

EXTENDED TO NOVEMBER 15, 2022

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

2021

Open to Public Inspection

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.

A For the 2021 calendar year, or tax year beginning and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">PASADENA HUMANE</div> <div style="border: 1px solid black; padding: 2px;">Doing business as</div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 361 SOUTH RAYMOND AVENUE</div> <div style="border: 1px solid black; padding: 2px;">City or town, state or province, country, and ZIP or foreign postal code PASADENA, CA 91105-2607</div> <div style="border: 1px solid black; padding: 2px;">F Name and address of principal officer: MARSHALL BOHANNON 361 S. RAYMOND AVE, PASADENA, CA 91105</div>
D Employer identification number <div style="border: 1px solid black; padding: 2px;">95-1643344</div>	
E Telephone number <div style="border: 1px solid black; padding: 2px;">626-792-7151</div>	
G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">17,430,402.</div>	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.PASADENAHUMANE.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1903 M State of legal domicile: CA	

Part I Summary	
1 Briefly describe the organization's mission or most significant activities: <u>COMPASSIONATE CARE FOR ALL ANIMALS</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 13
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 147
	6 Total number of volunteers (estimate if necessary) 6 686
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 237,988.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 5,469,257. Current Year 9,917,089.
	9 Program service revenue (Part VIII, line 2g) 4,295,230. 4,697,194.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 851,117. 1,858,136.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 671,819. 790,819.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,287,423. 17,263,238.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,827,470. 8,269,064.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,343,966.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,579,903. 6,274,980.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,407,373. 14,544,044.	
19 Revenue less expenses. Subtract line 18 from line 12 -2,119,950. 2,719,194.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 43,474,828. End of Year 46,749,038.
	21 Total liabilities (Part X, line 26) 2,835,975. 3,066,382.
	22 Net assets or fund balances. Subtract line 21 from line 20 40,638,853. 43,682,656.

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here Paid Preparer Use Only	<div style="border: 1px solid black; padding: 2px;">Signature of officer </div> <div style="border: 1px solid black; padding: 2px;">MARSHALL BOHANNON, VP ADMINISTRATION</div> <div style="border: 1px solid black; padding: 2px;">Type or print name and title</div>
<div style="border: 1px solid black; padding: 2px;">Date 11-14-22</div>	
<div style="border: 1px solid black; padding: 2px;">Print/Type preparer's name ARIC G. WONG, CPA</div> <div style="border: 1px solid black; padding: 2px;">Preparer's signature ARIC G. WONG, CPA</div> <div style="border: 1px solid black; padding: 2px;">Date 11/11/22</div> <div style="border: 1px solid black; padding: 2px;">Check if self-employed <input type="checkbox"/> PTIN P01898062</div>	
<div style="border: 1px solid black; padding: 2px;">Firm's name ▶ KROST CPAS & CONSULTANTS</div> <div style="border: 1px solid black; padding: 2px;">Firm's EIN ▶ 95-3653314</div> <div style="border: 1px solid black; padding: 2px;">Firm's address ▶ 225 SOUTH LAKE AVENUE, SUITE 400 PASADENA, CA 91101</div> <div style="border: 1px solid black; padding: 2px;">Phone no. 626-449-4225</div>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
COMPASSIONATE CARE FOR ALL ANIMALS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,622,471. including grants of \$) (Revenue \$ 3,943,555.)
IN 2021, THE ANIMAL SHELTER HANDLED 4,988 ANIMALS AND PLACED 100% OF HEALTHY AND SAFE ANIMALS. ELEVEN CITIES ARE SERVED: ALTADENA, ARCADIA, BRADBURY, GLENDALE, LA CANADA, LA CRESCENTA-MONTROSE, MONROVIA, PASADENA, SAN MARINO, SIERRA MADRE, GLENDALE, AND SOUTH PASADENA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
THE SOCIETY SPONSORS A PROGRAM TO EDUCATE THE PUBLIC ON THE PROPER CARE AND HANDLING OF ANIMALS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
THE SOCIETY SPONSORS A SPAY/NEUTER PROGRAM.

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

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

4e Total program service expenses **11,622,471.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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 ☐

	Yes	No
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?	X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 147		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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	X	
4a 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		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
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).			
a 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		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e 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
g 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?	7h	X	
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?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Form 990 (2021)

PASADENA HUMANE

95-1643344 Page **6**

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
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	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
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	15a		X	
b Other officers or key employees of the organization	15b		X	
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			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
POLLY AHADZADEH - 626-792-7151
361 S. RAYMOND AVE., PASADENA, CA 91105

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLAUDIA DUVERNET PRESIDENT & CEO	37.50			X				289,419.	0.	26,000.
(2) MATTHEW TOSCANO CHIEF VETERINARIAN	38.00			X				191,137.	0.	5,940.
(3) KRISTINA LAMAS VP OF PHILANTHROPY & COMMUNICATION	38.00			X				176,007.	0.	5,481.
(4) MARSHALL BOHANNON VP OF ADMIN	37.50			X				170,331.	0.	5,340.
(5) JADE SALCIDO VETERINARIANS	38.00					X		135,755.	0.	16,357.
(6) JACK HAGERMAN VP OF COMMUNITY ENGAGEMENT	37.50						X	137,624.	0.	7,909.
(7) MARIA PYRDEK VETERINARIANS	38.00					X		129,890.	0.	13,182.
(8) MIA A DUNN SENIOR DIRECTOR OF PHILANTHROPY	38.00					X		114,837.	0.	10,245.
(9) POLLY AHADZADEH CONTROLLER	37.50					X		112,670.	0.	3,669.
(10) NEMESIO ARTEAGA DIRECTOR OF FIELD SERVICES	37.50					X		111,330.	0.	1,519.
(11) SARA MURIELLO VP OF PROGRAMS & SERVICES	37.50			X				104,478.	0.	7,250.
(12) ROBERT FIDLER DIRECTOR EMERITUS	1.00	X						0.	0.	0.
(13) WETA MATHIES DIRECTOR EMERITUS	1.00	X						0.	0.	0.
(14) JEAN COSTANZA DIRECTOR	1.00	X						0.	0.	0.
(15) JOHN BERGER DIRECTOR	1.00	X						0.	0.	0.
(16) CAROL KIRBY DIRECTOR	1.00	X						0.	0.	0.
(17) PETE SIBERELL VICE CHAIRMAN	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIC HEER TREASURER	1.00	X						0.	0.	0.
(19) BEVERLY C. MARKSBURY CHAIRMAN	1.00	X						0.	0.	0.
(20) KARLA C. BERENTSEN SECRETARY	1.00	X						0.	0.	0.
(21) LISA A. KENYON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,673,478.	0.	102,892.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,673,478.	0.	102,892.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Form 990 (2021)

PASADENA HUMANE

95-1643344 Page **9**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,917,089.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 152,862.				
	h Total. Add lines 1a-1f			9,917,089.			
Program Service Revenue	Business Code						
	2 a SERVICE CONTRACTS			3,943,555.	3,943,555.		
	b LICENSE SALES			239,816.	239,816.		
	c ADOPTION FEES			212,442.	212,442.		
	d WELLNESS CLINIC			208,896.	208,896.		
	e SERVICE FEES			35,045.	35,045.		
	f All other program service revenue			57,440.	57,440.		
	g Total. Add lines 2a-2f			4,697,194.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			406,951.			406,951.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		6a	161,999.				
		b Less: rental expenses	6b	0.			
	c Rental income or (loss)	6c	161,999.				
	d Net rental income or (loss)			161,999.		161,999.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		7a	1,451,185.				
		b Less: cost or other basis and sales expenses	7b	0.			
	c Gain or (loss)	7c	1,451,185.				
	d Net gain or (loss)			1,451,185.			1451185.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a	552,831.				
b Less: direct expenses	8b	0.					
c Net income or (loss) from fundraising events			552,831.			552,831.	
9 a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
	10a	228,590.					
b Less: cost of goods sold	10b	167,164.					
c Net income or (loss) from sales of inventory			61,426.		61,426.		
Miscellaneous Revenue	Business Code						
	11 a DAYCARE INCOME		812900	9,698.		9,698.	
	b MISC INCOME		812900	4,865.		4,865.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			14,563.			
12 Total revenue. See instructions			17,263,238.	4,697,194.	237,988.	2410967.	

132009 12-09-21

Form **990** (2021)

14261111 791189 8994

10
2021.05000 PASADENA HUMANE

8994__1

Form 990 (2021)

PASADENA HUMANE

95-1643344 Page 10

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	914,371.	641,132.	108,335.	164,904.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,376,026.	5,585,211.	377,408.	413,407.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	405,907.	341,667.	29,372.	34,868.
9 Other employee benefits	572,760.	492,351.	37,002.	43,407.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	185,819.	107,407.	40,587.	37,825.
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	59,209.	56,842.	2,367.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,210.	1,179.	26.	5.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,853.	5,626.	2,092.	1,135.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,443,373.	1,182,495.	204,154.	56,724.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a INSURANCE - GM	809,741.	710,527.	49,314.	49,900.
b REPAIRS AND MAINTENANCE	663,814.	443,476.	158,806.	61,532.
c INSURANCE - WORKERS COMP	356,082.	231,904.	105,709.	18,469.
d VET HEALTH	352,948.	344,924.	8,024.	
e All other expenses SEE SCH O	2,393,931.	1,477,730.	454,411.	461,790.
25 Total functional expenses. Add lines 1 through 24e	14,544,044.	11,622,471.	1,577,607.	1,343,966.
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)

132010 12-09-21

Form 990 (2021)

11

14261111 791189 8994

2021.05000 PASADENA HUMANE

8994__1

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,444,872.	1	3,645,759.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	440,427.	3	1,000,000.
	4 Accounts receivable, net	332,513.	4	243,217.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	78,824.	8	77,540.
	9 Prepaid expenses and deferred charges	285,382.	9	263,372.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,904,118.		
	b Less: accumulated depreciation	10b 11,311,933.		
	11 Investments - publicly traded securities	23,070,233.	10c	22,592,185.
	12 Investments - other securities. See Part IV, line 11	16,753,688.	11	18,886,007.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	68,889.	14	40,958.
16 Total assets. Add lines 1 through 15 (must equal line 33)	43,474,828.	15	46,749,038.	
Liabilities	17 Accounts payable and accrued expenses	1,296,892.	16	1,353,988.
	18 Grants payable		17	
	19 Deferred revenue	18,020.	18	5,500.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,521,063.	24	1,706,894.
	26 Total liabilities. Add lines 17 through 25	2,835,975.	25	3,066,382.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26
27 Net assets without donor restrictions		40,333,672.	27	43,345,834.
28 Net assets with donor restrictions		305,181.	28	336,822.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			29	
29 Capital stock or trust principal, or current funds			30	
30 Paid-in or capital surplus, or land, building, or equipment fund			31	
31 Retained earnings, endowment, accumulated income, or other funds		40,638,853.	32	43,682,656.
32 Total net assets or fund balances		43,474,828.	33	46,749,038.
33 Total liabilities and net assets/fund balances				

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,263,238.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,544,044.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,719,194.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,638,853.
5	Net unrealized gains (losses) on investments	5	324,609.
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, column (B))	10	43,682,656.

Part XII Financial Statements and Reporting

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

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		Yes	No
	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?			X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2020. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6791538.	8031857.	5820065.	5440036.	9917089.	36000585.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4637121.	4746465.	5979669.	5523792.	6939198.	27826245.
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	11428659.	12778322.	11799734.	10963828.	16856287.	63826830.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						63826830.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	11428659.	12778322.	11799734.	10963828.	16856287.	63826830.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	269,182.	306,217.	382,329.	323,595.	406,951.	1688274.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	269,182.	306,217.	382,329.	323,595.	406,951.	1688274.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	11697841.	13084539.	12182063.	11287423.	17263238.	65515104.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	97.42 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	97.32 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	2.58 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	2.68 %

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section 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 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2** Activities Test. Answer lines 2a and 2b below.
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section 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		
b Average monthly cash balances	1b		
c 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):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Schedule A (Form 990) 2021

PASADENA HUMANE

95-1643344 Page 7

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

PASADENA HUMANE

Employer identification number

95-1643344

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 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 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2021

132051 10-28-21

Schedule D (Form 990) 2021

PASADENA HUMANE

95-1643344 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization 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 value
1a Land		3,487,138.		3,487,138.
b Buildings		26,639,310.	8,223,152.	18,416,158.
c Leasehold improvements				
d Equipment		2,403,377.	1,945,489.	457,888.
e Other		1,374,293.	1,143,292.	231,001.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,592,185.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

PASADENA HUMANE

95-1643344 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, 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		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE LIABILITY -	
(3) NON-CURRENT	52,210.
(4) CAPITAL LEASE, CURRENT	23,814.
(5) PPP LOAN	1,630,870.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,706,894.

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

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	17,587,847.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	324,609.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	324,609.
3	Subtract line 2e from line 1	3	17,263,238.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,263,238.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,544,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	14,544,044.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,544,044.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE SOCIETY BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

PASADENA HUMANE

Employer identification number
95-1643344

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☒ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☒ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

Total

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	WIGGLE WAGGLE WALK (event type)	1 (total number)	
Revenue	1 Gross receipts	173,054.	231,986.	147,791.	552,831.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	173,054.	231,986.	147,791.	552,831.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				552,831.
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____ ☐ Yes ☐ No

a Is the organization licensed to conduct gaming activities in each of these states? _____ ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

Supplemental Information area with horizontal lines for text entry.

**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

2021

Open to Public
Inspection

Name of the organization

PASADENA HUMANE

Employer identification number

95-1643344

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

2 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?

3 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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)-(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.

[illegible]

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.

Area with horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2021Open to Public
Inspection

- ▶ **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.**

Name of the organization

PASADENA HUMANE

Employer identification number

95-1643344

Part I	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	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	4	8,706.	ARTIST VALUE
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		4,401.	THRIFTSHOP VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	2	1,050.	DONOR PRICING
19	Food inventory	X	14	41,998.	ONLINE PRICING
20	Drugs and medical supplies	X	6	1,780.	ONLINE PRICING
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MISCELLANEOUS)	X	44	61,997.	ONLINE OR DONOR PRICING
26	Other ▶ (ANIMAL SUPPLIES)	X	13	32,930.	ONLINE PRICING
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2021

Part II

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

PASADENA HUMANE

Employer identification number
95-1643344

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11B EXPLANATION - THE TAX RETURN IS APPROVED BY THE AUDIT COMMITTEE
BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE INDIVIDUAL BOARD OF DIRECTORS DISCLOSES ALL CONFLICTS OF INTEREST, PER
ITS POLICY, ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE VP OF ADMINISTRATION DOES AN ANNUAL REVIEW OF "COST OF LIVING" DATA AND
PRESENTS THIS INFORMATION TO THE PRESIDENT. AT A DETERMINATION MEETING
WITH THE PRESIDENT AND VP OF ADMINISTRATION - A DECISION IS MADE WHAT THE
SALARY INCREASE PERCENTAGE WILL BE BASED ON COST OF LIVING DATA - ANNUAL
PERFORMANCE REVIEW AND EXEMPLARY ACCOMPLISHMENTS IN PREVIOUS YEAR. THESE
SALARY INCREASES ARE THEN PRESENTED IN THE FORM OF THE NEXT YEAR'S ANNUAL
BUDGET. THE BUDGET IS THEN PRESENTED TO THE FINANCE COMMITTEE AND THEN TO
THE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL.

CEO / HAS AN ANNUAL PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS AND THEY
DETERMINE AT THIS TIME WHAT HER COMPENSATION/ BONUS AND/ OR ADDITIONAL
BENEFITS WILL BE FOR THE FOLLOWING YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

ALTHOUGH FEDERAL TAX LAWS DO NOT REQUIRE SUCH DOCUMENTS BE MADE PUBLICLY
AVAILABLE (UNLESS THEY WERE INCLUDED ON A FORM THAT IS PUBLICLY AVAILABLE),
THE SOCIETY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST DURING NORMAL

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

PASADENA HUMANE

Employer identification number

95-1643344

BUSINESS HOURS.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

UTILITIES:

PROGRAM SERVICE EXPENSES	170,299.
MANAGEMENT AND GENERAL EXPENSES	58,963.
FUNDRAISING EXPENSES	22,757.
TOTAL EXPENSES	252,019.

INSURANCE-GENERAL:

PROGRAM SERVICE EXPENSES	142,155.
MANAGEMENT AND GENERAL EXPENSES	32,531.
FUNDRAISING EXPENSES	17,830.
TOTAL EXPENSES	192,516.

SUPPLIES - OTHER:

PROGRAM SERVICE EXPENSES	166,861.
MANAGEMENT AND GENERAL EXPENSES	13,961.
FUNDRAISING EXPENSES	4,716.
TOTAL EXPENSES	185,538.

PRINTING:

PROGRAM SERVICE EXPENSES	16,148.
MANAGEMENT AND GENERAL EXPENSES	9,880.
FUNDRAISING EXPENSES	143,694.
TOTAL EXPENSES	169,722.

INVESTMENT FEES:

Name of the organization	Employer identification number
PASADENA HUMANE	95-1643344

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	164,534.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	164,534.

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	148,347.
MANAGEMENT AND GENERAL EXPENSES	6,726.
FUNDRAISING EXPENSES	821.
TOTAL EXPENSES	155,894.

GIFT IN KIND:

PROGRAM SERVICE EXPENSES	152,862.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	152,862.

SOFTWARE:

PROGRAM SERVICE EXPENSES	55,694.
MANAGEMENT AND GENERAL EXPENSES	38,959.
FUNDRAISING EXPENSES	25,404.
TOTAL EXPENSES	120,057.

POSTAGE & SHIPPING:

PROGRAM SERVICE EXPENSES	26,664.
MANAGEMENT AND GENERAL EXPENSES	9,667.
FUNDRAISING EXPENSES	80,908.
TOTAL EXPENSES	117,239.

Schedule O (Form 990) 2021

Page 2

Name of the organization	PASADENA HUMANE	Employer identification number	95-1643344
--------------------------	-----------------	--------------------------------	------------

EVENT EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,745.
FUNDRAISING EXPENSES	105,672.
TOTAL EXPENSES	112,417.

TELEPHONE:

PROGRAM SERVICE EXPENSES	65,093.
MANAGEMENT AND GENERAL EXPENSES	29,069.
FUNDRAISING EXPENSES	6,605.
TOTAL EXPENSES	100,767.

VEHICLE REPAIRS AND MAINTENANCE:

PROGRAM SERVICE EXPENSES	92,507.
MANAGEMENT AND GENERAL EXPENSES	2,394.
FUNDRAISING EXPENSES	89.
TOTAL EXPENSES	94,990.

PARKING:

PROGRAM SERVICE EXPENSES	64,445.
MANAGEMENT AND GENERAL EXPENSES	14,914.
FUNDRAISING EXPENSES	8,185.
TOTAL EXPENSES	87,544.

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	41,321.
MANAGEMENT AND GENERAL EXPENSES	21,934.

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021

Page 2

Name of the organization

PASADENA HUMANE

Employer identification number

95-1643344

FUNDRAISING EXPENSES	12,092.
----------------------	---------

TOTAL EXPENSES	75,347.
----------------	---------

BANK CHARGES:

PROGRAM SERVICE EXPENSES	58,578.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	10,131.
---------------------------------	---------

FUNDRAISING EXPENSES	2,792.
----------------------	--------

TOTAL EXPENSES	71,501.
----------------	---------

EMPLOYEE TRAINING:

PROGRAM SERVICE EXPENSES	46,843.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	3,116.
---------------------------------	--------

FUNDRAISING EXPENSES	756.
----------------------	------

TOTAL EXPENSES	50,715.
----------------	---------

FOOD BANK:

PROGRAM SERVICE EXPENSES	46,325.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	598.
---------------------------------	------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	46,923.
----------------	---------

FEE REVENUE RETURNED:

PROGRAM SERVICE EXPENSES	39,210.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	538.
---------------------------------	------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	39,748.
----------------	---------

TAXES & LICENSES:

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021

Page 2

Name of the organization PASADENA HUMANE	Employer identification number 95-1643344
--	---

PROGRAM SERVICE EXPENSES	29,809.
MANAGEMENT AND GENERAL EXPENSES	5,952.
FUNDRAISING EXPENSES	2,147.
TOTAL EXPENSES	37,908.

LEASE EXPENSES:

PROGRAM SERVICE EXPENSES	29,304.
MANAGEMENT AND GENERAL EXPENSES	4,726.
FUNDRAISING EXPENSES	1,299.
TOTAL EXPENSES	35,329.

EMPLOYEE ENRICHMENT:

PROGRAM SERVICE EXPENSES	19,406.
MANAGEMENT AND GENERAL EXPENSES	6,838.
FUNDRAISING EXPENSES	2,188.
TOTAL EXPENSES	28,432.

EMPLOYEE RELATED EXPENSE:

PROGRAM SERVICE EXPENSES	19,408.
MANAGEMENT AND GENERAL EXPENSES	6,862.
FUNDRAISING EXPENSES	1,534.
TOTAL EXPENSES	27,804.

UNIFORMS:

PROGRAM SERVICE EXPENSES	24,011.
MANAGEMENT AND GENERAL EXPENSES	700.
FUNDRAISING EXPENSES	298.
TOTAL EXPENSES	25,009.

132212 11-11-21

Schedule O (Form 990) 2021

Name of the organization PASADENA HUMANE	Employer identification number 95-1643344
--	---

PUBLIC RELATIONS:

PROGRAM SERVICE EXPENSES	11,263.
MANAGEMENT AND GENERAL EXPENSES	983.
FUNDRAISING EXPENSES	8,953.
TOTAL EXPENSES	21,199.

DUES:

PROGRAM SERVICE EXPENSES	11,177.
MANAGEMENT AND GENERAL EXPENSES	2,992.
FUNDRAISING EXPENSES	2,121.
TOTAL EXPENSES	16,290.

DONOR CULTIVATION:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	698.
FUNDRAISING EXPENSES	10,929.
TOTAL EXPENSES	11,627.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	2,393,931.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDINGS-GP	VARIOUS	SL	31.50	MM17		277,791.				277,791.	277,791.		0.	277,791.
16	BUILDINGS-EF	VARIOUS	SL	39.00	MM17		4,894,262.				4,894,262.	3,458,104.		125,494.	3,583,598.
20	PERAL CATERY - EF	VARIOUS	SL	39.00	MM16		67,881.				67,881.	32,208.		1,741.	33,949.
29	LIGHTING - EF	07/21/03	SL	39.00	MM17		2,708.				2,708.	1,312.		69.	1,381.
40	AIR CONDITIONER CAT WARD	04/14/04	SL	7.00	16		10,260.				10,260.	10,260.		0.	10,260.
42	KENNEL CARD HOLDERS	12/31/05	SL	7.00	16		3,061.				3,061.	3,061.		0.	3,061.
57	AIR CONDITIONER	07/01/05	SL	7.00	16		3,850.				3,850.	3,850.		0.	3,850.
58	AIR CONDITIONER	02/28/05	SL	7.00	16		6,995.				6,995.	6,661.		0.	6,661.
59	BRONZE DOUBLE DOOR	07/31/05	SL	7.00	16		2,024.				2,024.	2,024.		0.	2,024.
60	ARCHITECTUAL FEES	10/31/05	SL	.000	16		11,328.				11,328.			0.	
61	COUNTERTOPS	11/30/05	SL	7.00	16		7,255.				7,255.	7,255.		0.	7,255.
62	PREF ROOM TABLES	10/31/05	SL	7.00	16		3,506.				3,506.	3,506.		0.	3,506.
63	SPRINKLER SYST UPGRADE EF	01/31/06	SL	39.00	MM17		3,615.				3,615.	1,348.		93.	1,441.
64	TUBS/COUNTERTOPS EF	02/28/06	SL	7.00	16		7,720.				7,720.	7,353.		0.	7,353.
81	ARCHITECTUAL FEES	VARIOUS	SL	.000	16		60,061.				60,061.			0.	
90	ARCHITECTUAL FEES 2007	VARIOUS	SL	.000	16		140,267.				140,267.			0.	
101	309 S RAYMOND - BLDNG 428	08/31/04	SL	39.00	MM16		473,921.				473,921.	198,482.		12,162.	210,634.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
102	309 S RAYMOND IMPRVMT42*	07/01/04	SL	39.00	MM16		73,193.				73,193.	30,968.		1,877.	32,845.
115	HVAC COOLING SYSTEM	06/09/10	SL	39.00	MM17		104,750.				104,750.	28,317.		2,686.	31,003.
119	(D) 4 TON AIR CONDITIONER EF	03/31/06	SL	7.00	16		4,136.				4,136.	3,989.		0.	3,989.
152	PUPPY KENNEL CANOPY	11/27/13	SL	39.00	MM17		3,961.				3,961.	714.		102.	815.
154	KENNEL MISTERS & TRELLIS	12/31/13	SL	39.00	MM17		70,012.				70,012.	12,565.		1,795.	14,360.
155	PUPPY KENNEL CANOPY ADDET	12/31/13	SL	39.00	MM17		613.				613.	112.		16.	128.
176	MISTERS & TRELLIS REPLACE	01/30/14	SL	39.00	MM17		21,480.				21,480.	3,835.		551.	4,386.
177	P-KENNELS ROOFING	03/05/14	SL	39.00	MM17		2,898.				2,898.	503.		74.	577.
178	MISTERS & TRELLIS REPLACE	03/05/14	SL	39.00	MM17		33,437.				33,437.	5,822.		857.	6,679.
179	MISTERS & TRELLIS REPLACE	03/25/14	SL	39.00	MM17		6,937.				6,937.	1,209.		178.	1,387.
180	P-KENNELS ROOFING	03/26/14	SL	39.00	MM17		20,871.				20,871.	3,634.		535.	4,169.
181	P-KENNELS ROOFING	04/30/14	SL	39.00	MM17		40,395.				40,395.	6,951.		1,036.	7,987.
182	MISTERS & TRELLIS REPALCE	05/21/14	SL	39.00	MM17		11,089.				11,089.	1,882.		284.	2,166.
183	MISTERS & TRELLIS REPLACE	05/31/14	SL	39.00	MM17		577.				577.	99.		15.	114.
184	CUSTOM OUTDOOR FOUNTAIN	12/31/14	SL	39.00	MM17		11,580.				11,580.	1,794.		297.	2,091.
185	ARTIFICIAL TURF	12/31/14	SL	39.00	MM17		14,414.				14,414.	2,235.		370.	2,605.
211	BUILDING	01/08/14	SL	39.00	MM17		15200930.				15200930.	2,712,622.		389,767.	3,102,389.
212	NEELY CATTERY BUILDING	06/26/15	SL	39.00	MM17		2,578,901.				2,578,901.	365,491.		56,126.	432,617.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C Line o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
253	NEELY SPRINKLER SYSTEM	06/26/15	SL	39.00	MM17	22,889.				22,889.	3,253.		587.	3,840.
254	NEELY LANDSCAPING	06/26/15	SL	39.00	MM17	4,030.				4,030.	571.		103.	674.
255	CRITTER HOUSE BUILDING	06/26/15	SL	39.00	MM17	182,573.				182,573.	25,945.		4,681.	30,626.
259	ACCOUNTING OFFICE	07/26/16	SL	39.00	MM17	7,360.				7,360.	843.		189.	1,032.
260	FIBER OPTIC CAB	06/30/16	SL	39.00	MM17	3,646.				3,646.	423.		93.	516.
321	WILDLIFE REMODEL	12/31/16	SL	39.00	MM17	6,424.				6,424.	667.		165.	832.
430	INSTALLATION OF CEILING TILES	12/29/20	SL	5.00	16	6,176.				6,176.			1,235.	1,235.
451	309 S RAYMOND - BLDNG 58*	08/31/04	SL	39.00	MM16	654,462.				654,462.	274,090.		16,781.	290,871.
453	309 S RAYMOND IMPRVMT 58*	07/01/04	SL	39.00	MM16	101,077.				101,077.	42,766.		2,592.	45,358.
	* 990 PAGE 10 TOTAL BUILDINGS					25165316.				25165316.	7,545,515.		612,541.	8,178,056.
	FURNITURE & FIXTURES													
3	FURNITURE & FIXTURES-GF	VARIOUS	SL	7.00	16	145,289.				145,289.	145,289.		0.	145,289.
7	(D) COMPUTERS-GF	11/15/01	SL	7.00	16	7,572.				7,572.	7,572.		0.	7,572.
8	(D) PROJECTOR-GF	12/31/01	SL	10.00	16	2,706.				2,706.	2,706.		0.	2,706.
9	(D) VACUUM CLEANER SYS-GF	05/31/01	SL	5.00	16	1,305.				1,305.	1,305.		0.	1,305.
10	(D) HP LASERJET 2100-GF	01/02/01	SL	7.00	16	635.				635.	635.		0.	635.
11	(D) HP LASERJET 2200-GF	09/11/01	SL	7.00	16	866.				866.	866.		0.	866.
12	(D) HP LASERJET 2100-GF	01/31/01	SL	7.00	16	589.				589.	589.		0.	589.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18 (D) A/C - GF		07/15/02	SL	7.00		16	4,915.				4,915.	4,915.		0.	4,915.
19 (D) COMPUTERS - (2) - GF		VARIOUS	SL	7.00		16	1,259.				1,259.	1,259.		0.	1,259.
23 (D) SOFTWARE UPGRADE		02/12/03	SL	3.00		16	1,801.				1,801.	1,801.		0.	1,801.
24 (D) COMPUTER-6 MONITORS-10		06/02/03	SL	7.00		16	6,572.				6,572.	6,572.		0.	6,572.
25 (D) INTEL CELERON 2.4GHZ		11/11/03	SL	7.00		16	550.				550.	550.		0.	550.
26 (D) INTEL CELERON 1.7GHZ		02/18/03	SL	7.00		16	1,351.				1,351.	1,351.		0.	1,351.
27 (D) INTEL CELERON 1.8GHZ		06/03/03	SL	7.00		16	662.				662.	662.		0.	662.
28 (D) 17 INCH MONITORS-2		06/02/03	SL	7.00		16	905.				905.	905.		0.	905.
33 (D) PHONE SYS- 309 S RAYMOND		09/01/04	SL	7.00		16	21,985.				21,985.	21,985.		0.	21,985.
34 (D) COMPUTER W/ MONITOR		03/03/04	SL	7.00		16	1,296.				1,296.	1,296.		0.	1,296.
35 (D) COMPUTERS (2) W/ MONITORS		03/26/04	SL	7.00		16	2,014.				2,014.	2,014.		0.	2,014.
36 AIR CONDITIONER		06/25/04	SL	7.00		16	5,215.				5,215.	5,215.		0.	5,215.
37 (D) COMPUTERS (4)		07/24/04	SL	7.00		16	2,858.				2,858.	2,858.		0.	2,858.
38 (D) 19 INCH LCD MONITOR		07/26/04	SL	7.00		16	682.				682.	682.		0.	682.
39 (D) HP LASERJET 2300L PRINTER		09/13/04	SL	7.00		16	616.				616.	616.		0.	616.
41 (D) PHONE SYSTEM		01/01/05	SL	7.00		16	27,056.				27,056.	27,056.		0.	27,056.
43 (D) LASERJET PRINTER 2420		01/14/05	SL	7.00		16	595.				595.	595.		0.	595.
44 (D) COMPUTERS (2)		01/18/05	SL	7.00		16	1,429.				1,429.	1,429.		0.	1,429.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
45	(D) EXECUTIVE CHAIR	01/06/05	SL	7.00		16	727.				727.	727.		0.	727.
46	(D) APPLE COMPUTER	02/28/05	SL	7.00		16	1,888.				1,888.	1,800.		0.	1,800.
47	FURNITURE-HUMN RESRC OFFC	03/03/05	SL	7.00		16	2,947.				2,947.	2,807.		0.	2,807.
48	(D) LCD PROJECTOR	03/31/05	SL	7.00		16	8,005.				8,005.	7,722.		0.	7,722.
49	(D) PENTIUM 4 COMPUTER	04/05/05	SL	7.00		16	763.				763.	736.		0.	736.
50	RADIOS - KENNEL STAFF	04/13/05	SL	7.00		16	720.				720.	695.		0.	695.
51	SURGICAL LIGHTS	04/29/05	SL	7.00		16	5,345.				5,345.	5,221.		0.	5,221.
52	(D) SHACK MACHINE	07/19/05	SL	7.00		16	1,550.				1,550.	1,550.		0.	1,550.
53	(D) PENTIUM 4 COMPUTERS (2)	09/02/05	SL	7.00		16	1,708.				1,708.	1,708.		0.	1,708.
54	(D) SERVER LICENSES	06/24/05	SL	7.00		16	915.				915.	915.		0.	915.
55	WELDER	11/28/05	SL	7.00		16	1,219.				1,219.	1,219.		0.	1,219.
56	RADIO - PORTABLE	03/31/05	SL	7.00		16	9,316.				9,316.	8,984.		0.	8,984.
65	(D) CAMERA	01/27/06	SL	7.00		16	1,245.				1,245.	1,172.		0.	1,172.
66	(D) CANON CAMERA	01/30/06	SL	7.00		16	857.				857.	803.		0.	803.
67	(D) CANON CAMERA - LENS/FLASH	01/30/06	SL	7.00		16	633.				633.	593.		0.	593.
68	ANIMAL CAGES	06/22/06	SL	7.00		16	1,679.				1,679.	1,679.		0.	1,679.
69	ELEVATOR PHONE	07/25/06	SL	7.00		16	782.				782.	782.		0.	782.
70	(D) UNIMAC NATURAL GAS DRYER	10/05/06	SL	7.00		16	4,107.				4,107.	4,107.		0.	4,107.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
71	(D) GLENDALE KIOSK - DESIGN	11/21/06	SL	7.00		16	590.				590.	590.		0.	590.
72	(D) ELECTRONIC FAUCET	12/29/06	SL	7.00		16	1,396.				1,396.	1,396.		0.	1,396.
73	(D) COMPUTER	06/01/06	SL	7.00		16	774.				774.	767.		0.	767.
74	(D) MAC LAPTOP	06/16/06	SL	7.00		16	1,250.				1,250.	1,250.		0.	1,250.
75	(D) COMPUTER	10/18/06	SL	7.00		16	774.				774.	774.		0.	774.
76	ENGRAVER	03/31/06	SL	7.00		16	5,391.				5,391.	5,398.		0.	5,398.
77	(D) SECURITY SYSTEM	05/31/06	SL	7.00		16	8,524.				8,524.	8,424.		0.	8,424.
78	COMPUTER KIOSK GLENDALE PD	12/31/06	SL	7.00		16	5,515.				5,515.	5,515.		0.	5,515.
82	(D) CONFERENCE TELEPHONE	11/28/07	SL	7.00		HY17	1,217.				1,217.	1,217.		0.	1,217.
83	(D) SECURITY SYSTEM UPGRADES	02/21/07	SL	7.00		HY17	2,865.				2,865.	2,865.		0.	2,865.
84	(D) CAMERA	08/17/07	SL	7.00		HY17	2,254.				2,254.	2,254.		0.	2,254.
85	(D) COMPUTER	03/08/07	SL	7.00		HY17	637.				637.	637.		0.	637.
91	(D) COMPUTER EF#139	04/06/08	SL	7.00		HY17	972.				972.	972.		0.	972.
92	(D) PATROL BICYCLE EF#139	05/29/08	SL	7.00		HY17	1,555.				1,555.	1,555.		0.	1,555.
93	(D) WASHING MACHINE	09/18/08	SL	7.00		HY17	9,962.				9,962.	9,962.		0.	9,962.
94	(D) W/ML910 NOTEBOOK (7) EF#139	09/29/08	SL	7.00		HY17	51,260.				51,260.	51,260.		0.	51,260.
98	(D) COMPUTER GF#132	01/11/08	SL	7.00		HY17	3,037.				3,037.	3,037.		0.	3,037.
99	CARTS/TABLES GF#132	05/29/08	SL	7.00		HY17	1,602.				1,602.	1,602.		0.	1,602.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	G Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
100	(D) SODA MACHINE	10/01/08	SL	7.00	HXL7	2,923.				2,923.	2,923.		0.	2,923.
104	BOILER	05/12/09	SL	7.00	HXL7	9,370.				9,370.	9,370.		0.	9,370.
105	ANIMAL CAGE-BEHAVIOR DEPT	12/17/09	SL	7.00	HXL7	1,345.				1,345.	1,345.		0.	1,345.
106	AUTOCLAVE	03/16/09	SL	7.00	HXL7	2,706.				2,706.	2,706.		0.	2,706.
107	PORTABLE OFFICE RADIO (2)	09/06/09	SL	7.00	HXL7	6,158.				6,158.	6,158.		0.	6,158.
108	(D) COMPUTERS(2) - BHVR DEPT	03/27/09	SL	7.00	HXL7	1,499.				1,499.	1,499.		0.	1,499.
109	(D) COMPUTER - STORE	03/15/09	SL	7.00	HXL7	696.				696.	696.		0.	696.
110	(D) COMPUTER - KENNEL MANAGER	09/23/09	SL	7.00	HXL7	621.				621.	621.		0.	621.
111	(D) COMPUTER - BEHAVIOR DEPT	09/23/09	SL	7.00	HXL7	621.				621.	621.		0.	621.
112	(D) COMPUTER - ADOPTIONS	09/23/09	SL	7.00	HXL7	621.				621.	621.		0.	621.
117	(D) COMPUTER	04/28/10	SL	7.00	HXL7	1,758.				1,758.	1,758.		0.	1,758.
120	FLOOR ING - BRKM/INFRMRY	05/24/11	SL	7.00	HXL7	2,227.				2,227.	2,227.		0.	2,227.
121	(D) BLINDS - OLD CATTERY	06/14/11	SL	7.00	HXL7	588.				588.	588.		0.	588.
122	REFRIGERATOR - BREAKROOM	06/25/11	SL	7.00	HXL7	648.				648.	648.		0.	648.
123	(D) MACBOOK PRO - SM	04/02/11	SL	7.00	HXL7	1,592.				1,592.	1,592.		0.	1,592.
124	(D) COMPUTER - BEHAVIOR DEPT	05/27/11	SL	7.00	HXL7	1,088.				1,088.	1,088.		0.	1,088.
125	(D) COMPUTER - DEVLPMNT X123	05/27/11	SL	7.00	HXL7	1,428.				1,428.	1,428.		0.	1,428.
126	(D) COMPUTER - CAT WARD X134	06/17/11	SL	7.00	HXL7	552.				552.	552.		0.	552.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	(D) SHED INVENTORY 8x9	07/17/11	SL	7.00	HY17	992.				992.	992.		0.	992.
128	HEAT TOP	03/04/11	SL	7.00	HY17	3,696.				3,696.	3,696.		0.	3,696.
130	CAT CAGES/KENNELS	04/06/11	SL	7.00	HY17	17,505.				17,505.	17,505.		0.	17,505.
131	OFFICE DESKS	07/01/12	SL	7.00	HY17	652.				652.	652.		0.	652.
157	VINYL FLOORING XRAY ROOM	03/03/14	SL	7.00	HY17	2,314.				2,314.	2,149.		165.	2,314.
158	VINYL FLOORING SHELTER	03/19/14	SL	7.00	HY17	8,069.				8,069.	7,492.		577.	8,069.
159	FURNITURE - BAHAVIOR	02/07/14	SL	7.00	HY17	4,782.				4,782.	4,439.		343.	4,782.
160	FURNITURE - VOLUNTEER DEP	04/02/14	SL	7.00	HY17	1,412.				1,412.	1,313.		99.	1,412.
161	DESK	05/29/14	SL	7.00	HY17	609.				609.	565.		44.	609.
163	FLOOR REPLACEMENT	04/04/14	SL	7.00	HY17	680.				680.	631.		49.	680.
164	REPLACE FLOORING / TILE	05/21/14	SL	7.00	HY17	6,108.				6,108.	5,672.		436.	6,108.
165	FINALIZE VINYL FLOORING	06/12/14	SL	7.00	HY17	2,462.				2,462.	2,238.		174.	2,462.
166	STORE DISPLAY SHELVING	12/31/14	SL	7.00	HY17	2,000.				2,000.	1,859.		141.	2,000.
167	WINDOW BLINDS	12/31/14	SL	7.00	HY17	637.				637.	591.		46.	637.
168	CUSTOM WOVEN METAL WALL	12/31/14	SL	7.00	HY17	33,430.				33,430.	31,042.		2,388.	33,430.
169	OFFICE FURNISHINGS	12/31/14	SL	7.00	HY17	43,021.				43,021.	39,948.		3,073.	43,021.
170	KENNEL STAINLESS STEAL	12/31/14	SL	7.00	HY17	1,600.				1,600.	1,486.		114.	1,600.
171	STORE SHELVING	12/31/14	SL	7.00	HY17	7,203.				7,203.	6,688.		515.	7,203.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
172	RETAIL STORE COUNTER/DES	12/31/14	SL	7.00	HY17		11,480.				11,480.	10,658.		822.	11,480.
173	WINDOW COVERINGS	12/31/14	SL	7.00	HY17		25,643.				25,643.	23,810.		1,833.	25,643.
174	SIGNAGE - ANIMAL CARE	12/31/14	SL	7.00	HY17		133,803.				133,803.	124,243.		9,560.	133,803.
175	SIGNAGE - HISTORIC SHELVE	12/31/14	SL	7.00	HY17		23,148.				23,148.	21,496.		1,652.	23,148.
212	FURNITURE & FIXTURES	01/08/14	SL	7.00	HY17		96,672.				96,672.	89,764.		6,908.	96,672.
214	SKY SAILS ACC	01/01/15	SL	7.00	HY17		8,719.				8,719.	6,852.		1,867.	8,098.
215	SURGICAL LIGHTS	02/19/15	SL	7.00	HY17		9,693.				9,693.	7,616.		1,385.	9,001.
216	CAT FURNITURE	04/08/15	SL	7.00	HY17		29,785.				29,785.	23,403.		4,255.	27,658.
217	SOLAR SHADES- NEELY	04/23/15	SL	7.00	HY17		1,083.				1,083.	852.		155.	1,007.
218	WORKSTATION	05/04/15	SL	7.00	HY17		1,298.				1,298.	1,018.		185.	1,203.
219	CAT MURAL	05/11/15	SL	7.00	HY17		900.				900.	709.		129.	838.
220	CARPETING- ADMIN UPSTAIRS	05/19/15	SL	7.00	HY17		4,926.				4,926.	3,871.		704.	4,575.
221	DESK	05/22/15	SL	7.00	HY17		402.				402.	314.		57.	371.
222	DESKS	05/22/15	SL	7.00	HY17		1,606.				1,606.	1,260.		229.	1,489.
223	CHAIRS	05/26/15	SL	7.00	HY17		932.				932.	732.		133.	865.
224	TILE ART	05/28/15	SL	7.00	HY17		883.				883.	693.		126.	819.
225	FIRE ALARM SYSTEM	05/28/15	SL	7.00	HY17		10,861.				10,861.	8,534.		1,552.	10,086.
226	COMPANION HABITATS	05/29/15	SL	7.00	HY17		15,576.				15,576.	12,239.		2,225.	14,464.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
227	SIGNAGE- NEELY	06/26/15	SL	7.00		HY17	48,980.				48,980.	38,485.		6,997.	45,482.
228	STEEL TABLES	06/28/15	SL	7.00		HY17	3,505.				3,505.	2,755.		501.	3,256.
229	DONOR WALL SCULPTURE	06/28/15	SL	7.00		HY17	14,126.				14,126.	11,101.		2,018.	13,119.
230	SIGNAGE- CRITTER HOUSE	07/01/15	SL	7.00		HY17	7,222.				7,222.	5,675.		1,032.	6,707.
231	LECTURN	07/16/15	SL	7.00		HY17	3,665.				3,665.	2,881.		524.	3,405.
232	SIGNAGE	11/25/15	SL	7.00		HY17	16,911.				16,911.	13,289.		2,416.	15,705.
233	SIGNAGE- ANIMAL CARE CAMP	12/14/15	SL	7.00		HY17	34,028.				34,028.	26,739.		4,861.	31,600.
261	SKY SAIL ADDITION	01/18/16	SL	7.00		HY17	800.				800.	513.		114.	627.
262	SHELVING STORAGE	04/27/16	SL	7.00		HY17	1,297.				1,297.	833.		185.	1,018.
263	SHELVING	05/12/16	SL	7.00		HY17	6,091.				6,091.	3,915.		870.	4,785.
264	SHELVING	05/12/16	SL	7.00		HY17	1,970.				1,970.	1,267.		281.	1,548.
265	LIGHTING DONOR	05/27/16	SL	7.00		HY17	1,675.				1,675.	1,076.		239.	1,315.
266	SIGNAGE-NEELY	01/07/16	SL	7.00		HY17	654.				654.	419.		93.	512.
267	SIGNAGE ACC	07/15/16	SL	7.00		HY17	10,669.				10,669.	6,860.		1,524.	8,384.
268	OFFICE FURNITURE	06/01/16	SL	7.00		HY17	61,449.				61,449.	39,502.		8,778.	48,280.
269	DESK-LICENSE	07/19/16	SL	7.00		HY17	867.				867.	558.		124.	682.
270	DESK-ACCOUNTING	07/19/16	SL	7.00		HY17	1,833.				1,833.	1,179.		262.	1,441.
271	AC WALL UNIT	07/22/16	SL	7.00		HY17	2,912.				2,912.	1,872.		416.	2,288.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
272	FLOORING-VINYL	09/09/16	SL	7.00		HYL7	2,595.				2,595.	1,669.		371.	2,040.
273	REUPHOLSTER PU	06/13/16	SL	7.00		HYL7	2,284.				2,284.	1,467.		326.	1,799.
274	DESK ACCOUNTING	06/27/16	SL	7.00		HYL7	1,458.				1,458.	936.		208.	1,144.
323	FURNITURE/FIXTURES	08/17/17	SL	7.00		16	449.				449.	213.		64.	277.
324	FURNITURE/FIXTURES	11/22/17	SL	7.00		16	482.				482.	213.		69.	282.
328	(D)DELL	02/28/17	SL	7.00		16	1,420.				1,420.	778.		203.	981.
329	(D)DELL	02/28/17	SL	7.00		16	54.				54.	30.		8.	38.
330	(D)CDW DIRECT LAPTOPS	02/28/17	SL	7.00		16	4,052.				4,052.	2,219.		519.	2,798.
331	ASUS 20" SLIM HD MONITOR	03/01/17	SL	7.00		16	1,365.				1,365.	748.		195.	943.
332	POWEREDGE SERVER	08/03/17	SL	7.00		16	3,229.				3,229.	1,575.		461.	2,036.
333	(D)SIRIS 3 4TB STORAGE	08/03/17	SL	7.00		16	1,613.				1,613.	786.		230.	1,016.
335	ENGRAVED CARLISLE 4FT BENCH	05/03/19	SL	7.00		16	1,736.				1,736.	413.		248.	661.
396	F&F ADDITION	07/19/19	SL	7.00		16	9,900.				9,900.	2,003.		1,414.	3,417.
397	CONTRACT ELECTRICAL KENNEL LIGHTS	01/23/19	SL	7.00		16	19,400.				19,400.	5,311.		2,771.	8,082.
398	SHOR LINE F&F	04/03/19	SL	7.00		16	6,174.				6,174.	1,544.		882.	2,426.
399	ROOM SMALL PET CURADIE	07/23/19	SL	7.00		16	1,798.				1,798.	364.		257.	621.
411	ENGRAVED CARLISLE 4FT BENCH	07/17/19	SL	7.00		16	874.				874.	177.		125.	302.
412	ENGRAVED MERIDIAN 6FT BENCH	07/19/19	SL	7.00		16	1,239.				1,239.	251.		177.	428.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
420	FURNITURE & FIXTURES	06/02/20	SL	5.00		16	3,977.				3,977.	464.		795.	1,259.
421	FURNITURE & FIXTURES	07/09/20	SL	5.00		16	3,977.				3,977.	398.		795.	1,193.
422	DIVIDER SCREEN	10/26/20	SL	5.00		16	1,250.				1,250.	42.		250.	292.
423	PANEL CLAMP	09/10/20	SL	5.00		16	550.				550.	37.		110.	147.
424	WILDLIFE REMODEL	11/17/20	SL	5.00		16	44,742.				44,742.	746.		8,948.	9,694.
425	ROOLER SHADE	12/31/20	SL	5.00		16	556.				556.			111.	111.
426	CABINETS/COUNTERTOP	12/15/20	SL	5.00		16	2,750.				2,750.	46.		550.	596.
427	SOLAR POWERED DAYLIGHT DIMMER	12/14/20	SL	5.00		16	7,462.				7,462.	124.		1,492.	1,616.
428	PERGOLA UPGRADE	06/30/20	SL	5.00		16	34,652.				34,652.	3,465.		6,930.	10,395.
429	SINK RWR INSTALL	12/31/20	SL	5.00		16	3,742.				3,742.			748.	748.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,318,161.				1,318,161.	1,071,583.		101,872.	1,173,455.
	MACHINERY & EQUIPMENT														
4	(D) HUMANE EDUCATION-GF	VARIOUS	SL	10.00		16	6,942.				6,942.	6,942.		0.	6,942.
5	(D) HUMANE EDUCATION-GF	07/01/00	SL	10.00		16	1,600.				1,600.	1,600.		0.	1,600.
6	(D) HUMANE EDUCATION-GF	VARIOUS	SL	10.00		16	19,411.				19,411.	19,411.		0.	19,411.
13	(D) MEDICAL EQUIP-EF	07/01/93	SL	10.00		16	22,856.				22,856.	22,856.		0.	22,856.
14	(D) MEDICAL EQUIP-EF	07/01/98	SL	10.00		16	10,000.				10,000.	10,000.		0.	10,000.
17	(D) EQUIPMENT-EF	VARIOUS	SL	7.00		16	290,620.				290,620.	290,620.		0.	290,620.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
21	(D) SOUND SYSTEM-FALK	04/30/03	SL	7.00		16	1,088.				1,088.	1,088.		0.	1,088.
22	(D) PIXEL TOUCH SCREEN-FALK	08/05/03	SL	7.00		16	2,025.				2,025.	2,025.		0.	2,025.
32	(D) COMPUTER - HUMANE EDUC	09/24/04	SL	7.00		16	715.				715.	715.		0.	715.
132	FORKLIFT	03/15/12	SL	7.00		HV17	1,500.				1,500.	1,500.		0.	1,500.
133	(D) VOSTRO260 MINI TOWER COMP	03/29/12	SL	7.00		HV17	1,676.				1,676.	1,676.		0.	1,676.
134	(D) APPLE IPAD	07/15/12	SL	7.00		HV17	865.				865.	865.		0.	865.
135	(D) MODEMS - ACO LAPTOPS	07/26/12	SL	7.00		HV17	9,615.				9,615.	9,615.		0.	9,615.
136	(D) VOSTRO260 MINITOWER (3)	08/29/12	SL	7.00		HV17	1,760.				1,760.	1,760.		0.	1,760.
137	(D) VOSTRO 470 COMPUTERS (2)	10/15/12	SL	7.00		HV17	1,510.				1,510.	1,510.		0.	1,510.
138	(D) PORTABLE RADIOS - KENNELS	11/19/12	SL	7.00		HV17	5,691.				5,691.	5,691.		0.	5,691.
140	(D) SPEED ROUTER	11/01/12	SL	7.00		HV17	2,514.				2,514.	2,514.		0.	2,514.
142	ENGRAVING MACHINE	03/04/13	SL	7.00		HV17	3,315.				3,315.	3,315.		0.	3,315.
144	(D) PROJECTOR - DEVEL DEPT	03/28/12	SL	5.00		HV17	761.				761.	761.		0.	761.
145	(D) POSTAGE METER	07/20/12	SL	5.00		HV17	8,630.				8,630.	8,630.		0.	8,630.
148	(D) COMPUTERS (10)	05/23/13	SL	7.00		HV17	4,013.				4,013.	4,013.		0.	4,013.
156	EQUIPMENT	12/31/13	SL	7.00		HV17	887.				887.	887.		0.	887.
166	(D) LENOVO COMPUTER STATIONS	01/23/14	SL	7.00		HV17	3,290.				3,290.	3,055.		118.	3,173.
187	(D) PAGING SPEAKERS / WIRING	02/04/14	SL	7.00		HV17	6,084.				6,084.	5,648.		218.	5,866.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
188	(D)LENOVO COMPUTER STATIONS	04/28/14	SL	7.00		HY17	3,813.				3,813.	3,540.		137.	3,677.
189	UHF RADIO BASE & DISPLAY	02/24/14	SL	7.00		HY17	2,557.				2,557.	2,373.		184.	2,557.
190	MOTOROLA RADIO UPGRADES	06/19/14	SL	7.00		HY17	36,368.				36,368.	33,769.		2,599.	36,368.
191	CAMERA & EQUIPMENT	07/01/14	SL	7.00		HY17	1,478.				1,478.	1,372.		106.	1,478.
192	(D)LENOVO COMPUTER STATIONS	09/04/14	SL	7.00		HY17	6,580.				6,580.	6,110.		235.	6,345.
193	CENTRAL VACUUM SYSTEM	10/24/14	SL	7.00		HY17	793.				793.	735.		58.	793.
194	(D)SURFACE PRO LAPTOP	10/30/14	SL	7.00		HY17	2,033.				2,033.	1,888.		73.	1,961.
195	(D)DELL LAPTOP	11/07/14	SL	7.00		HY17	719.				719.	659.		25.	694.
196	(D)TOMO PENKMENTOR	11/30/14	SL	7.00		HY17	1,200.				1,200.	1,112.		44.	1,156.
197	(D)DMR PORTABLE RADIOS	12/22/14	SL	7.00		HY17	1,312.				1,312.	1,216.		48.	1,264.
198	(D)DVR PHONESERVER & EQUIPME	12/31/14	SL	7.00		HY17	3,290.				3,290.	3,055.		118.	3,173.
199	DIGITAL XRAY MACHINE	12/31/14	SL	7.00		HY17	41,965.				41,965.	38,968.		2,997.	41,965.
200	SNIP CLINIC EQUIPMENT	12/31/14	SL	7.00		HY17	38,123.				38,123.	35,400.		2,723.	38,123.
201	AGILITY COURSE	12/31/14	SL	7.00		HY17	475.				475.	442.		33.	475.
202	WASHER & DRYER / SNIP	12/31/14	SL	7.00		HY17	20,375.				20,375.	18,922.		1,453.	20,375.
203	(D)COMPUTER STATIONS	12/31/14	SL	7.00		HY17	7,238.				7,238.	6,721.		259.	6,980.
204	CLINIC APPLICATIONS	12/31/14	SL	7.00		HY17	6,427.				6,427.	5,967.		460.	6,427.
205	ANIMAL BEHAVIOR EQUIPMENT	12/31/14	SL	7.00		HY17	4,792.				4,792.	4,450.		342.	4,792.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
213	EQUIPMENT	01/08/14	SL	7.00		HXL7	465,530.				465,530.	432,271.		33,259.	465,530.
234	SCAVENGING SYSTEM	01/01/15	SL	7.00		HXL7	11,795.				11,795.	9,269.		1,685.	10,954.
235	FLOOR SCRUBBER	02/08/15	SL	7.00		HXL7	2,812.				2,812.	2,211.		402.	2,613.
236	NEELY WEB TV CAT TOYS	02/19/15	SL	7.00		HXL7	77,316.				77,316.	60,750.		11,045.	71,795.
237	(D) SECURITY SYSTEM- NEELY	03/20/15	SL	7.00		HXL7	20,394.				20,394.	16,023.		1,457.	17,480.
238	(D) LAPTOPS- DEVELOPMENT	04/29/15	SL	7.00		HXL7	1,725.				1,725.	1,356.		123.	1,479.
239	KENMORE DRYER- 7 CU FT	05/03/15	SL	7.00		HXL7	1,951.				1,951.	1,534.		279.	1,813.
240	KENMORE WASHER- 1.8 CU FT	05/03/15	SL	7.00		HXL7	1,951.				1,951.	1,534.		279.	1,813.
241	KENMORE REFRIGERATOR	05/05/15	SL	7.00		HXL7	745.				745.	583.		106.	689.
242	(D) COMPUTERS	05/13/15	SL	7.00		HXL7	7,880.				7,880.	6,192.		563.	6,755.
243	(D) COMPUTERS- NEELY	05/14/15	SL	7.00		HXL7	4,606.				4,606.	3,619.		329.	3,948.
244	KENMORE REFRIGERATOR	05/15/15	SL	7.00		HXL7	745.				745.	583.		106.	689.
245	(D) NEELY PHONE SYSTEM	06/26/15	SL	7.00		HXL7	24,973.				24,973.	19,624.		1,784.	21,408.
246	FREEZER	07/15/15	SL	7.00		HXL7	546.				546.	429.		78.	507.
247	WHIRLPOOL FREEZER	08/05/15	SL	7.00		HXL7	1,183.				1,183.	929.		169.	1,098.
248	(D) VOLUNTEER SIGN-IN KIOSK	08/17/15	SL	7.00		HXL7	3,463.				3,463.	2,722.		247.	2,969.
258	(D) NEELY COMPUTERS	06/26/15	SL	7.00		HXL7	6,717.				6,717.	5,279.		480.	5,759.
276	SAMSUNG 40" T	04/07/16	SL	7.00		HXL7	589.				589.	378.		84.	462.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
277	SAMSUNG 40" T	04/07/16	SL	7.00		HY17	589.				589.	378.		84.	462.
278	WHIRLPOOL 21.2C	04/07/16	SL	7.00		HY17	1,937.				1,937.	1,246.		277.	1,523.
279	(D)LENOVO THINKC	02/22/16	SL	7.00		HY17	1,003.				1,003.	644.		72.	716.
280	(D)LENOVO THINKC	02/22/16	SL	7.00		HY17	1,003.				1,003.	644.		72.	716.
281	(D)LENOVO THINKC	02/22/16	SL	7.00		HY17	1,003.				1,003.	644.		72.	716.
282	PORTABLE RADIOS	03/25/16	SL	7.00		HY17	5,126.				5,126.	3,296.		732.	4,028.
283	(D)MUSIC SYSTEM	05/30/16	SL	7.00		HY17	2,278.				2,278.	1,465.		163.	1,628.
284	(D)SECURITY CAMERA	07/12/16	SL	7.00		HY17	1,059.				1,059.	680.		76.	756.
285	(D)THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
286	(D)THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
287	(D)THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
288	(D)THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
289	(D)THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
290	(D)THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
291	(D)THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
292	(D)THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
293	(D)THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
294	(D)THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
295	(D) THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
296	(D) THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
297	(D) THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
298	(D) THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
299	(D) THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
300	(D) THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
301	(D) THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
302	(D) THINKCENTRE E7	07/21/16	SL	7.00		HY17	523.				523.	337.		37.	374.
303	(D) THINKCENTRE M8	07/21/16	SL	7.00		HY17	981.				981.	630.		70.	700.
304	(D) THINKCENTRE M8	07/21/16	SL	7.00		HY17	981.				981.	630.		70.	700.
305	(D) DMR PORTABLE R	07/28/16	SL	7.00		HY17	550.				550.	355.		39.	394.
306	(D) DMR PORTABLE R	07/28/16	SL	7.00		HY17	550.				550.	355.		39.	394.
307	(D) BAR CODE READ	12/28/16	SL	7.00		HY17	1,459.				1,459.	936.		104.	1,040.
308	ACO PORTABLE R	12/28/16	SL	7.00		HY17	6,910.				6,910.	4,441.		987.	5,428.
309	IMEXX BLOOD M	02/17/14	SL	7.00		HY17	43,546.				43,546.	31,103.		6,221.	37,324.
322	LAPTOP	12/28/16	SL	7.00		HY17	867.				867.	568.		124.	682.
325	HUMANE EDUCATION-PROJECTO	01/28/17	SL	7.00		16	523.				523.	293.		75.	368.
326	HUMANE EDUCATION-PROJECTO	01/28/17	SL	7.00		16	2,961.				2,961.	1,657.		423.	2,080.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
327	AUTOSCRUBBER	11/22/17	SL	7.00		16	3,972.				3,972.	1,748.		567.	2,315.
334	(D)ALICE COMPUTERWORKS - EQU	08/31/17	SL	7.00		16	734.				734.	350.		105.	455.
335	HYSTER ELECTRIC HAND LIFT	11/08/17	SL	7.00		16	3,824.				3,824.	1,729.		546.	2,275.
336	HYSTER S50FT F18V07205D	11/08/17	SL	7.00		16	8,194.				8,194.	3,708.		1,171.	4,879.
337	EQUIPMENT	09/14/17	SL	7.00		16	2,395.				2,395.	1,140.		342.	1,482.
338	EQUIPMENT	10/05/17	SL	7.00		16	2,522.				2,522.	1,170.		360.	1,530.
339	EQUIPMENT	10/05/17	SL	7.00		16	3,925.				3,925.	1,823.		561.	2,384.
374	COPIER	11/01/19	SL	7.00		16	125,000.				125,000.	20,833.		17,857.	38,690.
375	STICK SCANNER	05/20/19	SL	3.00		16	782.				782.	413.		261.	674.
376	INFUSION PUMP	02/28/19	SL	7.00		16	2,940.				2,940.	770.		420.	1,190.
377	SPECIAL ELECTROSURGICAL GENERATOR	03/06/19	SL	7.00		16	3,822.				3,822.	1,001.		546.	1,547.
378	WATER DISTILLER	09/12/19	SL	5.00		16	1,541.				1,541.	411.		308.	719.
379	BAIR HUGGER WARMING UNIT	10/17/19	SL	7.00		16	1,535.				1,535.	256.		219.	475.
380	PORTABLE RADIO	05/11/19	SL	5.00		16	12,387.				12,387.	4,125.		2,477.	6,606.
381	SQUARE EQUIPMENT	01/25/19	SL	5.00		16	2,622.				2,622.	1,005.		524.	1,529.
382	LENOVO THINKPAD	01/10/19	SL	3.00		16	989.				989.	660.		329.	989.
383	SURFACE GO	06/30/19	SL	3.00		16	4,595.				4,595.	2,298.		1,532.	3,830.
384	CDW EQUIPMENT	04/01/19	SL	3.00		16	954.				954.	557.		318.	875.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
385	CORDLESS 16 GAUGE NIBBLER KIT	12/36/19	SL	3.00		16	546.				546.	182.		182.	364.
386	CAT PORTAL CUT-OUT	11/19/19	SL	7.00		16	6,144.				6,144.	951.		878.	1,829.
387	SONICWALL	02/19/19	SL	3.00		16	5,608.				5,608.	3,427.		1,869.	5,296.
388	THINKCENTRE SLIM DESKTOP	04/02/19	SL	3.00		16	18,000.				18,000.	10,500.		6,000.	16,500.
389	HARD DRIVE- 10CT	05/15/19	SL	3.00		16	3,262.				3,262.	1,812.		1,087.	2,899.
390	PHONE PHASE I	09/15/19	SL	5.00		16	2,299.				2,299.	613.		460.	1,073.
391	BEN Q DLP PROJECTOR	10/14/19	SL	5.00		16	941.				941.	235.		188.	423.
392	MACBOOK AIR	10/16/19	SL	3.00		16	1,702.				1,702.	662.		567.	1,229.
393	PHONE PHASE II	10/27/19	SL	5.00		16	8,377.				8,377.	1,954.		1,675.	3,629.
394	PHONE PHASE III	12/22/19	SL	5.00		16	15,014.				15,014.	3,003.		3,003.	6,006.
407	HEAT THERAPY PUMP	03/27/19	SL	5.00		16	1,262.				1,262.	441.		252.	693.
408	APPLE MAC 27"	10/21/19	SL	3.00		16	2,871.				2,871.	1,117.		957.	2,074.
409	CANON EOS 80D DSLR CAMERA	12/18/19	SL	5.00		16	1,190.				1,190.	238.		238.	476.
410	IPAD PRO	11/29/19	SL	3.00		16	1,250.				1,250.	452.		417.	869.
419	PRESTIGE DENTAL STATION	02/20/20	SL	5.00		16	5,312.				5,312.	885.		1,062.	1,947.
431	BOILER	12/01/20	SL	5.00		16	17,535.				17,535.	292.		3,507.	3,799.
432	CONTROL & SLAB SENOR TANKLESS SYSTEM	12/18/20	SL	5.00		16	1,006.				1,006.			201.	201.
433	DOG PORTAL DOORS	07/20/20	SL	5.00		16	17,151.				17,151.	1,429.		3,430.	4,859.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
434	DOG KENNEL PORTAL	09/30/20	SL	5.00		16	42,914.				42,914.	2,146.		8,583.	10,729.
435	ELEVATOR	06/02/20	SL	5.00		16	3,281.				3,281.	383.		656.	1,039.
436	ELEVATOR	06/23/20	SL	5.00		16	3,281.				3,281.	328.		656.	984.
437	NEW MOTOR AND EYE SENSOR	12/02/20	SL	5.00		16	5,850.				5,850.	98.		1,170.	1,268.
438	LOT GATE	12/11/20	SL	5.00		16	14,750.				14,750.	246.		2,950.	3,196.
439	FLOOR CLEANING KIT	01/27/20	SL	5.00		16	7,966.				7,966.	1,460.		1,593.	3,053.
440	LIGHTS, HVAC, SPRINKLERS, ETC	09/14/20	SL	5.00		16	6,920.				6,920.	461.		1,384.	1,845.
441	INTEGRATE EXISTING FIRE SUPPRESSION SYSTEM INTO T-B	09/14/20	SL	5.00		16	719.				719.	48.		144.	192.
443	KAT PORTAL	01/14/20	SL	5.00		16	3,925.				3,925.	785.		785.	1,570.
444	KAT PORTAL	01/30/20	SL	5.00		16	2,552.				2,552.	468.		510.	978.
445	APPLE MACBOOK PRO	06/11/20	SL	5.00		16	17,056.				17,056.	1,990.		3,411.	5,401.
446	APPLE MACBOOK PRO	06/15/20	SL	5.00		16	3,394.				3,394.	396.		679.	1,075.
447	APPLE IMAC	07/13/20	SL	5.00		16	2,844.				2,844.	284.		569.	853.
448	WALKIE TALKIE	02/28/20	SL	5.00		16	5,936.				5,936.	989.		1,187.	2,176.
449	EQUIPMENT	06/30/20	SL	5.00		16	29.				29.	3.		6.	9.
450	EQUIPMENT	07/31/20	SL	5.00		16	88.				88.	7.		18.	25.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,718,275.				1,718,275.	1,276,999.		153,788.	1,430,787.
	TRANSPORTATION EQUIPMENT														

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
80	(D) PORTABLE RADIOS	10/31/06	SL	7.00		16	17,993.				17,993.	17,993.		0.	17,993.
86	(D) TRUCK RADIO	09/38/07	SL	7.00		HY17	3,325.				3,325.	3,325.		0.	3,325.
87	(D) TRUCK RADIO	03/20/07	SL	7.00		HY17	2,372.				2,372.	2,372.		0.	2,372.
88	(D) TRUCK RADIO	11/27/07	SL	7.00		HY17	3,380.				3,380.	3,380.		0.	3,380.
89	(D) RADIO UPGRADES	04/25/07	SL	7.00		HY17	1,950.				1,950.	1,950.		0.	1,950.
95	(D) IMPROVEMENTS/EQUIP UNIT#8	05/38/08	SL	7.00		HY17	27,319.				27,319.	27,319.		0.	27,319.
96	(D) TRUCK UNIT#9	06/25/08	SL	5.00		HY17	22,358.				22,358.	22,358.		0.	22,358.
97	(D) IMPROVEMENTS/EQUIP UNIT#9	07/22/08	SL	7.00		HY17	13,729.				13,729.	13,729.		0.	13,729.
113	(D) ADDITIONS UNIT #7	02/24/09	SL	7.00		HY17	4,346.				4,346.	4,346.		0.	4,346.
114	(D) RADIO UNIT#7	03/20/09	SL	7.00		HY17	4,092.				4,092.	4,092.		0.	4,092.
115	(D) ADDITIONS UNIT#7	05/19/09	SL	7.00		HY17	6,915.				6,915.	6,915.		0.	6,915.
118	(D) TRUCK UNIT#5 W/ ADDITIONS	12/29/10	SL	7.00		MO17	37,093.				37,093.	37,093.		0.	37,093.
129	(D) VEHICLE - UNIT #2	09/19/11	SL	7.00		HY17	42,885.				42,885.	42,885.		0.	42,885.
139	(D) PATROL UNIT#1	08/17/12	SL	5.00		HY17	56,750.				56,750.	56,750.		0.	56,750.
141	(D) PATROL UNIT #3	02/11/13	SL	5.00		HY17	29,469.				29,469.	29,469.		0.	29,469.
143	(D) 2008 TOYOTA HARVIS	05/14/12	SL	5.00		HY17	11,240.				11,240.	11,240.		0.	11,240.
146	(D) UNIT #3 ADDITIONS	04/01/13	SL	5.00		HY17	4,916.				4,916.	4,916.		0.	4,916.
147	(D) UNIT #3 LAPTOP/RADIO/ADDT	05/29/13	SL	5.00		HY17	23,199.				23,199.	23,199.		0.	23,199.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
149	(D)PATROL UNIT #6 (02/14)	11/14/13	SL	5.00		HY17	29,368.				29,368.	26,433.		0.	26,433.
150	(D)UNIT #6 TRUCK BED (02/14)	12/10/13	SL	5.00		HY17	14,560.				14,560.	13,104.		0.	13,104.
151	(D)UNIT#6 EQUIPMENT (02/14)	12/23/13	SL	5.00		HY17	27,749.				27,749.	24,975.		0.	24,975.
153	UNIT #6 ADDITIONS (2/14)	12/20/13	SL	5.00		HY17	6,246.				6,246.	5,621.		0.	5,621.
162	(D)VEHICLE UNIT #9 ADDTNL EQ	07/02/14	SL	5.00		HY17	20,497.				20,497.	20,497.		0.	20,497.
206	(D)2013 FORD TRUCK UNIT 9	04/08/14	SL	5.00		HY17	30,115.				30,115.	30,115.		0.	30,115.
207	(D)NEW UNIT #9 - TRUNK BED	04/18/14	SL	5.00		HY17	14,660.				14,660.	14,660.		0.	14,660.
208	(D)INSTALLATION OF TRUCK BED	04/19/14	SL	5.00		HY17	2,800.				2,800.	2,800.		0.	2,800.
209	(D)BENCH SEATS FOR TRANSPORT	12/09/14	SL	5.00		HY17	4,229.				4,229.	4,229.		0.	4,229.
210	(D)2015 FORD TRANSIT VAN	12/15/14	SL	5.00		HY17	35,522.				35,522.	35,522.		0.	35,522.
249	FORD TRUCK UNIT #10	03/24/15	SL	5.00		HY17	31,917.				31,917.	31,917.		0.	31,917.
250	ADDITIONS UNIT #10	08/10/15	SL	5.00		HY17	39,848.				39,848.	39,848.		0.	39,848.
251	VAN GRAPHIC WRAP	12/22/15	SL	5.00		HY17	5,661.				5,661.	5,661.		0.	5,661.
310	MOTORHOME MOB	10/19/16	SL	5.00		HY17	206,866.				206,866.	186,179.		20,687.	206,866.
311	PATROL UNIT#11	12/16/16	SL	5.00		HY17	33,166.				33,166.	29,849.		3,317.	33,166.
312	TOUGHBOOK 530	12/22/16	SL	5.00		HY17	5,811.				5,811.	5,229.		582.	5,811.
313	TOUGHBOOK 530	12/22/16	SL	5.00		HY17	5,811.				5,811.	5,229.		582.	5,811.
314	TOUGHBOOK 530	12/22/16	SL	5.00		HY17	5,811.				5,811.	5,229.		582.	5,811.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
315	LIGHTING/ACCESS	12/15/16	SL	5.00		HY17	14,919.				14,919.	13,438.		1,491.	14,919.
316	LAPTOP UNIT#5	03/29/16	SL	5.00		HY17	5,776.				5,776.	5,198.		578.	5,776.
317	LAPTOP UNIT#5	03/29/16	SL	5.00		HY17	5,776.				5,776.	5,198.		578.	5,776.
400	2019 F250 TRUCK UNIT 4	05/02/19	SL	5.00		16	37,196.				37,196.	12,398.		7,439.	19,837.
401	ANIMAL TRANSPORT BED FOR UNIT 4	05/21/19	SL	5.00		16	18,990.				18,990.	6,014.		3,798.	9,812.
402	ANIMAL TRANSPORT BODY FOR UNIT 4	07/09/19	SL	5.00		16	6,107.				6,107.	1,832.		1,221.	3,053.
403	EMERGENCY LIGHTING EQUIP- UNIT 4	07/30/19	SL	5.00		16	19,195.				19,195.	5,439.		3,839.	9,278.
404	GRAPHICS INSTALL- UNIT 4	09/06/19	SL	5.00		16	611.				611.	163.		132.	285.
405	REVERSE SENSORS- UNIT 4	10/09/19	SL	5.00		16	560.				560.	140.		112.	252.
406	TRANSPORT VAN RETROFIT	07/16/19	SL	5.00		16	3,610.				3,610.	1,023.		722.	1,745.
442	2020 FORD	03/20/20	SL	5.00		16	27,378.				27,378.	4,107.		5,476.	9,583.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						974,086.				974,086.	855,368.		51,126.	906,494.
	LAND														
1	LAND-GP	VARIOUS	L				40,000.				40,000.			0.	
15	LAND-EF	VARIOUS	L				61,900.				61,900.			0.	
103	309 S RAYMOND LAND 42%	08/31/04	L				1,421,800.				1,421,800.			0.	
452	309 S RAYMOND - LAND 58%	08/31/04	L				1,963,438.				1,963,438.			0.	
	* 990 PAGE 10 TOTAL LAND						3,487,138.				3,487,138.	0.		0.	0.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
340	EQUIPMENT	12/26/17	SL	7.00		16	6,952.				6,952.	2,979.		993.	3,972.
341	EQUIPMENT	10/30/17	SL	7.00		16	5,859.				5,859.	2,651.		837.	3,488.
342	EQUIPMENT	04/04/17	SL	7.00		16	3,055.				3,055.	1,635.		436.	2,071.
343	EQUIPMENT	10/18/17	SL	7.00		16	246.				246.	111.		35.	146.
344	EQUIPMENT	10/18/17	SL	7.00		16	766.				766.	345.		109.	454.
345	ANIMAL TRANSPORT BED	03/28/17	SL	5.00		HY17	5,999.				5,999.	4,200.		1,200.	5,400.
346	DECAL WRAP FOR ACO TRUCK	07/06/17	SL	5.00		HY17	950.				950.	665.		190.	855.
347	ACO SERVICE TRUCK -EQUIPM	10/13/17	SL	5.00		HY17	10,846.				10,846.	7,592.		2,169.	9,761.
348	EJECT EQUIP ON NEW TRUCK	04/03/17	SL	5.00		HY17	900.				900.	630.		180.	810.
349	FORD F250 TRUCK	07/03/17	SL	5.00		HY17	34,260.				34,260.	23,982.		6,852.	30,834.
350	ANIMAL TRANSPORT BED	08/28/17	SL	5.00		HY17	8,172.				8,172.	5,719.		1,634.	7,353.
351	ACO TRUCK DECAL	11/22/17	SL	5.00		HY17	610.				610.	427.		122.	549.
352	2013 FORD F150 BUMPER	11/22/17	SL	5.00		HY17	6,600.				6,600.	4,620.		1,320.	5,940.
353	ACO TRUCK GRAPHIC	12/19/17	SL	5.00		HY17	610.				610.	427.		122.	549.
354	BUILDINGS	06/14/17	SL	39.00		MM17	9,230.				9,230.	839.		237.	1,076.
355	EQUIPMENT - PR	09/11/17	SL	7.00		HY17	665.				665.	332.		95.	427.
356	EQUIPMENT ANIMAL HEALTH	11/29/18	SL	7.00		16	4,770.				4,770.	1,419.		681.	2,100.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
357	EQUIPMENT REFRIG	02/27/18	SL	7.00		16	4,195.				4,195.	1,697.		599.	2,296.
358	EQUIPMENT PORTABLE RADIO	04/24/18	SL	7.00		16	6,405.				6,405.	2,440.		915.	3,355.
359	AUTO - ENGINE BLOCK	11/15/18	SL	5.00		HY17	9,232.				9,232.	4,615.		1,846.	6,461.
360	2018 FORD ESCAPE	07/31/18	SL	5.00		HY17	24,906.				24,906.	12,453.		4,981.	17,434.
361	FORD GRAPHIC/INSTALL	07/01/18	SL	5.00		HY17	96,223.				96,223.	48,112.		19,245.	67,357.
362	APPLE LAPTOP	04/23/18	SL	7.00		16	6,583.				6,583.	2,507.		940.	3,447.
363	ACOUSTIC CEILING	11/12/18	SL	39.00		MM17	17,400.				17,400.	948.		446.	1,394.
364	FURN AND FIXT	02/07/18	SL	7.00		16	1,457.				1,457.	607.		208.	815.
365	FURN AND FIXT	04/04/18	SL	7.00		16	3,622.				3,622.	1,422.		517.	1,939.
366	WASHING MACHINE	09/27/18	SL	7.00		16	20,153.				20,153.	6,478.		2,879.	9,357.
367	TV MONITOR	12/31/18	SL	7.00		16	2,727.				2,727.	780.		390.	1,170.
368	2 THERMOSTATES / CHAIRS	08/30/18	SL	7.00		16	4,788.				4,788.	1,596.		684.	2,280.
369	WIRELESS SYSTEM INSTALL	07/26/18	SL	39.00		MM17	38,972.				38,972.	2,457.		999.	3,456.
370	A/C EQUIPMENT	11/06/18	SL	7.00		16	30,129.				30,129.	9,325.		4,304.	13,629.
371	2018 FORD VAN	09/24/18	SL	5.00		HY17	38,258.				38,258.	19,130.		7,652.	26,782.
372	STAINLESS STEEL CART	05/03/18	SL	7.00		16	1,181.				1,181.	450.		169.	619.
373	DESKTOP AND PROJECTOR	07/16/18	SL	7.00		16	20,062.				20,062.	6,926.		2,866.	9,792.
454	BUILDING IMPROVEMENTS	12/31/20	SL	7.00		16	86,181.				86,181.			12,312.	12,312.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
455	CABINETS/COUNTERTOP BOARDROOM	02/26/21	SL	5.00		16	3,207.				3,207.			535.	535.
456	CRITTER HOUSE ENCLOSURES	01/29/21	SL	5.00		16	21,857.				21,857.			4,007.	4,007.
457	CRITTER HOUSE ENCLOSURES	06/28/21	SL	5.00		16	14,318.				14,318.			1,432.	1,432.
458	CRITTER HOUSE ENCLOSURES	07/30/21	SL	5.00		16	15,140.				15,140.			1,262.	1,262.
459	SINK KARRAN ELITE TOP	01/13/21	SL	5.00		16	408.				408.			82.	82.
460	FURNITURE & FIXTURES	03/31/21	SL	5.00		16	54,132.				54,132.			8,120.	8,120.
461	MORGUE DOOR WASH RACK	01/28/21	SL	5.00		16	13,200.				13,200.			2,420.	2,420.
462	MORGUE DOOR INSTALLATION	02/25/21	SL	5.00		16	9,100.				9,100.			1,517.	1,517.
463	MORGUE DOOR ELECTRICAL	03/05/21	SL	5.00		16	533.				533.			89.	89.
464	COMPUTER DESKS & CUBICLES	02/12/21	SL	5.00		16	8,266.				8,266.			1,515.	1,515.
465	KENNEL SIGNS	10/01/21	SL	5.00		16	8,266.				8,266.			413.	413.
466	KNOBS/GUARDS/RE-PIN	11/03/21	SL	5.00		16	6,572.				6,572.			219.	219.
467	KNOBS/GUARDS/RE-PIN	11/15/21	SL	5.00		16	6,996.				6,996.			233.	233.
468	KNOBS/GUARDS/RE-PIN	12/09/21	SL	5.00		16	2,573.				2,573.			43.	43.
469	CRITTER HOUSE FLOOR DEMO	08/30/21	SL	39.00	MM19T		1,909.				1,909.			18.	18.
470	UPS SYSTEM	02/12/21	SL	5.00		16	39,677.				39,677.			7,274.	7,274.
471	WILDLIFE ROOF	06/04/21	SL	39.00	MM19T		10,043.				10,043.			139.	139.
472	WILDLIFE PHASE II PROJECT	09/14/21	SL	39.00	MM19T		50,634.				50,634.			379.	379.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
473	WASHER & DRYER	11/26/21	SL	5.00		16	1,808.				1,808.			30.	30.
474	WILDLIFE PHASE II 1ST FLOOR	12/31/21	SL	39.00	MM19T		43,171.				43,171.			46.	46.
475	ZAHROIK PROJECT	03/17/21	SL	39.00	MM19T		29,132.				29,132.			591.	591.
476	BOARDROOM PROJECT	04/30/21	SL	39.00	MM19T		5,002.				5,002.			91.	91.
477	ZAHROIK ROOF REPAIR	08/27/21	SL	39.00	MM19T		51,833.				51,833.			498.	498.
478	PACIFIC OUTDOOR LIVING PERMITS AND ZONING	09/22/21	SL	39.00	MM19T		52,456.				52,456.			392.	392.
480	EXTERIOR LIGHTING	02/28/21	SL	7.00		16	42,139.				42,139.			5,017.	5,017.
481	EXIT LIGHTS	03/27/21	SL	7.00		16	8,184.				8,184.			877.	877.
482	EPOXY FLOORING - SNIP	05/24/21	SL	39.00	MM19T		6,000.				6,000.			96.	96.
483	BOILER	01/13/21	SL	5.00		16	55,012.				55,012.			11,002.	11,002.
484	BOILER THERMOSTATS	06/17/21	SL	5.00		16	7,783.				7,783.			778.	778.
485	VAPORIZER	11/17/21	SL	5.00		16	1,361.				1,361.			23.	23.
486	ANESTHESIA MACHINE	12/01/21	SL	5.00		16	3,299.				3,299.			55.	55.
487	STARLINK	03/30/21	SL	5.00		16	5,544.				5,544.			832.	832.
488	SECURITY ALARM SYSTEM	03/31/21	SL	5.00		16	71,435.				71,435.			10,715.	10,715.
489	RADIO - LTE CONTROLLER	06/15/21	SL	5.00		16	2,480.				2,480.			289.	289.
490	BURGULARY SENSORS	07/01/21	SL	5.00		16	14,449.				14,449.			1,445.	1,445.
491	ALGO STP PAGING HORN	08/23/21	SL	5.00		16	3,185.				3,185.			212.	212.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
492	GHA TECHNOLOGIES	10/07/21	SL	5.00		16	3,350.				3,350.			168.	168.
493	MACBOOK AIR, LENOVO THINKBOOK	01/04/21	SL	5.00		16	13,009.				13,009.			2,602.	2,602.
494	LENOVO THINKCENTER	03/04/21	SL	5.00		16	9,575.				9,575.			1,596.	1,596.
495	VMWARE VSPHERE	10/01/21	SL	5.00		16	17,634.				17,634.			882.	882.
496	MOTOROLA SL300	01/19/21	SL	5.00		16	10,890.				10,890.			1,997.	1,997.
497	SPEAKERS	09/13/21	SL	5.00		16	12,498.				12,498.			833.	833.
498	MIDMARK MONITOR	03/11/21	SL	5.00		16	6,624.				6,624.			1,104.	1,104.
499	CARDINAL CAPNOSTAT SENSOR	04/08/21	SL	5.00		16	2,451.				2,451.			368.	368.
500	BOILER FOR ZAHORIK	03/18/21	SL	5.00		16	29,129.				29,129.			4,369.	4,369.
501	WATER HEATER	04/15/21	SL	5.00		16	10,727.				10,727.			1,609.	1,609.
502	DOG KENNEL LOCKS	05/20/21	SL	5.00		16	52,500.				52,500.			6,125.	6,125.
503	KENNEL BAR REPAIRS	06/14/21	SL	5.00		16	8,297.				8,297.			968.	968.
504	WELDING UPGRADES	07/06/21	SL	5.00		16	2,069.				2,069.			207.	207.
505	SHELTER DOG KENNEL VALVE PROJECT	03/09/21	SL	5.00		16	5,175.				5,175.			863.	863.
506	MOTOROLA PORTABLE RADIO	12/13/21	SL	5.00		16	9,513.				9,513.			159.	159.
507	FORD F250 TRUCK	01/20/21	SL	5.00		16	43,290.				43,290.			7,937.	7,937.
508	ANIMAL TRANSPORT BED	03/15/21	SL	5.00		16	19,740.				19,740.			3,290.	3,290.
509	ANIMAL TRANSPORT BODY INSTALL	05/13/21	SL	5.00		16	7,533.				7,533.			1,004.	1,004.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
510	AIR CONDITIONER UNIT FOR ANIMAL CONTROL TRUCK	05/25/21	SL	5.00		16	16,861.				16,861.			1,967.	1,967.
511	RADIO AND ANTENNA ON ACO TRUCK UNIT 11	11/04/21	SL	5.00		16	1,181.				1,181.			39.	39.
512	ADVANTAGE FORD - UNIT 8 REPLACE ENGINE BLOCK	02/25/21	SL	5.00		16	12,174.				12,174.			2,029.	2,029.
	* 990 PAGE 10 TOTAL OTHER						1,478,288.				1,478,288.	180,516.		181,966.	362,482.
	IMPROVEMENTS														
	OTHER														
256	CANCER CTR 2015	12/31/15	SL	39.00	MM17		28,127.				28,127.	3,635.		721.	4,356.
257	ADMIN 2015	12/31/15	SL	39.00	MM17		125,783.				125,783.	16,260.		3,325.	19,485.
318	CANCER CENTER 2	04/01/16	SL	7.00	HY17		280,001.				280,001.	180,000.		40,000.	220,000.
319	HVAC UPGRADE	05/01/16	SL	39.00	MM17		65,810.				65,810.	7,804.		1,687.	9,491.
320	DEL MAR ADMIN	09/01/16	SL	39.00	MM17		482,639.				482,639.	53,115.		12,375.	65,490.
	* 990 PAGE 10 TOTAL OTHER						982,360.				982,360.	260,814.		58,008.	318,822.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS						982,360.				982,360.	260,814.		58,008.	318,822.
	* GRAND TOTAL 990 PAGE 10 DEPR						35123624.				35123624.	11190795.		1,179,301.	12370096.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						34158300.			0.	34158300.	11190795.			12267294.
	ACQUISITIONS						965,324.			0.	965,324.	0.			102,802.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

[illegible]

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

45.30

Name: PASADENA HUMANE

DETAIL CARRYOVER SCHEDULE

[illegible]

