

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2005Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection**A** For the 2005 calendar year, or tax year beginning , 2005, and ending , 20**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**ANIMAL SANCTUARY OF THE UNITED STATES**

Number and street (or P O box if mail is not delivered to street address) Room/suite

9606 LESLIE RD

City or town state or country, and ZIP + 4

SAN ANTONIO, TX. 78254**D** Employer identification number**74 2489271****E** Telephone number**(210) 688-9038****F** Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No
(If "No" attach a list See instructions)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)**G** Website: ▶**J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,420,278****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a		
	b Indirect public support	1b	1,363,118	
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	1,363,118	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	935	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
b Less rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶ _____)	7			
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities SCH I	8a	56,225
	b Less cost or other basis and sales expenses		8b	41,044
	c Gain or (loss) (attach schedule)		8c	15,181
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	15,181
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,379,234		
Expenses	13 Program services (from line 44, column (B))	13	1,292,020	
	14 Management and general (from line 44, column (C))	14	24,038	
	15 Fundraising (from line 44, column (D))	15	46,150	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 13 and 14, column (A))	17	1,362,208	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	17,026	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,281,656	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,298,682	

11-17
27-30

2A

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 48,923	44,031	4,892	
26	Other salaries and wages	26 159,062	159,062		
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 19,136	18,745	391	
30	Professional fundraising fees	30			
31	Accounting fees	31 3,200	3,200		
32	Legal fees	32 10,898	10,898		
33	Supplies	33 3,450	2,690	760	
34	Telephone	34 22,536	20,736	1,800	
35	Postage and shipping	35 218,371	186,321	900	31,150
36	Occupancy	36 27,953	25,953	2,000	
37	Equipment rental and maintenance	37 18,306	16,806	1,500	
38	Printing and publications	38 180,372	165,372		15,000
39	Travel	39 22,789	22,789		
40	Conferences, conventions, and meetings	40			
41	Interest	41 24,139	24,139		
42	Depreciation, depletion, etc. (attach schedule)	42 316,260	310,325	5,935	
43	Other expenses not covered above (itemize):				
a	AUTO	43a 58,463	55,363	3,100	
b	ANIMAL CARE/RESCUE/FEED/VET	43b 144,697	144,697		
c	ADVERTISING	43c 10,169	10,169		
d	BANK/CREDIT CARD CHARGES	43d 4,571	4,571		
e	CONTRACT LABOR	43e 15,000	15,000		
f	SCHEDULE 3	43f 53,913	51,153	2,760	
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,362,208	1,292,020	24,038	46,150

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SHELTER/CARE FOR UNWANTED WILD ANIMALS		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)
a	MAINTENANCE AND CARE OF UNWANTED, ABUSED AND ABANDONED WILD ANIMALS	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		942,818
b	PROVIDE EDUCATIONAL PROGRAMS TO LOCAL SCHOOLS/ORGANIZATIONS AND THE GENERAL PUBLIC BY WAY OF MAIL OUT LITERATURE, FACILITY TOURS, AND CLASSROOM INSTRUCTIONS DETAILING THE CARE AND PROTECTION OF WILD ANIMALS, WHERE THEY CAME FROM AND WHY INDIVIDUALS ABUSE THEM AND THE ANIMALS FUTURE FATE	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		349,202
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e	Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		1,292,020
f	Total of Program Service Expenses (should equal line 44, column (B), Program services). ►	

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	26,029	45	59,936
	46 Savings and temporary cash investments		46	3,515
	47a Accounts receivable	14,389		
	b Less: allowance for doubtful accounts		47c	14,389
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	3,389	52	4,946
	53 Prepaid expenses and deferred charges		53	6,848
	54 Investments—securities (attach schedule)		54	
	55a Investments—land, buildings, and equipment: basis	2,997,598		
	b Less: accumulated depreciation (attach schedule)	1,538,202	1,514,155	55c
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		57c		
58 Other assets (describe ▶)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	1,557,623	59	1,549,030	
Liabilities	60 Accounts payable and accrued expenses	49,840	60	45,994
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) <i>SCN Y</i>	226,127	64b	204,354
	65 Other liabilities (describe ▶)		65	
66 Total liabilities. Add lines 60 through 65		66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,281,656	67	1,298,682
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds.		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	1,281,656	73	1,298,682
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,557,623	74	1,549,030

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,379,234
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	1,379,234
d	Amounts included on Part I, line 12 but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	1,379,234

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,362,208
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	1,362,208
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	1,362,208
e	Total expenses (Part I, line 17). Add lines c and d	e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CAROL ASVESTAS 9488 LESLIE RD SAN ANTONIO, TX 78254	PRES 50+ HRS	48,293	0	0
SUMNER MATHIS 5649 OLD RANCH RD SARASOTA, FL	VICE PRES 2 HRS	0	0	0
LAURA MIRELES 9606 LESLIE RD SAN ANTONIO, TX 78254	SECRETARY 2 HRS	0	0	0
KAREN MAXFIELD 9606 LESLIE RD SAN ANTONIO, TX 78254	MEMBER 2 HRS	0	0	0
MICHELLE CRIER 9606 LESLIE RD SAN ANTONIO, TX 78254	MEMBER 2 HRS	0	0	0

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d	Enter: Amount of tax on line 89c. above, reimbursed by the organization <input type="checkbox"/>		
90a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	
91a	The books are in care of CAROL ASVESTAS Telephone no (210) 688-9038 Located at 9606 LESLIE RD SAN ANTONIO, TX ZIP + 4 78254		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/>	91c	<input checked="" type="checkbox"/>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		
93 Program service revenue.						
a CONTRIBUTIONS/ADMISSIONS						1,363,118
b						
c						
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government agencies						
94 Membership dues and assessments						
95 Interest on savings and temporary cash investments						935
96 Dividends and interest from securities						
97 Net rental income or (loss) from real estate:						
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from personal property						
99 Other investment income						15,811
100 Gain or (loss) from sales of assets other than inventory						
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory						
103 Other revenue a						
b						
c						
d						
e						
104 Subtotal (add columns (B), (D), and (E))						
105 Total (add line 104, columns (B), (D), and (E))						1,379,234

Note: Line 105 plus line 1d, Part I should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SCHEDULE 0 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	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.	
	Signature of officer <i>C. Asvestas</i>	Date <i>11/14/06</i>
	Type or print name and title <i>CAROL ASVESTAS President</i>	

Paid Preparer's Use Only	Preparer's signature <i>John Savickas</i>	Date <i>11/14/06</i>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>JOHN SAVICKAS 9402 MARSH CREEK SAN ANTONIO, TX 78250</i>	EIN <i>06-1664243</i>	Phone no. <i>210-680-7052</i>	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization

ANIMAL SANCTUARY OF THE UNITED STATES

Employer identification number

74-2489271

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a

b Lending of money or other extension of credit?

2b

c Furnishing of goods, services, or facilities?

2c

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d

e Transfer of any part of its income or assets?

2e

- 3a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)

3a

b Do you have a section 403(b) annuity plan for your employees?

3b

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c

- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No" attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div style="display: flex; justify-content: space-between;"> <div> If the amount on line 40 is— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 </div> <div> The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 </div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶		(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body.			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- | | |
|-------------------|---|
| (i) Cash | — |
| (ii) Other assets | — |

	Yes	No
51a(i)		
a(ii)		
b(i)		
b(ii)		
b(iii)		
b(iv)		
b(v)		
b(vi)		
c		

- | | | | | | |
|-------|---|--|--|--|--|
| (i) | Sales or exchanges of assets with a noncharitable exempt organization | | | | |
| (ii) | Purchases of assets from a noncharitable exempt organization | | | | |
| (iii) | Rental of facilities, equipment, or other assets | | | | |
| (iv) | Reimbursement arrangements | | | | |
| (v) | Loans or loan guarantees | | | | |
| (vi) | Performance of services or membership or fundraising solicitations | | | | |

- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

- 52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No

- b** If "Yes," complete the following schedule:

[illegible]

Schedule 1

Form 990

Part 1, Line 8c, Gain (Loss) from Sale of Assets Other than Inventory:

Date	Description	Sales Price	Cost	Accum Depr	Gain (Loss)
1/4/2005	Horse Trailer	25,000.00	31,500.00	12,075.00	5,575.00
8/5/2005	Various Equipment	7,500.00	5,600.00	4,223.00	6,123.00
12/23/2005	Ford F150	23,725.00	20,878.00	5,916.00	8,763.00
12/31/2005	Plymouth Voyager	-	4,000.00	4,000.00	-
12/31/2005	91 Ford Pickup	-	7,000.00	7,000.00	-
12/31/2005	1988 Lincoln	-	4,500.00	4,500.00	-
12/31/2005	1978 Ford Pickup	-	2,000.00	2,000.00	-
12/31/2005	1982 Dodge Pickup	-	1,500.00	1,500.00	-
12/31/2005	Dodge Van	-	1,700.00	1,700.00	-
12/31/2005	Golf Cart	-	450.00	450.00	-
12/31/2005	Cushman Vehicle	-	1,000.00	850.00	(150.00)
12/31/2005	1994 Ford Aerostar Van	-	5,000.00	3,500.00	(1,500.00)
12/31/2005	School Bus	-	500.00	217.00	(283.00)
12/31/2005	Golf Cart	-	1,800.00	360.00	(1,440.00)
12/31/2005	32' Stock Trailer	-	2,600.00	693.00	(1,907.00)
12/31/2005	Dodge Van	-	3,500.00	3,500.00	-
12/31/2005	486 Computer	-	1,000.00	1,000.00	-
12/31/2005	486 Computer	-	500.00	500.00	-
12/31/2005	Copier Xerox	-	2,600.00	2,600.00	-
	Total	56,225.00	97,628.00	56,584.00	15,181.00

ANIMAL SANCTUARY OF THE UNITED STATES				74-2489271		
Part II - Statement of Functional Expenses						
Line 42 - Depreciation						
12/31/2005						
SCHEDULE 2						
	Cost	Date Purch	Method/ Life	Prior Years Depreciation	Current Depreciation	Accum Depreciation
Vehicles						
Horse Trailer	700	6/16/1995	S/L 5 yrs	700		700
Trailer	2,112	3/10/1997	S/L 7 Yrs	2,112		2,112
Flatbed	500	3/4/1997	S/L 7 Yrs	500		500
Bobcat	5,500	12/2/1999	S/L 5 Yrs	5,500		5,500
Land Vehicles	2,500	3/3/1999	S/L 5 Yrs	2,500		2,500
1998 Ford Expedition	27,752	7/14/2000	S/L 5 yrs	24,513	3,239	27,752
Trailer	2,750	4/13/2000	S/L 7 Yrs	1,867	393	2,260
Kawasaki Utility Cart	4,410	7/1/2001	S/L 5 yrs	3,087	882	3,969
1984 Ford Step Van	4,000	7/1/2001	S/L 5 yrs	2,800	800	3,600
2001 Kawasaki Mule	7,000	7/13/2001	S/L 5 yrs	4,900	1,400	6,300
1997 Trolley	6,000	7/13/2001	S/L 5 yrs	4,200	1,200	5,400
1995 Dodge Pickup	7,400	7/10/2001	S/L 5 yrs	5,180	1,480	6,660
2 Kawasaki Mules	3,150	6/28/2002	S/L 5 yrs	1,628	630	2,258
Kubota Tractor	10,750	7/5/2002	S/L 5 yrs	5,375	2,150	7,525
Golf Cart	550	8/16/2000	S/L 5 yrs	440	110	550
40' Transport	3,000	10/16/2003	S/L 5 yrs	750	600	1,350
USPS Van	1,000	8/2/2003	S/L 5 yrs	283	200	483
Toyota Four Runner	11,513	10/1/2003	S/L 5 yrs	2,879	2,303	5,182
1989 Dump Truck	7,354	1/26/2004	S/L 5 yrs	1,471	1,471	2,942
Flatbed Trailers	500	5/18/2004	S/L 5 yrs	67	100	167
Ford F250	9,006	1/10/2004	S/L 5 yrs	1,801	1,801	3,602
Ford F350	29,573	9/1/2004	S/L 5 yrs	1,972	5,915	7,887
John Deere Rider	1,200	1/20/2005	S/L 5 yrs		240	240
John Deere Gator	4,400	8/8/2005	S/L 5 yrs		367	367
Reefer Trailer	1,595	12/20/2005	S/L 5 yrs		27	27
Skidder	13,000	1/4/2005	S/L 5 yrs		2,600	2,600
Tractor	10,625	1/4/2005	S/L 5 yrs		2,125	2,125
Cargo Van	9,772	12/1/2003	S/L 5 yrs	2,117	1,954	4,071
Total Vehicles	187,612			76,642	31,987	108,629
Buildings/Cages						
3 Jaguar Cages	14,683	1/30/1990	S/L 7 Yrs	14,683		14,683
Tiger Cage	5,293	2/28/1990	S/L 7 Yrs	5,293		5,293
Shelter Boxes	680	3/31/1990	S/L 7 Yrs	680		680
Tiger Pool	466	12/1/1990	S/L 7 Yrs	466		466
3 Cougar Cages	3,956	3/31/1991	S/L 7 Yrs	3,956		3,956
Chimp Cage	4,000	2/21/1991	S/L 7 Yrs	4,000		4,000
Bear Cage	3,000	4/30/1992	S/L 7 Yrs	3,000		3,000

Monkey Cage	6,000	9/30/1992	S/L 7 Yrs	6,000		6,000
Perimeter Fence	36,038	6/30/1992	S/L 7 Yrs	36,038		36,038
Monkey Dome	5,358	3/31/1992	S/L 7 Yrs	5,358		5,358
Quarantine/Primate	8,067	10/1/1993	S/L 7 Yrs	8,067		8,067
Greenhouse Primate	7,300	10/1/1993	S/L 7 Yrs	7,300		7,300
Cages 1994	48,999	6/30/1994	S/L 7 Yrs	48,999		48,999
Cages 1995	15,395	12/1/1995	S/L 7 Yrs	15,395		15,395
Cages 1996	31,279	6/15/1996	S/L 7 Yrs	31,279		31,279
Steel Indoor Cages	15,000	3/15/1998	S/L 7 Yrs	14,465	535	15,000
Chimp Cages	140,000	3/15/1998	S/L 7 Yrs	135,000	5,000	140,000
32 Squeeze Back Cages	32,000	3/15/1998	S/L 7 Yrs	30,855	1,145	32,000
Heating/Air Cond Unit	15,000	6/15/1998	S/L 7 Yrs	14,108	892	15,000
Cat Haven Building	16,000	7/15/1998	S/L 15 Yrs	6,935	1,067	8,002
Building Improvements	11,000	6/15/1998	S/L 15 Yrs	4,826	733	5,559
Bear Cage	15,000	6/15/1998	S/L 7 Yrs	14,108	892	15,000
Wolve Enclosures	10,000	4/15/1998	S/L 7 Yrs	9,526	474	10,000
Bear Cages	15,000	6/15/1998	S/L 7 Yrs	14,108	892	15,000
Stumptail Cages	15,000	6/15/1998	S/L 7 Yrs	14,108	892	15,000
Java Cages	15,101	10/15/1998	S/L 7 Yrs	13,481	1,620	15,101
5 Squeeze Back Cages	1,500	11/9/1997	S/L 7 Yrs	1,500		1,500
Wao Clinic	60,946	4/1/2000	S/L 15 Yrs	19,299	4,063	23,362
Cat Haven Building Improvements	6,844	1/1/2000	S/L 15 Yrs	2,280	456	2,736
Primatae Clinic	5,645	1/1/2000	S/L 15 Yrs	1,880	376	2,256
Handicap Bathroom	5,971	6/15/1999	S/L 15 Yrs	2,222	398	2,620
18 Squeeze Back Cages	21,600	4/1/1999	S/L 7 Yrs	21,600		21,600
5 Chimp Squeeze Cages	35,000	4/1/1999	S/L 7 Yrs	28,750	5,000	33,750
Chimp Cages	41,130	9/1/1999	S/L 7 Yrs	31,339	5,876	37,215
Primate Cages	38,886	9/1/1999	S/L 7 Yrs	29,627	5,555	35,182
Bear Cages	3,407	9/1/1999	S/L 7 Yrs	2,592	486	3,078
Mobile Home	3,000	6/17/1999	S/L 15 Yrs	1,117	200	1,317
Mobile Home	5,000	1/15/1999	S/L 15 Yrs	1,998	333	2,331
Mobile Home	4,200	4/26/2000	S/L 15 Yrs	1,330	280	1,610
Bird Cages	500	8/16/2000	S/L 7 Yrs	314	71	385
Shelter Boxes	820	3/31/2000	S/L 7 Yrs	579	117	696
Tiger Cages	12,250	10/15/2000	S/L 7 Yrs	7,437	1,750	9,187
Chimp Cages	209,115	9/15/2000	S/L 7 Yrs	129,454	29,874	159,328
Lion Cages	47,250	11/15/2000	S/L 7 Yrs	16,877	3,938	20,815
Monkey Cages	25,131	6/1/2000	S/L 7 Yrs	16,454	3,590	20,044
Bear Cages	32,000	6/30/2001	S/L 7 Yrs	15,999	4,571	20,570
Quarantine Talley	17,201	10/31/2001	S/L 7 Yrs	7,780	2,457	10,237
Quarantine Leslie	15,537	10/31/2001	S/L 7 Yrs	7,030	2,220	9,250
Tiger Cages	13,672	12/1/2002	S/L 7 Yrs	4,355	1,953	6,308
Tiger Cages	2,863	12/1/2002	S/L 7 Yrs	1,539	409	1,948
Wolf Enclosure	25,000	9/30/2001	S/L 7 Yrs	11,606	3,571	15,177
Gate/Fencing	930	3/31/2001	S/L 7 Yrs	499	133	632
Primate Building	29,625	8/1/2001	S/L 7 Yrs	14,459	4,232	18,691
Primate Cages	90,000	9/30/2001	S/L 7 Yrs	41,785	12,857	54,642
Primate Cages	75,000	11/1/2001	S/L 7 Yrs	33,927	10,714	44,641
Mobile Home	1,500	1/1/2002	S/L 15 Yrs	300	100	400
Mobile Home	1,500	1/14/2002	S/L 15 Yrs	300	100	400
4 Treated Picnic Tables	1,200	7/15/2002	S/L 5 Yrs	600	240	840
Perimeter Fence	6,000	6/15/2002	S/L 7 Yrs	2,214	857	3,071

Upgrade Trail	3,500	3/15/2002	S/L 7 Yrs	1,417	500	1,917
Bear Cage	5,000	2/15/2002	S/L 7 Yrs	2,142	714	2,856
Feeding Troughs	8,500	7/1/2002	S/L 7 Yrs	3,035	1,214	4,249
Chimp Cages	3,000	2/1/2002	S/L 7 Yrs	1,249	428	1,677
Animal Cages	72,950	1/1/2003	S/L 7 Yrs	20,842	10,421	31,263
Bear Cages	3,335	12/31/2000	S/L 7 Yrs	1,706	476	2,182
Quarantine Area	54,000	6/15/2003	S/L 7 Yrs	12,714	7,714	20,428
Walk In Freezer	65,000	10/5/2003	S/L 7 Yrs	11,607	9,286	20,893
Building Improvements	14,149	6/15/2004	S/L 15 Yrs	550	943	1,493
Educational Building	24,837	6/15/2004	S/L 15 Yrs	966	1,656	2,622
Education Building	23,525	10/15/2005	S/L 15 Yrs		392	392
Fencing	3,096	3/1/2004	S/L 7 Yrs	369	442	811
Feed Shed/Walk in Freezer	53,756	5/1/2004	S/L 7 Yrs	5,120	7,679	12,799
IFAW Cages	71,000	9/1/2004	S/L 7 Yrs	3,381	10,143	13,524
Baboon Cage	25,267	5/1/2004	S/L 7 Yrs	2,406	3,610	6,016
Bear Cage	30,799	11/1/2004	S/L 7 Yrs	733	4,400	5,133
WIP Donated Materials (educ)	16,000	6/15/2004	S/L 15 Yrs		267	267
Appliances	2,500	4/1/2004	S/L 5 Yrs	375	500	875
Mobile Home	12,343	10/15/2004	S/L 7 Yrs	441	1,763	2,204
Mobile Home	3,200	1/24/2005	S/L 7 Yrs		457	457
Mobile Home	1,500	5/23/2003	S/L 5 Yrs	475	300	775
Wire Dog Crates	3,200	10/15/2005	S/L 5 Yrs		160	160
Tiger/Leopard Cages	94,877	10/15/2005	S/L 7 Yrs		3,388	3,388
Cages 1997	52,490	6/15/1997	S/L 7 Yrs	52,490		52,490
Total Buildings/Cages	1,977,662			1,043,094	187,772	1,230,866
Other						
Exotic Animals	1,000	12/21/2004	S/L 10 Yrs	8	100	108
Exotic Animals	2,300	6/30/1997	S/L 10 Yrs	1,725	230	1,955
Total Exotic Animals	3,300			1,733	330	2,063
Equipment						
Water Blaster	1,000	2/19/1997	S/L 5 yrs	1,000		1,000
Welder	500	4/22/1997	S/L 5 yrs	500		500
Compressor/Spray Gun	400	6/23/1997	S/L 5 yrs	400		400
Utility Shed	700	6/1/1997	S/L 5 yrs	700		700
Cutting Tools	900	6/1/1997	S/L 5 yrs	900		900
Freezer	1,500	10/1/1991	S/L 5 yrs	1,500		1,500
Welding Machine	1,625	11/15/1999	S/L 5 Yrs	1,625		1,625
Water Blaster	1,850	1/15/1999	S/L 5 Yrs	1,850		1,850
Sedated Pistol W/Darts	600	1/5/1995	S/L 5 yrs	600		600
Welding Machine	2,739	4/19/2000	S/L 5 yrs	2,603	136	2,739
Air Compressor	4,000	4/11/2000	S/L 5 yrs	3,800	200	4,000
Table Saw	350	4/28/2000	S/L 5 yrs	332	18	350
Cement Mixer	1,004	4/28/2000	S/L 5 yrs	551	453	1,004
Forklift	1,000	5/6/2002	S/L 5 yrs	517	200	717
Forklift Attachment	650	6/24/2002	S/L 5 yrs	336	130	466
Post Hole Digger	705	6/27/2002	S/L 5 yrs	364	141	505
Backhoe	12,000	9/22/2000	S/L 5 yrs	10,400	1,600	12,000
Refrigeration	3,500	1/31/2003	S/L 5 yrs	1,400	700	2,100

Electric Winch	450	9/13/2003	S/L 5 yrs	120	90	210
Deep Freezer	320	4/15/2003	S/L 5 yrs	114	64	178
Air Compressor	725	11/15/2003	S/L 5 yrs	169	145	314
Backhoe	9,500	1/15/2004	S/L 5 yrs	1,900	1,900	3,800
Blue Star	1,695	1/10/2004	S/L 5 yrs	339	339	678
Tommy Lift	1,000	2/4/2004	S/L 5 yrs	183	200	383
Incinerator	1,250	4/13/2004	S/L 5 yrs	187	250	437
Feret Food Service Box	2,000	6/21/2004	S/L 5 yrs	233	400	633
A/C Heaters	1,192	8/19/2004	S/L 5 yrs	99	238	337
Generator	1,000	8/21/2004	S/L 5 yrs	83	200	283
Electric Fence	400	8/26/2004	S/L 5 yrs	33	80	113
Water Blaster	388	8/26/2004	S/L 5 yrs	32	78	110
Pneumatic rock drill SA Found	1,119	9/23/2004	S/L 5 yrs	75	224	299
25' Scissor Lift SA Foundation	6,500	10/2/2004	S/L 5 yrs	325	1,300	1,625
Panel Coolers SA Foundation	1,150	11/27/2004	S/L 5 yrs	38	230	268
Cooler Reefer	1,866	1/30/2005	S/L 5 yrs		373	373
Radial Saw	500	3/8/2005	S/L 5 yrs		167	167
Appliances	1,347	12/8/2005	S/L 5 yrs		22	22
Furniture	2,854	12/8/2005	S/L 5 yrs		48	48
Meat Saw	1,000	12/20/2005	S/L 5 yrs		17	17
Generator	625	12/19/2003	S/L 5 yrs	135	125	260
Total Equipment	71,903			33,443	10,068	43,511
Total Programs	2,240,477	35,611		1,154,912	230,157	1,385,069
Office Equipment						
Fax machine	357	10/3/1994	S/L 5 yrs	357		357
Laser Jet printer	400	12/1/1993	S/L 5 yrs	400		400
Air Conditioner	399	7/29/1997	S/L 5 yrs	399		399
Air Conditioner	458	7/3/1997	S/L 5 yrs	458		458
Hand Radios/Receiver	600	3/1/1997	S/L 5 yrs	600		600
Telephone System	1,000	3/10/1997	S/L 5 yrs	1,000		1,000
Copier	900	4/11/1997	S/L 5 Yrs	900		900
Conference Table	400	6/1/1997	S/L 5 Yrs	400		400
3 Desks	200	6/30/1997	S/L 5 Yrs	200		200
Apt Fridge	125	6/30/1997	S/L 5 Yrs	125		125
Computers	9,600	4/15/1998	S/L 5 Yrs	9,600		9,600
PA System	600	1/21/1999	S/L 5 Yrs	600		600
Oven/Microwave	894	1/6/1999	S/L 5 Yrs	894		894
VCR	395	1/3/1999	S/L 5 Yrs	316		316
Laser Printer	400	1/22/1999	S/L 5 Yrs	320		320
Camera Lens	652	8/3/2000	S/L 5 yrs	574	78	652
Dell Computer Station	1,000	9/2/2002	S/L 5 yrs	467	200	667
Printer	500	10/22/2002	S/L 5 yrs	233	100	333
Binder	415	12/2/2003	S/L 5 yrs	90	83	173
T-Shirt Machine	574	6/2/2003	S/L 5 yrs	182	115	297
Computers	5,406	1/1/2003	S/L 5 yrs	2,162	1,081	3,243
Printer	594	2/1/2003	S/L 5 yrs	228	119	347
Computer Software	1,114	5/2/2003	S/L 5 yrs	390	223	613
Donated Office Furniture	8,000	3/1/2003	S/L 5 yrs	2,933	1,600	4,533
DVD Recorder	399	2/4/2004	S/L 5 yrs	73	80	153

Digital Video Camera IFAW	1,572	4/21/2070	S/L 5 yrs	236	314	550
Digital Camera	771	11/10/2004	S/L 5 yrs	26	154	180
Speakers/PA System	1,658	12/1/2004	S/L 5 yrs	28	332	360
Computer System	4,597	5/1/2004	S/L 5 yrs	613	919	1,532
Soda Vending Machine	325	1/5/2004	S/L 5 yrs	65	65	130
Furniture	661	2/20/2004	S/L 5 yrs	121	132	253
Lucent Telephone System	722	5/4/2005	S/L 5 yrs		84	84
Lap Top computer	1,278	4/1/2003	S/L 5 yrs	448	256	704
Fund Raising Equip	802	12/24/1997	S/L 5 Yrs	802		802
Total Office	47,769			26,240	5,935	32,175
Mailing Lists						
2003 Acquisition	39,279	6/15/2003	S/L 3 Yrs	20,731	13,093	33,824
2005 Acquisition	138,634	6/15/2005	S/L 3 Yrs		26,956	26,956
2004 Acquisition	120,357	6/15/2003	S/L 3 Yrs	20,059	40,119	60,178
Total Mailing Lists	298,270			40,790	80,168	120,958
Land	20,000	3/29/1990				
Land	225,000	7/1/2001				
Land Easement	1,000	3/11/2004				
Land Improvements	15,201	10/15/2001				
Land	149,880	2/15/1999				
Total Land	411,081					
Total Assets	2,997,598			1,221,942	316,260	1,538,202

Animal Sanctuary of the United States					74-2489271
SCHEDULE 3					
Form 990					
Part II, Statement of Functional Expenses					
Line 43F, Other Expenses					
Description		(A) Total	(B) Program Support	© Manag. General	(D) Fundraising
Employee Training		271	271		
IFAW Investigation		4,882	4,882		
Insurance		988	988		
Janitorial/Maintenance		17,115	16,315	800	
Licenses/Permits		946	946		
Office		16,059	14,459	1,600	
Subscriptions/Dues		384	384		
Tools		2,900	2,900		
Uniforms		2,246	2,246		
Misc Operating Expenses		8,122	7,762	360	
Total		53,913	51,153	2,760	-

Schedule 4

Form 990,
Part IV, Line 64b, Mortgages and othe Notes Payable

Payee	<u>Prior</u>	<u>Current</u>
Frost National Bank (Real Estate	119,176	117,489
Pete Frerich Real Estate	45,299	43,740
Local Bank (Vehicles/Equipment)	61,652	43,125
Total	<u>226,127</u>	<u>204,354</u>

Animal Sanctuary of the United States

74-2489271

Schedule 5

Part VIII

Lines 93 through 105, Relationship of Activities to Accomplishment of Exempt Purposes

Line 93a Funds received from the General Public to assist in the housing and care of abused and abandoned wild animals and to teach the general public about the abuse of wild animals

Line 95 Interest on Savings

Line 100 Gain on sales of fixed assets Schedule 1 applies

Animal Sanctuary of the United States

74-2489271

Schedule 6

Form 990, Schedule B

Cash Contributors

Donations Greater than \$1000.00

Amount

5,500

10,000

1,000

5,000

2,500

5,000

5,000

20,000

6,525

424 E 92nd St
New York, NY 10128

6,000

10,000

3,500

15,900

75,000

50,000

2,000

10,000

20,000

2,500

Joseph Frost
16607 Blanco Rd Ste 1501
San Antonio, TX 78232

1,500

20,000

10,000

1,000

1,000

1,000

5,212

8,000

3,500

2,200

3,000

2,500

30,000

30,000

19,400

393,736

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print	Name of Exempt Organization ANIMAL SANCTUARY OF THE UNITED STATES	Employer identification number 74-2489271
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 9606 LESLIE RD	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. SAN ANTONIO, TX 78254	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of
- CAROL ASVESTAS**

Telephone No. **(210) 688-9078** FAX No. **()**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15**, 20 **06**.
- 5 For calendar year **2005**, or other tax year beginning **_____**, 20 **_____**, and ending **_____**, 20 **_____**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED FOR THE COMPLETION OF THE ANNUAL AUDIT FOR YEAR ENDED 12/31/05. THIS WILL ENABLE AN ACCURATE FILING OF THE RELATED FORM 990.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **_____**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ **_____**
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **_____**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **John Bonita** Title **ACCOUNTANT** Date **8/15/06****Notice to Applicant—To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other **_____**

Director **_____** By **_____****Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name	RECEIVED AUG 18 2006 OGDEN, UT
	Number and street (include suite, room, or apt. no.) or a P.O. box number	
	City or town, province or state, and country (including postal or ZIP code)	