	Retu	rn
Par 1		⊃art IV, li	ne 12a.	Retu 1	
1 2	Complete if the organization answered "Yes" on Form 990, I	⊃art IV, li	ne 12a.		z, 443, 915.
1 2	Complete if the organization answered "Yes" on Form 990, I Total expenses and losses per audited financial statements	Part IV, li	ne 12a.		
1 2 a	Complete if the organization answered "Yes" on Form 990, Form 1990, Form 1990, Form 1990, Form 1990, Part IX, line 25:	Part IV, [i:	ne 12a.		
1 2 a b	Complete if the organization answered "Yes" on Form 990, I Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Part IV, li	ne 12a.		
1 2 a b	Complete if the organization answered "Yes" on Form 990, I Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments.	2a 2b 2c	ne 12a.		
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses.	2a 2b 2c 2d	149,360.		2,443,915.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.)	2a 2b 2c 2d	149,360.	1	2,443,915. 149,360.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, Iine 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	149,360.	1 2e	2,443,915.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.	2a 2b 2c 2d 4a	149,360.	1 2e	2,443,915. 149,360.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	149,360. 13,608.	1 2e	2,443,915. 149,360.
1 2 a b c d d e 3 4 a b c	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.) Add lines 4a and 4b.	2a 2b 2c 2d 4a 4b	149,360.	1 2e 3	2,443,915. 149,360. 2,294,555.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	149,360.	1 2e 3	2,443,915. 149,360. 2,294,555.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FASB ASC 740 Footnote

The Organization is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. The Organization is also exempt from state income taxes under provisions of the California Revenue and Taxation code section 23701(d). Accordingly, these financial statements contain no provision for federal or California income taxes. The Organization believes that it has appropriate support for all tax positions taken, and does not have any uncertain tax positions that are material to the financial statements. The Organization's tax returns are subject to BAA

Part XIII Supplemental Information (continued)

Part X - FASB ASC 740 Footnote (continued)

review through three years after the date of filing for federal and four years after the date of filing for State.

BAA

TEEA3305L 07/20/23

SCHEDULE G (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization				***************************************		Employer identific	ation number
Pets Lifeline, Inc.						94-285127	9
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	quired to comp	lete this p	art.				
1 Indicate whether the organization	raised funds th	rough any	of the follo	owing activities. Check	all that	apply.	······································
a Mail solicitations			е	Solicitation of non-	governr	nent grants	
b Internet and email solicitations	5		f	Solicitation of gove	rnment	grants	
c Phone solicitations			g	Special fundraising	events		
d 🔲 In-person solicitations				_			
2a Did the organization have a written o employees listed in Form 990, Par	T VII) or entity	in connect	tion with pi	rofessional fundraising	services	5?	Yes X No
b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the	riduais or entities re organization.	s (fundraise	ers) pursua	nt to agreements under v	vhich the	fundraiser is to	be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser ly or control lbutions?	(iv) Gross receipts from activity	(or i	mount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
]	Yes	No				*****
1							
2							
3			-			Parantura de la constanta de l	
4				11//		· vanitariu	
5							Philippine
6	10.00						
7				- XXIII			
8							-
9	Politica La	***************************************					
10			and the second s				
Total			,				0.
3 List all states in which the organization or licensing.	on is registered	or licensed	to solicit co	ontributions or has been	notified	it is exempt from	registration

	Schedule G (Form 990) 2023 Pets Lifeline, Inc. 94-2851279 Page 2										
Par	tali	Fundraising Events. Complete if reported more than \$15,000 of fur and 6b. List events with gross rec	ndraising event cor	ntributions and aros	orm 990, Part IV, I s income on Form	ine 18, or 990-EZ, lines 1					
			(a) Event #1 Miracle (event type)	(b) Event #2 Tailwags & Han (event type)	(c) Other events 3 (total number)	(d) Total events (add column (a) through column (c))					
Revenue	1	Gross receipts	310,387.	182,093.	28,938.	521,418.					
D.	2	Less: Contributions	189,275.	131,825.	***************************************	321,100.					
	3	Gross income (line 1 minus line 2)	121,112.	50,268.	28,938.	200,318.					
	4	Cash prizes									
	5	Noncash prizes	***************************************								
nses	6	Rent/facility costs									
Direct Expenses	7	Food and beverages	32,543.	29,279.	4,170.	65,992.					
irect	8	Entertainment	2,000.	700.	****	2,700.					
Ω	9	Other direct expenses	58,389.	45,698.	23,745.	127,832.					
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 free	ough 9 in column (d)			196,524. 3,794.					
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	tion answered "Ye	s" on Form 990, Pa	rt IV, line 19, or re	eported more					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))					
	1	Gross revenue	11-11-11-11-11-11-11-11-11-11-11-11-11-								
Ses	2	Cash prizes	William .								
Exper	3	Noncash prizes	- MARKET	Anna 1	PROVIDE TO THE PROPERTY OF THE						
Direct Expenses	4	Rent/facility costs									
	5	Other direct expenses	1								
	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, colum	ın (d)	*****************						
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?										

TEEA3702L 06/08/23

Schedule G (Form 990) 2023

BAA

Sche	edule G (Form 990) 2023 Pets Lifeline, Inc.	94-2851279	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form administer charitable gaming?	ned to	es No
13	parameter gamming dentity considered in	1 1	
	a The organization's facility		왕
	b An outside facility.	13b	왕
14	Enter the name and address of the person who prepares the organization's gaming/special events books and r	ecords:	
	Name	· ···	
	Address		
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming r	rayanya?	Vac 🗀 Na
Ł	b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount	Yes No
	of gaming revenue retained by the third party of If "Yes " enter name and address of the third party."	and the amount	
c	c If "Yes," enter name and address of the third party:		
	Name		
		·	
	Address		
16		_	
	g warage mornaton		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain	n the	
	state gaming license?	*	Yes No
Ľ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp organization's own exempt activities during the tax year \$	ent in the	
Par	rt IV Supplemental Information. Provide the explanations required by Part L line 2	o, columns (iii) a	nd (v):
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide	le any additional	(1)/
	information. See instructions.		
ВАА	TEEA37091, 06/08/23	Schedule G (Form 990) 2023

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Pets Lifeline, Inc 94-2851279 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ... 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?.... 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.....

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

b Participate in or receive payment from a supplemental nonqualified retirement plan?
 c Participate in or receive payment from an equity-based compensation arrangement?

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

to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

b Any related organization?....

contingent on the revenues of:

a The organization?

If "Yes" on line 5a or 5b, describe in Part III.

b Any related organization?.....

If "Yes" on line 6a or 6b, describe in Part III.

contingent on the net earnings of:

a The organization?.....

Schedule J (Form 990) 2023

4a

4c

5a

5b

6a

6b

7

8

X

X

Х

Х

Page 2

94-2851279

Pets Lifeline, Inc.

Schedule J (Form 990) 2023

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and	I/or 1099-MISC and/or	Breakdown of W-2 and /or 1099-MISC and/or 1099-NEC compensation		(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	***	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benetits	columns(B)(I)-(D)	in column (b) reported as deferred on prior Form 990
Nancy King	€	150,855.	7,750.	0.	0.	11,359.	169	1 3
1 Executive Director	(ii)				[0.		00	
	Θ							
2	(ii)	. 						
	ω							
3	⊕							
	⊜			1 1				
4	(1)							
	€							
5	€							
	Θ							
9	(II)							
	€]				
	€					- 1		
	€							
8	(ii)							
	Θ							
6	€							
	€]]]	
10	(ii)						. 1	
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13	€							
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41	€							
	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	1	 	1 1 1
15	€							
	<u> </u>]
16								
ВАА			TEEA4102L 07/03/23	23			Schedule J	Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 Pets Lifeline, Inc.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Pets Lifeline, Inc.

Employer identification number

	s Lifeline, Inc.			94-	2851279		
Par	til Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash cor	(d) of determin atribution ar	ing mounts
1	Art — Works of art						
2	Art - Historical treasures						
3	Art — Fractional interests						
4	Books and publications				, , , , , , , , , , , , , , , , , , ,		
5	Clothing and household goods				"	***************************************	
6	Cars and other vehicles			***************************************		*******	
7	Boats and planes						
8	Intellectual property						
9	Securities – Publicly traded	Х	2	25,262.	FMV		
10	Securities - Closely held stock					***************************************	
11	Securities - Partnership, LLC, or trust interests.						
12	Securities - Miscellaneous						
13	Qualified conservation contribution — Historic structures	TATANIL I					
14	Qualified conservation contribution — Other						
15	Real estate - Residential			***************************************		matter	
16	Real estate — Commercial	**********					
17	Real estate — Other		160 MW-1-1-1	,			
18	Collectibles			news.		****	****
19	Food inventory.				 		
20	Drugs and medical supplies				 	Annual I	
21	Taxidermy	· · · · · · · · · · · · · · · · · · ·					
22	Historical artifacts	*****					*
23	Scientific specimens						
24	Archeological artifacts.	• •					
25		*****	· · · · · · · · · · · · · · · · · · ·	- 1011111111111111111111111111111111111			
26		**********		* ************************************			
27	Oll /	<u> </u>					
28					-		
	Number of Forms 8283 received by the organization d organization completed Form 8283, Part V, Donee	uring the tax	year for contributions for	r which the			
	5. gameston completed form 0200, Fart V, Dollee	- MONTOWIEC	igenient	*******************	29		*1
30a	During the year, did the organization receive by contri it must hold for at least 3 years from the date of the for exempt purposes for the entire holding period?	ne initial co	ntribution, and which is	n't required to be used	Annual An		No X
b	If "Yes," describe the arrangement in Part II.					ander Grandstallen	
	Does the organization have a gift acceptance police				ns? 3		<u>X</u>
	Does the organization hire or use third parties or r contributions?	elated orga	nizations to solicit, prod	cess, or sell noncash		2a	X
	If "Yes," describe in Part II.	,				All di disulta	
33	If the organization didn't report an amount in coludescribe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,		
BAA	For Paperwork Reduction Act Notice, see the Ins	tructions fo	r Form 990		Schedule I	M /Form 90	U/ 2022

Schedule M (Form 990) 2023 Pets Lifeline, Inc. 94–2851279 Page

[Part III] Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Pets Lifeline, Inc.

94-2851279

Employer identification number

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.

12/31/23		20	2023 Fe	Jera	Boc	ok Der	ederal Book Depreciation Schedule	tion S	chedı	ıle				Page 1
					Pe	Pets Lifeline, Inc.	ne, Inc.							94-2851279
No. Description	Date Acciliced	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ So. Deor.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Deor.	Method	Method <u>Life</u> Rate	Current Depr.
990/990-PF							•							
Auto / Transport Equipment														
25 Chevy Van-Donated	4/03/09		2,399							2,399	2,399	S/L	5	0
37 2004 Toyota Sienna	5/16/14		8,600							8,600	8,600	S/L	5	0
66 Emergency Service Vehicle	6/01/17		36,718							36,718	36,718	S/L		0
91 Trailer & Truck Buildout	5/20/22	'	7,000	'		ĺ				7,000	817	7//S	rs	1,400
Total Auto / Transport Equipment			54,717		0	0	0	0	0	54,717	48,534			1,400
Buildings														
81 Building	6/01/21	,	4,198,066	1						4,198,066	170,435	3/1	39	107,643
Total Buildings			4,198,066		0	0	Đ	0	0	4,198,066	170,435			107,643
Furniture and Fixtures														
61 Medi Light Floor Model	7/08/11		1,148							1,148	1,148	S/L	7	0
68 Vet Trailer Cabinet	10/24/16		4,580							4,580	4,360	S/L	7	220
69 Vet Trailer Table	10/31/16		4,744							4,744	4,520	S/L	7	224
72 Vet Trlr Wall Mount Light	3/29/17		2,879							2,879	2,569	S/L	7	310
	6/01/21		8,000							8,000	1,810	S/L	7	1,143
	6/01/21		30,000							30,000	6,786	3/L	<u>, , , , , , , , , , , , , , , , , , , </u>	4,286
93 Building Signs	10/03/22		0770							0,220	306	7 / 8		1,273
	2/28/22		6,220							6,220	740	7/S		688
	8/11/22		12,291							12,291	732	S/L	7	1,756
99 Dog Kennel Shade Awnings	4/13/22		3,831							3,831	410	S/L	7	547
	7		The same of the sa	Activities of the same	16 of the contraction of the second	the section of the section of the	-		in the state of the state of the					

12/31/23		20	2023 Federal Book Depreciation Schedule	era	Boo	k Dep	reciat	ion S	chedi	lle				Page 2
					Ped	Pets Lifeline, Inc.	ıe, İnc.	200						94-2851279
No. Description	Date Acquired	Date Solid	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reducto	Depr. Basis	Prior Depr.	Method	Method LifeRate.	Current Depr.
101 Kennel Doors	2/20/23	·	5,610							5,610		S/L	L 7	668
Total Furniture and Fixtures			94,087		0	0	0	0	0	94,087	23,751			12,155
Inprovements														
87 Septic Upgrade	4/13/22		2,074							2,074	40	S/L	L 39	23
88 Doors	6/27/22		6,530							6,530	84	S/L	L 39	167
95 Laundry to Landscape System	11/17/22		20,384							20,384	82	1/8		1,019
96 New Drip Field	2/01/22	·	7,992	I					ĺ	7,992	366	S/L	L 20	400
Total Improvements			36,980		0	0	0	0	0	36,980	575			1,639
Land														
0+b O+root 100+	60/31/2		00000							000 06				C
	20/08/9		13,271							13,271				0
Total Land		•	34,171	I	 	0	0	0	0	34,171	0			0
Machinery and Equipment														
16 Scale	8/23/99		1,614				-			1,614	1,614	J/S	. 7	0
19 Safe	11/30/05		200							200	200	1/8	. 5	0
35 Adobe Acrobat Software	7/29/14		330							330	330	S/L	m	0
	3/07/15		480							480	480	S/L		0
64 Washer	7/26/16		3,951							3,951	3,901	S/L	. 7	50
65 Dryer	11/03/16		2,856							2,856	2,720	S/L		136
70 Anesthesia Machine	1/30/17		3,323							3,323	3,048	S/L		275
	2/17/17		2,100							2,100	1,900	S/L		200
73 Lenovo Think Center	9/05/17		1,384							1,384	1,384	S/L	ro.	0
	16. No. 400 - 1. COLONIA 1-10, 1-10, 1-10, 1/1-1-1/1/1	Contract the contr			THE RESIDENCE OF THE PERSON OF		Emilian dem Paring all the control		THE PERSON OF TH	and the first are an experience for the first and the first and	the state of the s	Construction of the Section of the Section of		Company of the compan

12/31/23		20	123 Fe	dera	Boo	k Der	2023 Federal Book Depreciation Schedule	ion Sc	hedu	<u>=</u>				Δ.	Page 3
	en e	0,000			Pe	Pets Lifeline, Inc.	ne, Inc.							94-	94-2851279
No. Description	Date ————————————————————————————————————	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus –	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	MethodLifeRate	ļ	Current Depr.
74 Cell Phone	2/12/18		524							524	524	S/L	LC		0
75 Asus Laptop	8/04/17		870							870	870	S/L	2		0
78 Dell Computer Equipment	3/25/19		1,282							1,282	1,024	T/S	2		256
84 Floor Cleaner	6/01/21		4,870							4,870	1,102	S/L	7		969
85 Generator	6/01/21		93,029							93,029	7,364	S/L	20		4,651
86 Rain Harvesting System	6/01/21		16,029							16,029	1,269	J/S	20		801
89 Bionet EKG & BP Monitor	1/24/22		3,483							3,483	456	S/L			498
90 Dental Machine	3/31/22	,	5,981	ı						5,981	641	S/L	7		854
Total Machinery and Equipment			142,606		0	0	0	0	0	142,606	29,127				8,417
Miscellaneous															
										;		:			
// 6 Van Cages	4/16/18		5,849							5,849	4,319	S/L			836
92 Emergency Trailer	12/28/22		8,524							8,524		S/F	_		268
100 Vermiculture System	8/09/22	ı	5,000	1				j		2,000	417	S/L	r.		1,000
Total Miscellaneous			19,373		0	0	0	0	0	19,373	4,736				2,404
Total Depreciation		1	4,580,000	. II		0	0		0	4,580,000	277,158]	133,658
Grand Total Depreciation		11	4,580,000	II		0	0	0		4,580,000	277,158				133,658
															
															·
										Annie de la company de la comp	and the second second second second second	the street with the street of	the section of the section of the section of		

FTB 8453-EO 2023

Date Accept	ed				O NOT MAIL	THIS F	ORM TO THE FTB
TAXABLE Y	EAR Califor	nia e-file R	eturn Autho	rization for			FORM
2023		ot Organiza					8453-EO
Exempt Organiza						Identifying	number
	FELINE, INC.					94-28	351279
Part I Ele	ectronic Return In	formation (whole d	ollars only)				
2 Total o	ross receipts or unrei	lated business taxat	ole income (Form 199	, line 4 or Form 109,	line 5)	1	2,597,423.
3 Total e	xpenses and dishurse	ements (Form 199	8 or Form 109, line 14 line 9)	+)		2	1,950,107.
4 Tax du	e (Form 109, line 23)				4	2,504,687.
5 Overpa	yment (Form 109, lin	ie 24)				5	
Part II Se	ttle Your Accour	nt Electronically	for Taxable Year	2023			
6 Dir	ect Deposit of refund	(Form 109 only.)					
7 Ele	ectronic funds withdra	wal 7a Amoun	t	7b Withdrawa	al date (mm/dd/yy	/yy)	
Part III Sc	hedule of Estimated	Tax Payments for T	axable Year 2024 (The	ese are NOT installment pa	yments for the current	t amount th	ne exempt organization owes.)
			First Payment	Second Payment	Third Paym	ent	Fourth Payment
	awal Date		· · · · · · · · · · · · · · · · · · ·				
		On (Have you verifie	ed the exempt organiz	vation's banking infor	mation?)		THE STATE OF THE S
10 Routine		, , , , , , , , , , , , , , , , , , , ,		action of Edinting Whot	mation,,		***************************************
11 Accour	nt number		1	2 Type of account:	Checking	∏ Sa	avings
Part V De	claration of Office	cer					
specified in electronic fu account specurious penalti return origina correspondir organization's Tax Board (If for the tax listatements between the statements are statements and statements between the statements are statements as the statement and statements are statements as the statements are statements as the statements are statements	Part IV for the direct inds withdrawal for the cified in Part IV. es of perjury, I declare ator (ERO), transmite g lines of the exemples return is true, correct, FTB) does not receive ability and all applicate transmitted to the FTB	deposit refund agree e amount listed on I that I am an officer of er, or intermediate s t organization's 202; , and complete. If the e full and timely pay ble interest and pen B by the ERO, transm	ettled as designated in the authorization of the above exempt organization is a california electronic exempt organization is ment of the exempt organization is a california electronic exempt organization is ment of the exempt organization is a california exempt organization in the exempt organization. I authorize the a california exercice proving the california exercice proving with the california exercice exercice proving with the california exercice exercice exercice proving with the california exercice	on stated on my retuated payment amount panization and that the ne amounts in Part I or return. To the best filling a balance due or rganization's tax liab exempt organization ervice provider. If the prest at the present organization ervice provider.	irn. If I check Part Is listed on Part I information I provide agree with off my knowledge eturn, I understand ility, the exempt or return and according of the exempt of	t II, box II, line 8 ided to m the amo and belie that if th organizat mpanying torganizat	7, I authorize an from the bank y electronic punts on the ef, the exempt e Franchise ion will remain liable g schedules and on's return or
Sign				EXECUT:	IVE DIR.		
Here P. 17	Signature of officer		Date	Title			
Part VI D	eclaration of Elec	ctronic Return C	Originator (ERO) a Inization's return and	nd Paid Prepare	r. See instruction	ıs.	
organization officer's sign forms and in Authorized e exempt organ under penalt statements,	ny knowledge. (If I ai 's return. I declare, hk lature on form FTB 84 formation that I will fi lifile Providers. I will I nization return is filed, v ites of perjury, I decla	m only an intermedi owever, that form F 453-EO before trans ile with the FTB, and keep form FTB 8453 whichever is later, and are that I have exam	ate service provider, TB 8453-EO accurate mitting this return to d I have followed all of B-EO on file for four y d I will make a copy ava- ined the above exemptions.	I understand that I are y reflects the data or the FTB. I have provi- ther requirements de ears from the due da ailable to the FTB upor of organization's retu	m not responsible in the return.) I ha ded the organizat escribed in FTB P ate of the return on in request. If I am a rn and accompan	e for reviewe for obtaintion officulation officulation for four years of the parting school of the parting sch	ewing the exempt ned the organization er with a copy of all 2023 Handbook for ears from the date the aid preparer.
	ERO's GARY	WINSTON		111/00/04 [6	Check if also paid X Check self- preparer X emplo		ERO's PTIN P00244226
ERO Must	Firm's name (or vours	DREYER ACCOU	UNTANCY CORPOR			Firm's FEI	
Sign	Firm's name (or yours if self-employed) and address	811 W NAPA S				<u> </u>	87-4158158
Under negalties	of perium. Litectare that I h	SONOMA	rganization's return and acc	ampanuing cahadulae and a	CA	ZIP code	95476
are true, correct	, and complete. I make this	s declaration based on all	rganization's return and acci information of which I have	ompanying scriedules and s : knowledge.	tatements, and to the t	Jest of my I	knowledge and belief, they
Paid	Paid preparer's signature			Date	Check if self-employed		Paid preparer's PTIN
Preparer Must Sign	Firm's name (or yours if self- employed) and					Firm's FE	N
.	address					ZIP code	

Calendar Y	ear 2023 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/vyvy)	
Corporation/O	ganization name			California corporation number
PETS L	IFELINE, INC.			1116239
Additional info	mation. See instructions.			FEIN
	(suite or room)			94-2851279 PMB no.
P.O. B	OX 341			
City SONOMA			State CA	ZIP code 95476
Foreign countr	y name		Foreign province/state/county	
B Amended	rrn	not reported to the If exempt under	tion have any changes to its g he FTB? See instructions R&TC Section 23701d, has th aged in political activities?	⊕ Yes X No
• 🔲 D		See instructions		• Yes X No
E Check ac	Cash 2 X Accrual 3 Other	If "Yes." enter the	on exempt under R&TC Sections of sections of the sections of the section of the s	
	eturn filed? 1 ● 990T 2 ● 990-PF 3 ● Sch H (990)		on a limited liability company	77777777
	group filing? See instructions	Did the organizat taxable income?	tion file Form 100 or Form 10	9 to report Yes X No
H Is this or If "Yes," v	ganization in a group exemption	audited in a prior	on under audit by the IRS or I r year?	• Yes X No
			1023/1024 pending?	Yes No
		Date filed with IF	13	
Part I	Complete Part I unless not required to file this form. See Gene	ral Information	B and C.	
	1 Gross sales or receipts from other sources. From Side 2, F			1 1,020,830.
Receipts	2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts rec			2
and Revenues	 3 Gross contributions, gifts, grants, and similar amounts rec 4 Total gross receipts for filing requirement test. Add line 1 		SEESCHB. •	3 1,576,593.
	This line must be completed. If the result is less than \$50	4 2,597,423.		
	5 Cost of goods sold		***************************************	
	6 Cost or other basis, and sales expenses of assets sold		647,316.	
	7 Total costs. Add line 5 and line 6			7 647,316.
	8 Total gross income. Subtract line 7 from line 4			8 1,950,107.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, II 10 Excess of receipts over expenses and disbursements. Sub-			9 2,504,687.
	11 Total payments			10 -554,580.
	12 Use tax. See General Information K.			12
	13 Payments balance. If line 11 is more than line 12, subtract			13
D	14 Use tax balance. If line 12 is more than line 11, subtract li	ne 11 from line	12	14
Payments	15 Penalties and interest. See General Information J			15
***************************************	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the resu	<u>lt , </u>	. <i>.</i>	16 0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accommendation of preparer (other than taxpayer) is based on all in Signature of officer	panying schedules formation of which	and statements, and to the bes preparer has any knowledge. Date	st of my knowledge and belief, it is true,
	of officer EXECUTI			(707) 996-4577
Paid	Preparer's signature GARY WINSTON	Date 11/08/2	Check if self- employed	P00244226
Preparer's Use Only	Firm's name DREIER ACCOUNTANCY CORPORATION	ON		
	self-employed) OII W IVAPA ST STE A			87-4158158 • Telephone
	SONOMA, CA 95476			(707) 938-2273
	May the FTB discuss this return with the preparer shown above	? See instructi	ions	
CACA1112L C		THINNIBLA		
For	Privacy Notice, get FTB 1131 EN-SP. 059 36512	34	Form 1	99 2023 Side 1

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

		regui	diess of amount of gross receipts -	- complete Fait ii of futilisi	i substitute nnormation.	1		
		1	Gross sales or receipts from all	business activities. See in	nstructions		1	THIM I
		2	Interest				2	568.
n		3	Dividends				3	42,643.
Rece from	ipts	4	Gross rents				4	
Other		5	Gross royalties			<i>.</i> 🍙 🖥	5	
Sour	ces	6	Gross amount received from sal				6	646,311.
		7	Other income. Attach schedule.				7	331,308.
		8	Total gross sales or receipts from other	sources. Add line 1 through line	7. Enter here and on Side 1.	Part I, line 1	8	1,020,830.
		9	Contributions, gifts, grants, and similar a	mounts paid. Attach schedule			9	1,020,0001
		10	Disbursements to or for member	rs		.,., .	10	***************************************
		11	Compensation of officers, direct				11	0.
_		12	Other salaries and wages				12	1,130,787.
Expe and	nses	13	Interest				13	1713071071
Disbu	ırse-	14	Taxes				14	88,940.
ment	S	15	Rents				15	138,103.
		16	Depreciation and depletion (See				16	133,658.
		17	Other expenses and disburseme				17	1,013,199.
	1	18	Total expenses and disbursements. Add				18	2,504,687.
Sch	edule	. L	Balance Sheet	Beginning of t	***************************************	***************************************		ble year
Asse	ts		***************************************	(a)	(b)	(c)	7 (4)4	(d)
			*************************		614,941.		0	592,433.
			receivable		37,065.			462.
			eivable				•	1021
4	Invento	ries	**********				•	
5							6	
6	Investm	ients ir	n other bonds					
7	Investm	ients ii	n stock STMT 4		1,384,889.		j., •	1,124,242.
8			18 ,				6111	***************************************
			ents. Attach schedule					
			ssets			4,545,82	9.	
			ated depreciation		4,263,061.	410,81		4,135,013.
11	Land				34,171.		•	34,171.
12	Other a	ssets.	Attach schedule		9,678.		9	26,713.
13	Total a	ssets .	***************************************		6,343,805.		5235	5,913,034.
Liabi	lities a	nd n	et worth				diameter	
			able		98,146.		•	87,464.
15	Contrib	utions,	gifts, or grants payable				0	
16			tes payable	Transport of the Control of the Cont				
			yable				9	
			es. Attach schedule STM 6		5,109.			14,477.
			or principal fund		6,240,550.		3	5,811,093.
			oital surplus. Attach reconciliation					
			ings or income fund					
			es and net worth		6,343,805.			5,913,034.
-n	edule		Do not complete this schedul	e if the amount on Sched	return ule L, line 13, column	(d), is less than \$5	0,000.	
			er books	127,107.		books this year not includ	led 📖	
			e tax	***************************************		h schedule . SEE . ST	7 👨	125,123.
			ital losses over capital gains		8 Deductions in this r		73 P. C.	
					against book income		NA SE	
			lle			d line 0		402 402
5			orded on books this year not deducted Attach schedule		9 Total. Add line 7 an	d line 8		125,123.
6			e 1 through line 5	-429,457.		return. from line 6	533	- 554 500
		MM IIIK	t smough and destriction of the	-423,437.	1 Cubilact inte 5	IIIIE U		-554,580.

Side 2 Form 199 2023

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CACA1112L 01/02/24

Schedule B (Form 990)

California Copy Schedule of Contributors OMB No. 1545-0047

Schedule B (Form 990) (2023)

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

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 not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

TEEA07011 08/09/23

Schedule Name of org	B (Form 990) (2023)		1 8 Page 2
-	Lifeline, Inc.	' *	r identification number 851279
Part I			031219
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Troy and Steven Hightower P.O. Box 400 Glen Ellen, CA 95442-0400	\$ 5,350.	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
2	Jane Sinclair 290 Chase Street Sonoma, CA 95476-7155	\$81,429.	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
3	Sondra Bernstein 475 Patten Street Sonoma, CA 95476	\$15,000.	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
4	Sonoma County Community Foundation 120 Stony Point Rd, Suite 220 Santa Rosa, CA 95401	\$20,000.	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
5	Gay Hass 20000 Arnold Drive Sonoma, CA 95476-7801	\$10,095.	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>6</u>	Hearthill Foundation 2298 Pacific Avenue, #7 San Francisco, CA 94115	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
ВАА	TEEA0702L 08/09/23	<u> </u>	 Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) 8 Page 2 Name of organization Employer identification number Pets Lifeline, Inc. 94-2851279 Part III Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (a) No. (d) Type of contribution (c) Total contributions Person X 7___ Deborah Emery Payroll 1321 Heaven Hill Road 5,440. Noncash (Complete Part II for Sonoma, CA 95476-4766 noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions (d)
Type of contribution Person Alex and Elizabeth Lewt Char Trust Payroll 1515 Broadway 250,000 Noncash (Complete Part II for New York, NY 10036 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person 9___ Nancy King Payroll 18756 Deer Park Drive Noncash 6,715. (Complete Part II for noncash contributions.) Sonoma, CA 95476 (b) Name, address, and ZIP + 4 (a) No. (c)
Total contributions (d) Type of contribution Person X 10_ Lee Makapagal Payro!! 421 York Court 30,407. Noncash · (Complete Part II for Sonoma, CA 95476 noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions Type of contribution Person <u>11</u> _ Linda Morris Payroll PO Box 5766 5,000 Noncash (Complete Part II for noncash contributions.) Carefree, AZ 85377-5766 (b) Name, address, and ZIP + 4 (a) No. (d) Type of contribution (c) Total contributions Person Kevin Schuh 12_ Payroli PO_Box_1718 22,700 Noncash

BAA TEEA0702L 08/09/23

Glen Ellen, CA 95442

(Complete Part II for noncash contributions.)

Schedule Name of org	B (Form 990) (2023)	I F. Maria	3 8 Page 2
	Lifeline, Inc.	' '	851279
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _	Elaine & Graham Smith 17900 Norrbom Road	\$\$ <u>46,580</u> .	Person X 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
14_	Thelma Doelger Trust for Animals 1516 Oak Street, #318 Alameda, CA 94501	 \$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	Betty & Rod Snow 1195 Castle Road Sonoma, CA 95476	 ^{\$} <u>22,300.</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>16</u> _	Marchelle & Curt Carleton P.O. Box 1216 Kenwood, CA 95452-1216	 \$\$5,855.	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>17</u> _	Maggie Kaplan 67 Second Street East Sonoma, CA 95476-5758	 \$20,000.	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
18_	Julie & Tom Atwood PO Box 890	\$ 10,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

TEEA0702L 08/09/23

BAA

Schedule Name of org	B (Form 990) (2023)		4 8 Page 2
_	Lifeline, Inc.	' -	r identification number 851279
Partil	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>19</u> _	Kakatu Foundation 400 S. Walnut Street, Ste. 200 Muncie, IN 47305	\$ <u>8,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	Becky Christian 2250 Lyon Street San Francisco, CA 94123	\$ 30,500.	Person X Payroll
(a) No. ———	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	Dave Waldron 18756 Deer Park Drive Sonoma, CA 95476	\$ <u>11,175.</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
22_	Martha & Steve Rosenblatt 865 Fourth Street East 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
23_	Heidi Gerber 515 Este Madera Lane Sonoma, CA 95476	\$ <u>9,550</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
	Lisa Waits 429 La Quinta Lane Sonoma, CA 95476	\$ <u>8,025.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 08/09/23	S	chedule B (Form 990) (2023)

Name of organization Employer identification number Pets Lifeline, Inc. 94-2851279 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions (d) Type of contribution Person X 25 Vickie Soulier Payroll 682 William Cunningham Ave X 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 26_ Kevin & Rosemary McNeeley

600 Michael Drive

Sonoma, CA 95476

BAA

	Sonoma, CA 95476		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	Suzanne Hauer 2531 Filbert Str. San Francisco, CA 94123	\$46,000.	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
28_	Francine Brossler 370 Brockman Lane	\$5,000.	Person X Payroll Noncash

Payroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

Schedule B (Form 990) (2023)

45,000.

(b) Name, address, and ZIP + 4 (a) No. (c) Total contributions Type of contribution Person 29_ Alex Colescott Payroll 1868 Milton Rd 5,000 Noncash (Complete Part II for Napa, CA 94559 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution

Person 30_ <u>Carrie Crudup</u> Payroll 6767 Northhaven Road 5,000 Noncash (Complete Part II for Dallas, TX 75230 noncash contributions.)

TEEA0702L 08/09/23

Schedule Name of org	B (Form 990) (2023)		6 8 Page 2
-	Lifeline, Inc.		r identification number 851279
	Contributors (see instructions). Use duplicate copies of Part I if additional s		03.12.73
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
31_	Peter & Jar Drake 4200 Park Blvd Oakland, CA 94602	\$8,650.	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>32</u> _	Simone Echeguren 1600 Baker Street San Francisco, CA 94115	\$ <u>10,120</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
33_	June Fowler 800 Oregon Street, Apt. 289 Sonoma, CA 95476	\$7,384.	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>34</u> _	Scott Hale 429 Chesnut Avenue Sonoma, CA 95476	\$9,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Kimberly Hughes 300 Summit Ave Mill Valley, CA 94941	\$ 6,650.	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
i province de la companya de la comp	Audrey Kelly 19321 Osenda Ct Sonoma, CA 95476	\$ <u>10,867.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
ВАА	TEEA0702L 08/09/23		Schedule B (Form 990) (2023)

	B (Form 990) (2023)		7 8 Page 2
Name of org	Lifeline, Inc.		r identification number 851279
Part I			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u> _	Oliva Kristiansen 19385 Wyatt Rd Sonoma, CA 95476	\$ <u>5,450</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
38_	Kathleen Lawton 847 West Spain Street, Apt 12 Sonoma, CA 95476	\$ <u>15,000.</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
39_	Robert Lopez 2700 Helligan Road Glen Ellen, CA 95442	\$ 25,000.	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
40	Gordon Newman 19130 Olive Ave Sonoma, CA 95476	\$6,500.	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
41	Anne Odmann 91 Napa Rd Apt 212 Sonoma, CA 95476	\$50,000.	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
42_ BAA	Susan Ross 19360 Steuben Lane Sonoma, CA 95476-6217	\$ <u>9,255.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
DAA	TEEA0702L 08/09/23		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Schedule Name of org	B (Form 990) (2023)			8	8 Page 2
•	Lifeline, Inc.			er identification num 851279	ber
Part I		pace is needed.	J-4 Z	031219	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d Type of co) ntribution
<u>43</u> _	Pam & John Story 233 Chase St Sonoma, CA 95476	\$10,	.000.	Person Payroll Noncash (Complete Painoncash contri	X — Interpretation of the state of the sta
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d Type of co) ntribution
44	Jeanne Walker Harvey 18797 Deer Park Drive Sonoma, CA 95476	\$6	000.	Person Payroll Noncash (Complete Parnoncash contr	X C Interpretation of the state of the sta
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d Type of co) ntribution
	Susan Mon Wong 5315 Montview Blvd Denver, CO 80207	\$7,	000.	Person Payroll Noncash (Complete Parnoncash contr	X C ct II for ibutions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d Type of co) ntribution
<u>46</u> _	Department of Treasury-ERC Refunds Internal Revenue Service Cincinnai, OH 45999-0038	\$ <u>283</u> ,	590.	Person Payroll Noncash (Complete Par	X Control II for ibutions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of cor) ntribution
		\$		Person Payroll Noncash (Complete Par	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of cor) ntribution
		\$		Person Payroll Noncash	
ВАА	TEEA0702L 08/09/23			(Complete Par noncash contri	ibutions.)
	I LLAVI OLL ODIVIZO		S	chedule B (Forn	1 990) <i>(2</i> 023)

Name of organization

Pets Lifeline, Inc.

Employer identification number

reco II	retime, inc.	94-2851	279
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
25	88 shares Madrigal Pharmaceuticals, Inc.	\$ 24,662.	5/31/23
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
ВАА	TEEA0703L 08/09/23	Schedule B	(Form 990) (2023)
			• • •

Name of orga	piration		1 1 Page 4							
Pets L	ifeline, Inc.		Employer identification number 94–2851279							
Part III	Exclusively religious, charitable, e or (10) that total more than \$1,000 the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	completing Part III, enter the total or (Enter this information once See i	ations described in section 501(c)(7), (8), ontributor. Complete 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									
	1000	(e) Transfer of gift	The state of the s							
	Transferee's name, addre	ss, 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							
	NAS-L	(e) Transfer of gift								
	Transferee's name, addres	ss, 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								
	Transferee's name, addres	ss, 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								
	Transferee's name, addres		Relationship of transferor to transferee							
ВАА		TEEA0704L 08/09/23	Schedule B (Form 990) (2023)							

Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FOR	M 199		***************************************				****	
•				***			Califo	ornia co	rporatio	on number
	rs lifeline,						111	L623	9	
<u>Par</u>		xpense Certain Pro	perty Under IRC S	ection 179						
1	Maximum deduction	under IRC Section	i 179 for California.					1	7	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.					2		
3 4	Threshold cost of IR	C Section 179 prop	perty before reduct	ion in limitation		• • • • • • • • • • • • •		3		\$200,000
5	Reduction in limitation	on. Suptract line 3	from line 2. If zero	or less, enter -0				4		
- 6	Dollar limitation for	Danada year. Subtr	act line 4 from line					5		
	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost			
		***					***************************************	_		

		more.	****			****	- 1111	40000		
7	Listed property (alac	tod IDC Cooting 17	701				*****			
8	Listed property (elec	FIDC Section 170 a	9 COST)		7			3000		
9	Total elected cost of Tentative deduction.	Finter the smaller	of line 5 or line 9	ints in column (c), i	line 6 and li	ne /		8		****
10	Carryover of disallov	ved deduction from	nring 5 of lifte 5 ,	· · · · · · · · · · · · · · · · · · ·				9		
11	Business income lim	itation. Enter the s	maller of business	income (not less t	han zero) o	 r lina Б	• • • • • • • • • • • • • • • • • • • •	10	┼~	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0. hut do not enter	more than	line 11		12		
13	Carryover of disallov	yed deduction to 20	024. Add line 9 and	l line 10, less line 1	i2	13		<u> </u>	354183	
Par	t II Depreciation as	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&To	C Section 24	356		Listations	
14	(a)	(b)	(c)	(d)	(e)	(f)	1	(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or	Depreciation	Depreciation	Life or	Deprec	iation		Additional first
	or property	(IIIII/dd/yyyy)	other basis	allowed or allowable in	method	rate	this	year		year depreciation
				earlier years						depreciation
	I STREET EAST	7/16/1982	20,900.			0				
	I STREET E DE	6/30/2003	13,271.			0				
SCA		8/23/1999	1,614.	1,614.	S/L	7				
SAI		11/30/2005	500.	500.	S/L	5				
CHE	EVY VAN-DONAT	4/03/2009	2,399.	2,399.	S/L	5			1	
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not exceed					
Par	\$2,000. See instruct	ions for line 14, co	lumn (h)			15	13	3,6	58.	
	Total: If the corporat	ion is planting.		*****		MVII. II				
10	IRC Section 179 exp	ense add the amo	unt on line 12 and	line 15 column (a)) OF					
	Additional first year	depreciation under	R&TC Section 243	55 add the amoun	te on line 1	5, columns	(g) and (h	1) <u>o</u> r		
17	Depreciation (if no e	lection is made), e	nter the amount fro	om line 15, column	(a)			(⊜)	16	
18	Total depreciation of	aimed for rederal p	urposes from fede	ral Form 4562, line	22		<u>.</u>	. 📵 _	17	
	Depreciation adjustm Form 100W, Side 1, Form 100W, Side 2	line 6. If line 17 is	less than line 16.	enter the difference	e nere and here and c	on Form (0 on Form 100	0 or or	-		
	TOTTI TOOM, Stue 4,	une iz. ui camorr	ia debrectation am	IOURIS ARE USED TO (iatarmina n	et incomo h	oforo			
Parl	state adjustments or	Form 100 or Form	i 100W, no adjustn	nent is necessary).				<u> </u>	18	
19	(a)	(b)	(0)		.55	T .				
	Description	Date acquire	d (c) Cost o	r Amorti	i) ization	(e) R&TC	(f) Period	dor		(g)
	of property	(mm/dd/yyyy		sis allowed or	allowable	Section	percent			Amortization for this year
				in earlie	er years	(see instr)	w		—	
					THE STATE OF THE S					
		- 							-	*****
						ļ			—	120000
20	Total Add the amoun	nte in column (c)			******	[1	 	
21	Total. Add the amou	ino ili column (g),, almod far faderet						20		
	Total amortization of	amieu ioi rederal p	urposes from fede	rai Form 4562, line	44			21		
~~	Amortization adjustm Form 100W, Side 1,	ient. If line 21 is gi line 6. If line 21 is	eater than line 20, less than line 20	enter the difference	e here and	on Form 100	0 or			
	Form 100W, Side 2,	line 12		and the difference	· ricie allu (🍥	22		
				******		194114.74		******	-	

Corporation Depreciation and Amortization

CALIFOR	NIA	FORM
38	85	5

	ch to Form 100 or For	m 100W. FOR	4 199							
,	oration name						Calif	ornia co	rporatio	on number
	rs lifeline, 1						111:	1623	9	
<u>Par</u>		pense Certain Pro	perty Under IRC S	ection 179						
1	Maximum deduction	under IRC Section	179 for California				, , , , , , , , , ,	1	Т	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.					2	1	,
3	Inreshold cost of IR	C Section 179 prop	erty before reduct	ion in limitation				3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0				4		
- 5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zero or less,	enter -0			5		
	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost			
		****						30101		
7	Listed property (elec	ted IRC Section 17	9 cost)		7					
8	Total elected cost of	IRC Section 179 p	roperty. Add amoι	ınts in column (c), l	line 6 and I	ine 7		8	1	<u> </u>
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.					9	1	****
10 11	Carryover of disallow	ved deduction from	prior taxable year	S				10		
12	Business income lim	iltation. Enter the s	maller of business	income (not less t	han zero) o	r line 5		11		
13	IRC Section 179 exp	ense deduction. At	id line 9 and line 1	10, but do not enter	more than	ine 11		12		
Par	Carryover of disallow	d Floation of Addition	24. Add line 9 and	l line 10, less line 1	2	13				
14				reciation Deduction		C Section 24	356			
1++	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e)	(f)	((g)		(h)
	of property	(mm/dd/yyyy)	other basis	allowed or	Depreciation method	Life or rate	Deprec	lation Syear		Additional first year
				allowable in		1		, , 001	İ	depreciation
And	DBE ACROBAT S	7/29/2014	220	earlier years		-				
	IONE		330.	330.	S/L	3				
	04 TOYOTA SIE	3/07/2015	480.	480.	S/L	5				
	OI LIGHT FLOO	5/16/2014	8,600.	8,600.	S/L	5				
	HER	7/08/2011	1,148.	1,148.	S/L	7				
		7/26/2016	3,951.	3,901.	S/L	7			50.	···
15	Add the amounts in a	column (g) and col	umn (h). The total	of column (h) may	not exceed	!	1			
Parl	\$2,000. See instructi	ons for line 14, col	umn (h)			15				
16	Total: If the corporati	ion is starting			~~~					
10	-IRC Section 179 exp	ense add the amo	int on line 12 and	line 15, column (a)						
	Auditional institlear (lebreciation under	R&TC Section 243	56 add the amoun	te an lina 1	5, columns	(g) and (h	h) or	ĺ	
1 7	Debieciation (ii 130 6)	ection is made), et	nter the amount fro	om line 15. column	(a)			(@)	16	
17 18	Total depreciation cla	almed for federal p	urposes from fede	ral Form 4562, line	22			. 🎯 🛚	17	***
	Depreciation adjustm Form 100W, Side 1, Form 100W, Side 2	line 6, If line 17 is gr	eater than line 16, less than line 16	enter the difference enter the difference	e here and	on Form 10	0 or			
	TOTAL TOTAL CIUC Z.	11115 12. III GANIUUII	a debreciation am	א אז הבסוו בזב סזמוותו	otormina n	at inaama h				
Part	state adjustinents on	Form 100 or Form	100W, no adjustn	nent is necessary).				. (3)	18	
19		7/ 3			TANK	T	****			
13	(a) Description	(b) Date acquired	(c) Cost o	r Amorti		(e)	_ (f)			(g)
	of property	(mm/dd/yyyy)	other bas			R&TC Section	Period percent			Amortization for this year
				in earlie	r years	(see instr)		5		ioi tilis year
	74700									
					1800					
	774-00									
		1								
20	Total. Add the amour	nts in column (g)						20	T	····
21	Total amortization cla	aimed for federal p	urposes from feder	ral Form 4562, line	44			21		****
22	Amortization adjustm Form 100W, Side 1, I	ent. If line 21 is gr	eater than line 20,	enter the differenc	e here and	on Form 10	0 or			
	Form 100W, Side 1, I	มาย b. If line 21 is l ine 12	ess than line 20, a	enter the difference	here and o	n Form 100	or _			
	Form 100W, Side 2, I	1115 14,					<u>.</u>	22	Щ	

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7621234

FTB 3885 2023

CACA3501L 12/30/23

2023	Coth	oration De	preciation a	na Amortizat	ion				3885
Attach to Form 1 Corporation name	00 or Form	100W. FOR	М 199					***	
•							Califo	ornia corp	oration number
PETS LIFEL							1111	.6239	
Part Elect	ion To Expe	ense Certain Pro	operty Under IRC S	ection 179					
1 Maximum o	leduction ur	nder IRC Section	n 179 for California.					1	\$25,00
2 Total cost o	of IRC Section	on 179 property	placed in service.	************	· · · · · · · · · · · · · · · · · · ·			2	
3 Threshold of Reduction i	cost of IRC S	Section 179 pro	perty before reduct	ion in limitation				3	\$200,00
5 Dollar limit	n ilmitation.	Subtract line 3	from line 2. If zero	or less, enter -0					
6	ation for tax	able year. Subt	ract line 4 from line	1. If zero or less,				5	
	(a) Des	scription of property		(b) Cost (business	use only)	(c) Electe	d cost		
	******	· · · · · · · · · · · · · · · · · · ·	····	1977		*****			
7 Listed prop	/	LIDO O U							r Brazilia de de desido de
8 Total electe	erty (elected	IRC Section 1	79 cost)		7				
9 Tentative d	eduction Fr	to Section 179 p	property. Add amou	ınts in column (c),	line 6 and t	ine 7		8	
10 Carryover o	if disallowed	deduction from	Of line 5 of line 8,					9	····
11 Business in	come limita	tion Enter the	r prior (axable year	s income (not less t				10	
12 IRC Section	179 expen	se deduction. A	dd line 9 and line 1	0, but do not enter	nan zero) o	r line 5		11	
13 Carryover of	f disallowed	deduction to 2	024. Add line 9 and	l line 10, less line 1	more man	110e 1		12	7.036 erreid milione mostenti davimus
Part II Depre	ciation and I	Election of Addit	ional First Year Den	reciation Deduction	Under D.C.	C Section 243	EG	1	
14 (a)		(b)	(c)	(d)	(e)				4.
Descript of prope		Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	(f) Life or rate	Deprec	g) iation fo year	(h) Additional first year depreciation
DRYER	11	1/03/2016	2,856.	2,720.	S/L	7		13	<u> </u>
EMERGENCY	SERVI (6/01/2017	36,718.	36,718.	S/L	5			<u> </u>
VET TRAILE	R CAB 10	0/24/2016	4,580.	4,360.	S/L	7		220	n
VET TRAILE		0/31/2016	4,744.	4,520.	S/L	7		224	
ANESTHESIA	MACH]	1/30/2017	3,323.	3,048.	S/L	7	********	275	
\$∠,000. See	: instruction:	umn (g) and co s for line 14, co	lumn (h). The total	of column (h) may	not evceed		YAHILE		
Part III Sumn	nary			***************************************				**	
Depreciation Total depreciation Depreciation Form 100W, Form 100W, state adjusti	179 expens rst year dep (if no elect clation claim adjustmen Side 1, line Side 2, line	se, add the amo preciation under tion is made), e ned for federal p nt. If line 17 is e 6. If line 17 is e 12. (If Califorr	enter the amount from the purposes from feder reater than line 16, less than line amount from the feder reater than line and the feder reater than line amount from the feder rectains are reater than line and feder rectains and feder rectains and feder rectains are rectains and feder rectains and f	line 15, column (g) 56, add the amoun om line 15, column ral Form 4562, line enter the difference ounts are used to cont is necessary).	ts on line 1 (g) 22 te here and chere a	on Form 100	or	(8) 14	7
Part IV Amor	ization							<u> </u>	
	a)	(b)	(c)	(6	I)	(e)	(f)		(g)
of pr	cription operty	Date acquire (mm/dd/yyyy	d Cost or other bas		allowable	R&TC Section (see instr)	Periód percent		Amortization for this year
Wall	****					7,000			7.00
20 Total. Add tl	ne amounts	in column (g).				<u> </u>	********	20	
21 Total amorti	zation claim	ned for federal n	urposes from feder	al Form 4562, line	л				
22 Amortization Form 100W,	r adiustmen:	t. If line 21 is g e 6. If line 21 is	reater than line 20	enter the difference enter the difference	a haua aual	F 100		21	

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Corno	ration name	rm 100W. FOR	M 199						
-							Califor	nia corporat	tion number
	S LIFELINE,						1114	6239	
Par 1		xpense Certain Pro	perty Under IRC S	Section 179					
1 2	Maximum deduction	under IRC Section	າ 179 for California					1	\$25,000
	Total cost of IRC Se	ction 1/9 property	placed in service.					2	***
3	inreshold cost of IR	C Section 179 proj	perty before reduct	ion in limitation			Ĭ	3	\$200,000
4	Reduction in limitati	on. Subtract line 3	from line 2. If zero	or less, enter -0			, .	4	
	Dollar limitation for	taxable year. Subti	act line 4 from line	1. If zero or less,	enter -0	<i>.</i>	<i>, </i>	5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe		de de de de de de de de de de de de de d	ng kaling pangangan ng m
-							· · · · · · · · · · · · · · · · · · ·		
			***	1111					
7	Listed property (elec	ted IRC Section 17	79 cost)	<u> </u>	7				
8	Total elected cost of	IRC Section 179 r	roperty Add amou	ints in column (c)	ino 6 and li	no 7		0	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8	sines in columns (c), i	iiile o asiu ii	iile 7,		8 9	
10	Carryover of disallov	ved deduction from	prior taxable year	······································		• • • • • • • • • • • • • • • • • • • •			THE THE TANK
11	Business income lim	nitation. Enter the s	maller of business	income (not less t	han zoro) o		******	10	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line '	IO but do not entor	mara than	line 5.,,,		11	······
13	Carryover of disallow	ved deduction to 20)24 Add line 9 and	line 10 less line 1		11ne 11		12	7150 (2000) 11:00 (2002) 200 (2002) 11:00 (2002)
Part	II Depreciation ar	nd Election of Addit	ional First Year Den	reciation Deduction	Index DOT	Caption 24	nec.		
14	(a)	(b)				1 """	330	***	1
	Description	Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g Deprecia) tion for	(h)
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this y		Additional first year
				allowable in			"""	-	depreciation
AUT	OCLAVE	2/17/2017	0 100	earlier years					
	TRLR WALL M		2,100.	1,900.	S/L	7		200.	
		3/29/2017	2,879.	2,569.	S/L	7		310.	
	OVO THINK CE	9/05/2017	1,384.	1,384.	S/L	5			
	L PHONE	2/12/2018	524.	524.	S/L	5			
ASU	S LAPTOP	8/04/2017	870.	870.	S/L	5			
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not evceed		****		
	\$2,000. See instructi	ons for line 14, col	umn (h)	· · · · · · · · · · · · · · · · · · ·		15			
rait	III Summary			*****					
16	Total: If the corporat	ion is electing:	1000	1001	*****				T"
	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 el	lection is made) e	nter the amount fro	56, add the amoun	ts on line 15	5, columns ((g) and (h)	or .	
17	Total depreciation cla	aimed for federal n	urnnses from fede	ral Form 4560 line	(9)	• • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		
18	Depreciation adjustm	ent. If line 17 is ar	eater than line 16	enter the difference	44		(9 17	····
	Depreciation adjustm Form 100W, Side 1, Form 100W, Side 2	line 6. If line 17 is	less than line 16,	enter the difference	here and o	on Form 100	or or		
		mic it. in camon	ia ucorecianion am	DHOS Are used to d	iatarmina ni	at Inaama ki	ntara	_	
Part	state adjustments on IV Amortization	FOITH TOU OF FORM	i 100W, no adjustn	nent is necessary).			(9 18	
19		765							
1.0	(a) Description	(b) Date acquired	(c) Cost or	(a		(e)	_ (f)		(g)
	of property	(mm/dd/yyyy)				R&TC Section	Period of percentage		Amortization
				in earlie		(see instr)	percenta	ye	for this year
						1	nu-		
							1000		
									, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
									
20	Total. Add the amour	nts in column (a)	··· · · · · · · · · · · · · · · · · ·						
21	Total amortization of	aimed for fodore! =	urnaga form for			• • • • • • • • • • • • •		20	
22	Total amortization cla	anated for rederal b	urboses trom teder	ai Form 4562, line	44		· · · · · · · · · · <u> </u>	21	
Z.C. ,	Amortization adjustm Form 100W, Side 1, I	ent. If line 21 is gr	eater than line 20,	enter the difference	e here and o	on Form 100	or	-	
	Form 100W, Side 2, I	ine 12	ress triatt BHE 20, 6	inter the difference	nere and or	n Form 100	or	,,	
	<u> </u>		*************				🌒	22	***

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	ch to Form 100 or For	m 100W. FOR	M 199						****	
							Califo	rnia cor	poratio	n number
Par	TS LIFELINE, 1						111	6239	}	
<u> </u>		pense Certain Pro	perty Under IRC S	ection 179						
2	Maximum deduction	under IRC Section	1 1/9 for California.					1		\$25,000
3	Total cost of IRC Se	Ction 179 property	placed in service.		• • • • • • • • • • • • • • • • • • • •			2		
4	Threshold cost of IR	C Section 1/9 prop	perty before reduct	ion in limitation				3	<u> </u>	\$200,000
5	Reduction in limitation	on. Oubliact line 3 avable upar Cubb	rrom line 2. If zero	or less, enter -0		• • • • • • • • • • • • • •		4		
6	Dollar limitation for t	Description of property	act line 4 from line			1		5	*0.5-0.022	
	(a)	pescription or property	*****	(b) Cost (business	use only)	(c) Electe	d cost			
					****	*****				
7	1:-1-1		****							
8	Listed property (elec	ted IRC Section 17	'9 cost)		7					
9	Total elected cost of	Enter the average	roperty. Add amou	ints in column (c), i	line 6 and li	ne 7		8		
10	Tentative deduction.	Enter the smaller	of line 5 or line 8.					9		
11	Carryover of disallow	itation Enter the	prior taxable year	S,				10		
12	Business income lim	ense deduction. A	dd line O and line 1	Income (not less t	nan zero) o	r line 5		11	ļ	
13	IRC Section 179 exp Carryover of disallow	ed deduction to 20	uu iiile 9 anu iine i 22 Add Iine 0 aas	U, but do not enter	more than	line 11		12	Sileiniti	failus poparata (failus acartes
Par	t II Depreciation an	nd Election of Addit	ional First Year Den	reciation Deduction	Under DOT	15 Continu 04	TC.			
14	(a)	(b)	(c)	(d)	T					
	Description	Date acquired	Cost or	Depreciation	(e) Depreciation	(f) Life or	Deprecia	g) ation f	for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate		year	0	vear
		{		allowable in earlier years					1	depreciation
6 7	/AN CAGES	4/16/2018	5,849.	4,319.	S/L	7			_	
	LL COMPUTER E	3/25/2019	1,282.	1,024.	S/L	5		83		
	LDING	6/01/2021	4,198,066.	170,435.	S/L		1.01	25		
	VOODEN CONFER	6/01/2021	8,000.	1,810.	S/L	39		7,64		
	CUBICLES	6/01/2021	30,000.	6,786.	S/L	7 7		$\frac{1,14}{1,00}$		
			***************************************					4,28	ь.	***
,,,	Add the amounts in a \$2,000. See instruction	ons for line 14 col	umn (n). The total	of column (h) may	not exceed	15				
Par	III Summary		anın (1)	*******		15				
	Total: If the corporati	ion is electina:		*****	. 701111		~			
	IRC Section 179 exne	ense add the amo	unt on line 12 and	line 15, column (g)	or				- 1	
	Additional first year of Depreciation (if no el	aebreciation under	R&TC Section 243	56 add the amount	te on lina 11	5, columns (g) and (h)) or	ĺ	
17	Total depreciation cla	aimed for federal n	urnoses from fodo	on tine 15, column	(g)				6	
18	Depreciation admistm	ent Ifline 17 is a	aster than line 16.	antar the difference					7	
	TOTTI TOUVY, SINE Z. I	ille 12. ur Californ	ia debreciation am	Aunts are used to a	ietarmina n	at inaama b	afava	٦.	_	
Parl	state adjustments on IV Amortization	1 01111 100 01 1 0111	i 100W, no aujustii	ient is necessary).				① 1	8	
19	(a)	(b)	(c)	(0	<u></u>	(-)				
	Description	Date acquire	d Costo	Amorti:		(e) R&TC	(f) Period	or		(g)
	of property	(mm/dd/yyyy	other bas	is allowed or	aliowable	Section	percenta			Amortization for this year
			7700	in earlie	r years	(see instr)				
							*****			77V
						,,,,,,	·········			

20	Total Add the emeric	ala in a lunua (a)	1,00							
21	Total. Add the amoun	ns in column (g)						20		
	Total amortization cla	anned for federal p	urposes from fedei	al Form 4562, line	44			21		
ZZ	Amortization adjustm Form 100W, Side 1, I	ent. If line 21 is gr ine 6. If line 21 ic	eater than line 20,	enter the difference	e here and	on Form 100	or			
	Form 100W, Side 2, I	ine 12	aidii iiile 20, t	andr the uniterence	nere and o	ii Form 100	or , 🚳	22		
		30000	*****							*****

CACA3501L 12/30/23

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2023 Cd	2023 Corporation Depreciation and Amortization							
Attach to Form 100 or Form	orm 100W. FOR	M 199		****	****			3885
		100				Californi	a corpora	ation number
PETS LIFELINE,						1116	239	
Part I Election To E	Expense Certain Pr	operty Under IRC S	Section 179					
THE RESERVE AND ADDRESS OF THE PERSON OF THE	n under IRC Sectio	⊓ 179 for California					1	\$25,00
	ection 179 property RC Section 179 pro	placed in service.					2	
3 Threshold cost of II 4 Reduction in limitar 5 Dollar limitation for	tion Subtract line 3	from line 2 if zer	ion in limitation				3	\$200,00
5 Dollar limitation for	taxable vear Subt	ract line A from line	or less, enter -O			· · · · · · · · <u> </u>	4	
6 (a) Description of property	race sine of norming					5	C. District versions and an experience
			(b) Cost (business	use only)	(c) Electe	a cost		
		***	<u> </u>					
	····				***************************************			man action me
	7000		1		·	101		
7 Listed property (ele	cted IRC Section 1	79 cost)	<u> </u>	7	***			
 otal elected cost of 	of IRC Section 179	property Add amou	inte in column (a)	line 6 and	line 7		8	
a remaile deduction	i. Enter the smaller	of line 5 or line 8					9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
oanyover of disalio	wea aeauction fron	n prior taxable vear	·s			<u> </u>	0	
- A BROWNESS INCOME III	mitation. Enter the	Smaller of business	s income (not less t	han zero) a	ar lina 5	1 4	1	****
TE THO Section 179 ex	heuse aganction. A	idd ilne 9 and line 1	10. but do not enter	more than	line 11		2	
15 Carryover of disalio	wed deduction to 2	024. Add line 9 and	iline 10 less line i	12	12			
14 (a)			reciation Deduction	Under R&T	C Section 243	356		
Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciati this ye	on for ar	(h) Additional first year depreciation
FLOOR CLEANER	6/01/2021	4,870.	1,102.	C/T	 		CO.C.	
GENERATOR	6/01/2021	93,029.			7		696.	
RAIN HARVESTING	6/01/2021	16,029.	1,269.		20		651.	
SEPTIC UPGRADE	4/13/2022	2,074.	40.	S/L	39		801. 53.	
DOORS	6/27/2022	6,530.	84.	S/L	39		<u> </u>	
15 Add the amounts in \$2,000. See instruct	column (g) and co	lumn (h). The total	of column (h) may				107.	
Cit III Summary					15			ļ
 Total: If the corporal IRC Section 179 exp Additional first year Depreciation (if no experiment) Total depreciation of Depreciation adjustr Form 100W, Side 1, Form 100W, Side 2, state adjustments of the section 150 per 1	pense, add the amodepreciation under election is made), elaimed for federal pennent. If line 17 is gline 6. If line 17 is line 12, (If Californ	enter the amount fro purposes from feder reater than line 16, less than line 16, and the determined from	on the amount in the interest of the interest of the content of th	ts on line 1 (g) 22 te here and of	on Form 100 อก Form 100		16	
state adjustments or Part IV Amortization	11 01111 100 01 1 0111	1 100W, 110 adjustir	tent is necessary).			<u>.</u>	18	
19 (a)	(b)	(c)			1 / / / /			
Description of property	Date acquire (mm/dd/yyyy	d I Costor		zation allowable	(e) R&TC Section (see instr)	Period or percentage		(g) Amortization for this year
100				111111				
					ļ			
			-					
Total. Add the amou	nts in column (a)				<u> </u>			
21 Total amortization cl	aimed for federal n	urnoses from foder	ral Form 4560 15		* * * * * * * * * * * * * * * * * * * *	20		
Amortization adjustn Form 100W, Side 1, Form 100W, Side 2,	1ent. If line 21 is gr line 6. If line 21 is	eater than line 20, less than line 20, e	enter the difference enter the difference	e here and here and c	on Form 100 on Form 100) or or		

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Corporation Depreciation and Amortization

CALIFORNIA FORM

		epreciation a	nd Amortizat	tion			3885
Attach to Form 100 or Form Corporation name	rm 100W. FOF	M 199					**************************************
PETS LIFELINE,	TNC					California o	orporation number
		operty Under IRC S	Section 170			111623	}9
1 Maximum deduction	n under IRC Section	n 179 for California					405 000
2 Folar Cost of IRC Se	ection 1/9 property	placed in service					\$25,000
J Threshold Cost of It	KC Section 1/9 pro	perty before reduct	tion in limitation			[]	
Treduction in filling	ion. Subtract line 3	from line 2. If zero	or less, enter -0-			1	THE TOUTOU
C	Description of present	ract line 4 from line					
\(\alpha\)	Description of property		(b) Cost (business	use only)	(c) Electe	ed cost	
	7101 TO			1816			
7 Listed property (ele	cted IRC Section 1	79 cost)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7			
8 Total elected cost of	f IRC Section 179	property, Add amou	ints in column (c)	line 6 and	line 7	8	
a remanive deduction	. Enter the smaller	of line 5 or line 8 .				<u> </u>	
y v v v v v v v v v	wed deduction fron	1 prior taxable year	S			10	
Business income linIRC Section 179 exp	nitation. Enter the Dense deduction. A	silialier of pusiness dd line 9 and line 1	s income (not less t	han zero)	or line 5		
13 Carryover of disallo	wed deduction to 2	024. Add line 9 and	10, but up 110t enter 1 line 10 less line 1	more than	13	12	SUI in nuissanti (can piece dun ésa mesanne
Part II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 24	356	
14 (a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method		Depreciation this year	for Additional first
BIONET EKG & BP	1/24/2022	3,483.	456.	S/L	7	4	98.
DENTAL MACHINE	3/31/2022	5,981.	641.	S/L	 		54.
TRAILER & TRUCK		7,000.	817.	S/L	5	1,4	
EMERGENCY TRAIL		8,524.		S/L	15		68.
BUILDING SIGNS	8/03/2022	6,220.	370.	S/L	7	8	89.
15 Add the amounts in	column (g) and co	lumn (h). The total	of column (h) may	not exceed	ו		
\$2,000. See instruct Part III Summary	ions for fine 14, co	iumn (л)			15		
16 Total: If the corporal IRC Section 179 exp Additional first year Depreciation (if no e	ense, add the amo	ount on line 12 and R&TC Section 243	line 15, column (g)	or ts on line 1	5, columns ((g) and (h) or	
11 Total debreciation of	aimed for federal g	ourposes from feder	ral Form 4562 line	22		⋒ Г	16 17
18 Depreciation adjustn Form 100W, Side 1, Form 100W, Side 2, state adjustments or	nent, if line 17 is g line 6, If line 17 is line 12, (If Californ	reater than line 16, less than line 16, on the depreciation am	enter the difference enter the difference	e here and here and	on Form 100	0 or or	
art IV Amortization							18
19 (a) Description of property	(b) Date acquire (mm/dd/yyyy			zation allowable	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
					1,,		
					1		
						7/1-1	
20 T-1-2 A L L L				****			
20 Total. Add the amount21 Total amortization of:	nts in column (g)					20	
	airned for federal p	urposes from feder	al Form 4562, line	44		21	
22 Amortization adjustry Form 100W, Side 1, Form 100W, Side 2,	nent. If line 21 is gi line 6. If line 21 is line 12	eater than line 20, less than line 20, e	enter the difference	e here and here and o	on Form 100 on Form 100	or or © 22	
2011, 0140 2,	15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		.,			(1) 22	

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CALIFORNIA FORM

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	2	c	5	c)	C	•
	J	()	())

יד סידישנ	IFELINE,	TNO					Calit	fornia cor	poration number
			operty Under IRC S				11:	16239)
	mum deduction	under IRC Section	179 for California	Section 179		**			
2 Total	cost of IRC Se	ection 179 property	nlaced in service					1	\$25,0
3 Thres	shold cost of IF	C Section 179 pro	nerty hefore reduct	tion in limitation			• • • • • • • • • • • • • • • • • • • •	2	
4 Reduc	ction in limitati	on. Subtract line 3	from line 2. If you	o or less, enter -0	• • • • • • • • • • • •	• • • • • • • • • • •		. 3	\$200,0
5 Dollar	r limitation for	taxable vear Subt	ract line 4 from ting	e 1. If zero or less,			• • • • • • • •	4	
6	(a)	Description of property		(h) O (h	enter -0			5	
		- 2 3 octopator of property	***	(b) Cost (business	use only)	(c) Elect	ed cost		
	7.00	****		· 					
	······································	····					****		

7 Listed	1 property (ole	stad IDO O - di - t	70	<u> </u>					
Total	elected cost of	FIDC Section 170	/9 cost)	• • • • • • • • • • • • • • • • • • • •	7				
Tental	tive deduction	Enter the avertice	property. Add amou	unts in column (c),	line 6 and li	ne 7		8	
Carry	over of disallo	rod doduction from	of line 5 or line 8.	······································				9	
1 Busine	ess income lin	ved deduction itom	i prior taxable year	'S				10	
RC S	ection 179 evr	ntation. Linter the s	sinaner of pusiness	s income (not less t	han zero) o	r line 5		11	***
3 Carryo	over of disallor	ved deduction to 2	uu mie 9 and ine . 124 Add line 0 and	10, but do not enter d line 10, less line	more than	line 11		12	
irt II	Depreciation a	nd Election of Addit	ional First Voar Don	reciation Deduction	12	13			
1	(a)	(b)			Under R&TC	Section 24	356		
	escription	Date acquired	(c) Cost or	(d) Depreciation	(e)	(f)		(g)	(h)
of	property	(mm/dd/yyyy)	other basis	allowed or	Depreciation method	Life or rate	Deprec	lation f Vear	
				allowable in		, , , , ,	""	year	year depreciatior
ITT.DTN	G SIGNS	10/03/2022	0 564	earlier years					
			8,564.	306.	S/L	7		1,22	3.
	P FIELD	11/17/2022	20,384.	85.	S/L	20		1,01	9.
		2/07/2022	7,992.	366.	S/L	20)	40	0.
	G SIGNS	2/28/2022	6,220.	740.	S/L	7	·	88	9.
	R BUILDI	8/11/2022	12,291.	732.	S/L	7		1,75	
Add th	e amounts in	column (g) and co	umn (h). The total	of column (h) may	not exceed		1		
ΨΖ,000	J. See mstructi	ons for line 14, co	umn (h)	· · · · · · · · · · · · · · · · · · ·		15			
1 (111)	oummary					***************************************			
IRC Se	ection 179 avn	ion is electing:	und an E 10	1.					***
				line 15, column (g) 56, add the amoun			(a) 1 ().	.	İ
		overon is made, c	ince allocate in	aru iiiie ib collimb	((1)			(கை) 1 ம	s
i Otal u	acpieciation de	anneu ior regeral c	Urnoses from feder	ral Form 1660 lina	22			$ \widetilde{\bullet} _{1}$	
Depred	ciation adjustm	ent. If line 17 is g	eater than line 16,	enter the difference	e here and	on Form 10	0 or		·
Form 1	100W, Side 2,	line 12. (If Californ	iess than line 16, e	enter the difference ounts are used to c	here and or	Form 100	oi.		
	adjustments on	Form 100 or Form	100W, no adjustm	nent is necessary).	iereimme ne	t income b	etore	(A) 10	
rt IV 🛭	Amortization		<u> </u>						9
)	(a)	(b)	(c)	(d	15	(e)	(6)	т	7 -3
	Description of property	Date acquire	1 Cost or	Amorti	zation	R&TC	(f) Period	lor	(g) Amortization
	or property	(mm/dd/yyyy	other bas	is allowed or in earlie		Section	percent	age	for this year
				in earlie	i years	(see instr)			
									
							<u></u>		
			1				***		
7724	***								
	776						***		
Total	Add the						wn		
Total. A	Add the amour	its in column (g)						20	141
TOTAL ST	moruzation cia	ilmed for federal p	urposes from feder	al Form 4562, line	44			20 21	
TOTAL ST	moruzation cia	ilmed for federal p	urposes from feder	al Form 4562 line.	44				
Amortiz	zation adjustm 00W. Side 1. I	ilmed for federal p ent. If line 21 is gr ine 6. If line 21 is	urposes from feder eater than line 20,	al Form 4562, line enter the difference	44 e here and d	 n_Form_10	 0 or	21	

059

7621234

FTB 3885 2023

CACA3501L 12/30/23

3885

WYPS TTTTTTTMT	T170					Californ	nia corpora	tion number
ETS LIFELINE, art! Election To F						111(6239	
	xperise Certain Pr	operty Under IRC S	Section 179	··	· · · · · · · · · · · · · · · · · · ·			
mannan acadego	ortion 170 propert	II 179 for California					1	\$25,
Total cost of IRC Search Threshold cost of IF Reduction in limitat	C Section 179 property	placed in service.				· · · · · ·	2	
Reduction in limitat	ion. Subtract line 1	from line 2 If zon	nontation				3	\$200,
Dollar limitation for	taxable year. Sub	ract line 4 from line	of less, enter -u-,			· · · · · ·	4	
(a)	Description of property	A STOLL THE THE STOLL THE	1. II Zero or iess,	enter -0			5	
			(b) Cost (business	use only)	(c) Electe	d cost		
	···		 					
		······································	-					
					· · · · · · · · · · · · · · · · · · ·			
Listed property (elec	ted IRC Section 1	70 coct)						
Total elected cost of	IRC Section 179	property Add amou	mta in actions 2.3	7				
Tentative deduction	Enter the smaller	of line 5 or line 9	ints in column (c),	line 6 and li	ne 7		8	
Carryover of disallor	wed deduction from	nrior tavable year					9	
Business income (in	nitation. Enter the	smaller of business	5		· · · · · · · · · · · · · · · · · · ·		10	
IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	income (not less t	ilian zero) o	r line 5		11	
Carryotor or distinct	veu deduction to 2	U44. Agg line 4 and	! line 10 lece line 1	10	to I		12	15013-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15
rt II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under P&TO	Section 24	DEC .		
(a)	(b)	(c)	(d)	T				ı
Description of property	Date acquired	Cost or	Depreciation	(e) Depreciation	(f) Life or	(g) Deprecia) tion for	(h) Additional f
or property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this y	ear	year
			earlier years	}				depreciatio
G KENNEL SHAD	4/13/2022	3,831.	410.	S/L	7		E 47	
RMICULTURE SY	8/09/2022	5,000.	417.	S/L	5		547.	
NNEL DOORS	2/20/2023	5,610.		S/L	7	Т	,000.	
				5/1			668.	
			**					
Add the amounts in	column (g) and co	lumn (h). The total	of column (b) may	not overed				
φ <u>r,σσσ. σσσ πισιταστ</u>	ons for line 14, co	lumn (h)	······································	not exceed	15			
Cin Outlinary			<u> </u>					****
Total: If the corporat	on is electing:		7,			****		
IRC Section 179 exp Additional first year of Depreciation (if no e								
							XI-19-1	
	ent. If line 17 is a	eater than line 16,	enter the difference	e here and i	on Form 100		17	
Depreciation adjustm	100 E 16 15- 17 9	lace than line 16 -			. F 100	or	1 1	
Form 100W, Side 1, Form 100W, Side 2	ine 6. If line 17 is ine 12. (If Californ	ia denreciation am	inter the difference	here and or	i Loum 100			
Form 100W, Side 1, Form 100W, Side 2, state adjustments on	ine 6. If line 17 is ine 12. (If Californ Form 100 or Form	ia depreciation am	enter the difference ounts are used to d ent is necessary)	here and or letermine ne	et income be	efore	2) 10	
Form 100W, Side 1, Form 100W, Side 2, state adjustments on t IV Amortization	line 6. If line 17 is line 12. (If Californ Form 100 or Form	ia depreciation amin 100W, no adjustm	enter the difference ounts are used to dent is necessary)	here and or letermine ne	et income be	efore (18	
Form 100W, Side 1, Form 100W, Side 2, state adjustments on t IV Amortization	Form 100 or Form	100W, no adjustm	ent is necessary))	et income be	otore	18	/= \
Form 100W, Side 1, Form 100W, Side 2, state adjustments on t IV Amortization (a) Description	Form 100 or Form (b) Date acquired	(c)	ent is necessary) (d Amortiz) zation	(e) R&TC	(f)		(g)
Form 100W, Side 1, Form 100W, Side 2, state adjustments on tV Amortization	Form 100 or Form	(c)	ent is necessary) (d Amortiz allowed or	i) zation allowable	(e) R&TC Section	otore	r	(g) Amortization for this year
Form 100W, Side 1, Form 100W, Side 2, state adjustments on IV Amortization (a) Description	Form 100 or Form (b) Date acquired	(c)	ent is necessary) (d Amortiz	i) zation allowable	(e) R&TC	(f) Period o	r	Amortization
Form 100W, Side 1, Form 100W, Side 2, state adjustments on IV Amortization (a) Description	Form 100 or Form (b) Date acquired	(c)	ent is necessary) (d Amortiz allowed or	i) zation allowable	(e) R&TC Section	(f) Period o	r	Amortization
Form 100W, Side 1, Form 100W, Side 2, state adjustments on IV Amortization (a) Description	Form 100 or Form (b) Date acquired	(c)	ent is necessary) (d Amortiz allowed or	i) zation allowable	(e) R&TC Section	(f) Period o	r	Amortization
Form 100W, Side 1, Form 100W, Side 2, state adjustments on IV Amortization (a) Description	Form 100 or Form (b) Date acquired	(c)	ent is necessary) (d Amortiz allowed or	i) zation allowable	(e) R&TC Section	(f) Period o	r	Amortization
Form 100W, Side 1, Form 100W, Side 2, state adjustments on t IV Amortization (a) Description	Form 100 or Form (b) Date acquired	(c)	ent is necessary) (d Amortiz allowed or	i) zation allowable	(e) R&TC Section	(f) Period o	r	Amortization
Form 100W, Side 1, Form 100W, Side 2, state adjustments on t IV Amortization (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basi	ent is necessary) (d Amortiz allowed or in earlier	zation allowable r years	(e) R&TC Section (see instr)	(f) Period o percentag	re	Amortization
Form 100W, Side 1, Form 100W, Side 2, state adjustments on t IV Amortization (a) Description of property Total. Add the amour	(b) Date acquired (mm/dd/yyyy) ts in column (g)	(c) Cost or other basi	ent is necessary) (d Amortiz allowed or in earlier	zation allowable r years	(e) R&TC Section (see instr)	(f) Period o percentag	r e	Amortization
Form 100W, Side 1, Form 100W, Side 2, state adjustments on t IV Amortization (a) Description of property Total. Add the amour Total amortization cla	(b) Date acquire (mm/dd/yyyy) ts in column (g)	(c) Cost or other basi	is allowed or in earlier	zation allowable r years	(e) R&TC Section (see instr)	(f) Period o percentag	r e	Amortization
Form 100W, Side 1, Form 100W, Side 2, state adjustments on (a) Description of property Total. Add the amour Total amortization adjustments Form 100W, Side 1, I	(b) Date acquirer (mm/dd/yyyy) Its in column (g) imed for federal present. If line 21 is greater to the filips 21 is greater.	(c) Cost or other basis	is all owed or in earlier all Form 4562, line 4 enter the difference	zation allowable r years	(e) R&TC Section (see instr)	(f) Period o percentag	r e	Amortization
Form 100W, Side 1, Form 100W, Side 2, state adjustments on (a) Description of property Total. Add the amour	(b) Date acquirer (mm/dd/yyyy) Its in column (g) imed for federal present. If line 21 is greater to the filips 21 is greater.	(c) Cost or other basis	is all owed or in earlier all Form 4562, line 4 enter the difference	zation allowable r years	(e) R&TC Section (see instr)	(f) Period o percentag	r e e	Amortization

023	California Stateme	nts		Page
	Pets Lifeline, Inc.			94-285127
Statement 1 Form 199, Part II, Line 7 Other Income Income from Special Events Other Income Program Service Revenue				200,318. 734. 130,256. 331,308.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Tractional Compensation of Officers.	Title and Average Hours	Total	hution to	Expense Account/
Name and Address Frank Espina 19484 Riverside Drive Sonoma, CA 95476	Per Week Devoted Treasurer 1.00	<u>sation</u> \$ 0. \$	EBP & DC	Other
Yvonne Hall 154 West Spain Street, Unit E Sonoma, CA 95476	Secretary 1.00	0.	0.	C
Robert Lerner P.O. Box 341 Sonoma, CA 95476	Director 1.00	0.	0.	0
Toni Casamento P.O. Box 949 Kenwood, CA 95452	Director 1.00	0.	0.	C
Cynthia Frank 309 France Avenue Sonoma, CA 95476	Director 1.00	0.	0.	0
Ken Wayne P.O. Box 341 Sonoma, CA 95476	Director 1.00	0.	0.	0
Olivia Kristiansen P.O. Box 341 Sonoma, CA 95476	Executive Dir. 41.00	0.	0.	0
Jane Hutchinson 20735 5th Street East Sonoma, CA 95476	Director 1.00	0.	0.	0
Larry Krieger 739 Austin Avenue	Vice President 1.00	0.	0.	0

023	California Stater	nents			Page 2
	Pets Lifeline, Inc				94-285127
Statement 2 (continued) Form 199, Part II, Line 11 Compensation of Officers, Director	s, Trustees and Kev Employe	200			
Current Officers:	, marco amarto, improye	.43			
Name and Address	Title and Average Hours Per Week Devote	Com	pen- but.	ntri- ion to	Expense Account/ Other
Marchelle Carleton P.O. Box 1216 Kenwood, CA 95452	President 2.00	\$	0. \$	0.	
Deborah Emery 1321 Heaven Hill Road Sonoma, CA 95476	Director 1.00		0.	0.	0.
Tiffany Newman 19130 Olive Avenue Sonoma, CA 95476	Director 1.00		0.	0.	0.
Laura Zimmerman 1707 Denmark Street Sonoma, CA 95476	Director 1.00		0.	0.	0.
Bob Holloway 309 France Ave. Sonoma, CA 95476	Director 1.00		0.	0.	0.
Suzanne Maloney 99 Cavedale Rd Sonoma, CA 05476	Director 1.00		0.	0.	0.
Gary Umholtz 353 Saunders Drive Sonoma, CA 95476	Director 1.00		0.	0.	0.
	Tota	al <u>\$</u>	0. \$	0.	3 0.
Statement 3 Form 199, Part II, Line 17 Other Expenses Accounting Fees Advertising and Promotion Automobile Expenses Bad Debt (Unfulfilled Pledge Bank & Merchant Fees Information Technology Insurance Investment management fees Legal Fees Office Expenses Other Employee Benefit Other Expenses Other Expenses Other Expenses Other Expenses Other Expenses Other Expenses Other Expenses Other Expenses Other Expenses Other Insurance Other Expenses Other Expenses Other Expenses Other Insurance Other)				35,249. 18,236. 3,702. 15,000. 9,316. 13,183. 26,551. 13,608. 3,392. 15,611. 140,513. 27,711. 140,181. 7,056.

2023	California Statements	Page
	Pets Lifeline, Inc.	94-285127
Statement 3 (continued) Form 199, Part II, Line 17 Other Expenses		
Shelter Direct Expenses Special Event Expenses Travel.	To	312,660. 196,524. 3,985. tal \$ 1,013,199.
Statement 4 Form 199, Schedule L, Line 7 Investments in Stocks		
Mutual Funds	Tota	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Statement 5 Form 199, Schedule L, Line 1 Other Assets	2	
Prepaid Expenses and De	ferred ChargesTota	26,713. 1 <u>\$ 26,713.</u>
Statement 6 Form 199, Schedule L, Line 18 Other Liabilities	3	
Credit Card Payables	Tota	1 \$ 14,477.
Statement 7 Form 199, Schedule M-1, Line Income Recorded on Books N	7 ot on Return	
Net Unrealized Loss on 1	Investments Total	\$ 125,123. \$ 125,123.

STATE OF CALIFORNIA RRF-1 (Rev. 01/20/2024) IN

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 WEBSITE ADDRESS:

WEBSITE ADDRESS: Www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE PAGE 1 of 5	
(For Registry Use Only)	

				extensions wat be i	nonorea.			
PETS LIFELINE, INC.				Check if:				
Name of Organization	***	7. VII. VII. VII. VII. VII. VII. VII. VI		Change of				
List all DBAs and names the organization use	s or has used			J ——	on requests email			
P.O. BOX 341 Address (Number and Street)					*** ****			
SONOMA, CA 95476 City or Town, State, and ZIP Code				State Charity	Registration Numb	per <u>049475</u>		
(707) 996–4577 Telephone Number	OLIV	A@PETSLIFELINE.OF	₹Ğ	Corporation o	r Organization No.	1116239		
	Email Add			Federal Empl	oyer ID No. 94-	2851279		
ANNOAL REC	MOHANICIE	RENEWAL FEE SCHEDULE Make Check Payable to D	E (11 C	lai Code Rene	cactions 201 201	7, and 310)	······	
Total Revenue	Fee	Total Revenue		Fee	Total Revenue			
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 and \$1 Between \$1,000,001 and \$ Between \$5,000,001 and \$	5 milli	n \$100 ion \$200	Between \$20,000, Between \$100,000 Greater than \$500	0,001 and \$500 mil	ion :	1,000
PART A – ACTIVITIES		, , , , , , , , , , , , , , , , , , ,	20 11111	mon \$400	Greater than \$500	million		1,200
For your most recent full acc	ounting perio	od (beginning1/01	/23	ending	12/31/23	\ liats		
Total Revenue \$			***			_) list:		
		3. Noncash Contribution	s \$_	25,2	262. Total Ass	ets \$ 5,91	3,0	34.
Program Expe	nses \$	1,008,566.	T	otal Expenses	\$ <u>2,504,</u>	687.		ļ
PART B - STATEMENTS RI	EGARDING	ORGANIZATION DUE	RING	THE DEDI	OD OF THE PE	·non-		
Note: All questions must be answ providing an explanation an	ered. If you a	nswer "yes" to any of the q	uestic	ons below, you	must attach a se	PORI		
1 During this reporting period, were there a		eden yes response. Fleas	e revi	ew RRF-1 inst	TUCTIONS for inform	nation vocational	Yes	No
		, , , , , , , , , , , , , , , , , , , ,	uu uny	mancial interest:		rector or		X
2 During this reporting period, was there an	y theft, embezzie	ment, diversion or misuse of the or	ganizat	ion's charitable pro	operty or funds?			図
3 During this reporting period, were								X
4 During this reporting period, were coventurer used?	the services	of a commercial fundraiser, fun	ıdraisi	ng counsel for	charitable purposes, or	commercial		X
5 During this reporting period, did t	he organizati	On receive any government:	al fun	ding?				
					SEE	STATEMENT 1	X	
6 During this reporting period, did t	he organizati	on hold a raffle for charitabl	le pur	poses?				X
7 Does the organization conduct a					·		П	<u> </u>
B Did the organization conduct an in generally accepted accounting pri	ndependent a	udit and prepare audited fir	nancia	al statements in	n accordance with] [
	· · · · · · · · · · · · · · · · · · ·	training portou.					X	
At the end of this reporting period								X
declare under penalty of perjury that and belief, the content is true, corre	nat I have exa ect and comp	mined this report, includin lete, and I am authorized to	g acc	ompanying do	cuments, and to t	he best of my kno	wledo	je
ligables of A. Ib.	OLIV	A KRISTIANSEN	E.	XECUTIVE	מדת			
ignature of Authorized Agent	Printed Na	nme	Titi	le	DIK.	Date		

CAEA9801L 06/12/24

2023	California Statements	Page 1
	Pets Lifeline, Inc.	94-2851279
Statement 1 Form RRF-1, Part B, Lind Government Agency Tha	e 5 at Provided Funding	
Department of the T Internal Revenue Se Cincinnati, OH 4599 Employee Retention	reasury	
		Í

Date _No				1				בייי ביייי פיייים בספע בכלים בכוובמחום	ביב				Page 1
Description 199		Chalenco application of the problem		Pet	Pets Lifeline, Inc.	ne, Inc.		i				0,	94-2851279
Form 199	Date Solii	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec, Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Deor.	Method	Rate	Current
													nian
Auto / Transport Equipment													
25 Chevy Van-Donated 4/03/09		2.399											
37 2004 Toyota Sienna 5/16/14		8,600							2,399	2,399	S/L	rs i	0
		36,718							8,50UU	8,600	7/S	rv r	0
91 Trailer & Truck Buildout 5/20/22	ı	7,000	į						7,000	30,716	3/r 8/r	ഹ	1.400
Total Auto / Transport Equipment		54,717		0	 				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•	
Buildings					•	•	5	>	04,/1/	48,534			1,400
81 Building 6/11/21		20 000 1											
	I	4,100,000							4,198,066	170,435	S/L 3	39	107,643
Total Buildings		4,198,066		0	0	0	0	0	4.198.066	170.435		J	107 649
Furniture and Fixtures										1			250,701
61 Medi Light Floor Model 7/08/11		1.148							;				
68 Vet Trailer Cabinet 10/24/16		4.580							1,148	1,148		7	0
69 Vet Trailer Table 10/31/16		4.744							4,580	4,360		7	220
72 Vet TrIr Wall Mount Light 3/29/17		2.879							4,744	4,520		7	224
82 2 Wooden Conference Tables 6/01/21		8,000							6/9/7	2,569		_	310
83 3 Cubicles 6/01/21		30,000							onno's	טוס,ו		, ,	1,143
		6,220							30,000	08/,0			4,286
		8,564							0,22,0	9/0) 7/S		688
		6,220							400.00	900			1,223
		12,291							0,22U 19 201	0 4 /			688
99 Dog Kennel Shade Awnings 4/13/22		3,831							167,231	/32			1,756
									3,831	410	S/L 7		547

12/31/23		20%	2023 California Book Depreciation Schedule	forn	ia Bo	ook De	preci	ation	Schec	lule				Page 2
		But the second part of the second			Pe	Pets Lifeline, Inc.	le, Inc.						J.	94-2851279
							į							
.Mo	Date ————Acquired	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Deor.	Prior Dec. Baf. Denr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr	Mother C	<u></u>	Current
101 Kennel Doors	2/20/23	,	5,610	ı	[5,610		S/L		
Total Furniture and Fixtures			94,087		0	0	0			94 087	93 751			
improvements										oo'to	10/67			(2,135
87 Septic Upgrade	4/13/22		9.074											•••
88 Doors	6/27/22		5.530							2,074	40	S/L	39	53
95 Laundry to Landscape System	11/17/22		20.384							6,530	84	S/L	39	167
96 New Drip Field	2/01/22		7,992							20,384	85	7/3	20	1,019
Total Improvements		ı	200	1	'					1006		3/L	∂	400
			35,380		0	0	0	0	0	36,980	575			1,639
Land														
	7/16/82		20,900							20.900				C
2 8th Street E Demolition	6/30/03	ļ	13,271	l						13,271				0
Totai Land			34,171		0	0			 c	121 160			ı	
Machinery and Equipment							,	.	>	- 	5			0
16 Scale	8/23/99		1,614							-		;	·	
19 Safe	11/30/05		200							4)0,1	1,614	7/S	_	0
35 Adobe Acrobat Software	7/29/14		330							2000	100 S	3/5	. م <u>ا</u>	0
36 iPhone	3/07/15		480							330 193	33 <u>0</u>	ZVL.	m	0
64 Washer	7/26/16		3,951							480	480		ر د	0
65 Dryer	11/03/16		2,856							106,6	3,301		~ 1	20
70 Anesthesia Machine	1/30/17		3,323							0,030	02/'7		,	136
71 Autoclave	2/17/17		2,100							3,725	3,048		- 1	275
73 Lenovo Think Genter	9/05/17		1.384							2,100	08,1		_	200
			ļ							1,384	1,384	Z/S	5	0
														·
	the second secon	The same of the sa	emiliar estimates	Constitution of the con-	200	the second of the former of the for		Control or spine or service of					i	

12/31/23		20;	2023 California Book Depreciation Schedule	forni	a Bo	ok De	precia	ition §	Sched	ule				Page 3
	Andrews of the Control of the Contro	And the second second		e delicano e appear	Pe	Pets Lifeline, Inc.	ne, Inc.	į	į					94-2851279
	ż		:		Cur	Special	Prior 179/	Prior	Salvade					
No. — Description	Date ————————————————————————————————————	Sold	Cost/ Basis	Bus. Pet	179 Bonus –	Depr. Allow.	Sp. Depr.	Dec. Bal. Depr.	/Basis Reducto	Depr. Basis	Prior Depr.	Method Life	Life Rate	Current Depr.
	2/12/18		524							524	524	1/8	ري.	
	8/04/17		870							870	870	. IS	י וכי	· c
	3/25/19		1,282							1.282	1024	5	у с	000
	6/01/21		4,870							4.870	1 102	7 5	۰ د	007
85 Generator	6/01/21		93,029							03.075	7 36 7	7/6	~ 6	969
86 Rain Harvesting System	6/01/21		16,029							15,000	1,304	3/5	? ;	4,651
89 Bionet EKG & BP Monitor	1/24/22		3.483							670'01	692'	S/L	50	80
90 Dental Machine	3/31/22		5,981							3,483	456	ZVS SVL	7	498
		'		l						198'6	94	S/L	_	854
Total Machinery and Equipment			142,606		0	0	0	0	0	142.606	29.127			0 417
Miscellaneous											i			11+60
	:													
// o vail cages	4/16/18		5,849							5,849	4,319	S/L	7	838
92 Emergency Trailer	12/28/22		8,524							8,524		7	. <u>75</u>	200
100 Vermiculture System	8/09/22	l	2,000							2,800	417	S/L	رى دى <u>د</u>	1,000
Total Miscellaneous			19 373	[
		ļ			•	5	ɔ	>	>	19,3/3	4,736			2,404
Total Depreciation		II	4,580,000		0					4,580,000	277,158			133,658
Grand Total Depreciation		II.	4,580,000	i	0	0	0	0	0	4,580,000	277,158			133,658
														
	restant de la presenta de la company		West or the second seco		Office serges controlled		the same process and the same process are			Stand for my Authorities organic Cape	Bearing more as well in passes	<u> </u>		