

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ANIMAL SAMARITANS SPCA, INC. 72120 PETLAND PL THOUSAND PALMS, CA 92276-2950	D Employer identification number 95-3171867	E Telephone number 760-343-3477
F Name and address of principal officer: LEN BETZ SAME AS C ABOVE		G Gross receipts \$ 7,512,563.	
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		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.	
J Website: ▶ WWW.ANIMALSAMARITANS.ORG		H(c) Group exemption number ▶	
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: 1978	M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	81
	6 Total number of volunteers (estimate if necessary)	6	256
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	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	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,508,960.	2,228,171.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,555,339.	5,016,585.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,403.	17,423.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,951.	131,706.
		6,126,653.	7,393,885.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,993,591.	3,976,070.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	61,445.	60,060.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>451,603.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,826,124.	2,511,407.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,881,160.	6,547,537.	
19 Revenue less expenses. Subtract line 18 from line 12	1,245,493.	846,348.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,721,204.	6,747,213.
	22 Net assets or fund balances. Subtract line 21 from line 20	264,420.	382,694.
		5,456,784.	6,364,519.

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	Signature of officer <u>LEN BETZ</u>	Date _____	Title PRESIDENT
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name STEVEN T. ERICKSON, CPA	Preparer's signature _____	Date _____
	Firm's name MARYANOV MADSEN GORDON CAMPBELL	Check <input type="checkbox"/> if self-employed PTIN P00404339	
	Firm's address PO BOX 1826 PALM SPRINGS, CA 92263	Firm's EIN ▶ 95-3178278 Phone no. (760) 320-6642	

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 [X]

1 Briefly describe the organization's mission:

IMPROVING THE LIVES OF ANIMALS AND PEOPLE.

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 [X] 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 [X] 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 \$ 5,757,060. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

DO NOT MAIL

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 5,757,060.

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 Revenue Procedure 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.</i> See instructions	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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
24d 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		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? <i>If 'Yes,' complete Schedule L, Part III.</i>		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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.....		
1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....		
1 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 81		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
	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?		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?		X
	If 'Yes,' see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If 'Yes,' complete Form 4720, Schedule O.		
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		

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

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Contains questions about governing body members, relationships, and documentation.

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

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation.

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.
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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 dotted 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) ARTHUR KLOMHAUS VETERINARIAN, DVM	40 0					X	236,754.	0.	0.	
(2) CATHERINE GILABERT VETERINARIAN, DVM	40 0					X	212,571.	0.	0.	
(3) ROBERT MILLS VETERINARIAN, DVM	40 0					X	128,459.	0.	0.	
(4) TOM SNYDER CEO	40 0			X			123,329.	0.	0.	
(5) ROLLAND REGNERY VETERINARIAN, DVM	40 0					X	122,164.	0.	0.	
(6) MONICA KOCIAN VETERINARIAN, DVM	40 0					X	115,817.	0.	0.	
(7) DEA FRANK SECRETARY	1 0	X		X			0.	0.	0.	
(8) MARK DODGE VICE PRESIDENT	1 0	X		X			0.	0.	0.	
(9) PATRICK EVANS DIRECTOR	1 0	X					0.	0.	0.	
(10) SANDY BEAKEY DIRECTOR	1 0	X					0.	0.	0.	
(11) BARBARA FLANAGAN DIRECTOR	1 0	X					0.	0.	0.	
(12) MARCIA ERICKSON DIRECTOR	1 0	X					0.	0.	0.	
(13) LANNY SEESE DIRECTOR	1 0	X					0.	0.	0.	
(14) LEN BETZ PRESIDENT	2 0	X		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 dotted 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			
(15) BERT GARLAND DIRECTOR	1 0	X					0.	0.	0.
(16) JOHN SCHOOLER TREASURER	1 0	X		X			0.	0.	0.
(17) MARIA MACHUCA DIRECTOR	1 0	X					0.	0.	0.
(18) AURORA WILSON DIRECTOR	1 0	X					0.	0.	0.
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Subtotal							939,094.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							939,094.	0.	0.
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	6								

DO NOT MAIL

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		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? <i>If 'Yes,' complete Schedule J for such individual.</i>	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? <i>If 'Yes,' complete Schedule J for such person.</i>		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.

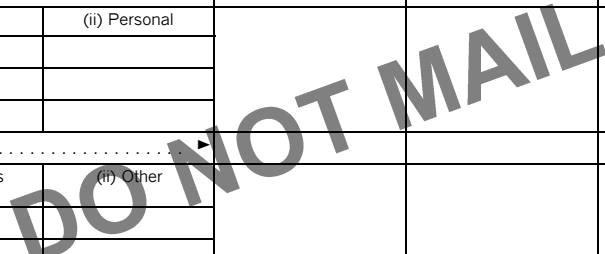
(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b 425.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 878,488.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,349,258.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		2,228,171.			
Program Service Revenue	2 a CLINIC INCOME		5,016,585.	5,016,585.		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f			5,016,585.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,423.	17,423.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	(ii) Personal			
		6 a				
		b Less: rental expenses	6 b			
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7 a				
		b Less: cost or other basis and sales expenses	7 b			
	c Gain or (loss)	7 c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a 250,384.				
b Less: direct expenses		8 b 118,678.				
c Net income or (loss) from fundraising events		131,706.		131,706.		
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
	b Less: direct expenses		9 b			
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10 a					
	b Less: cost of goods sold		10 b			
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a _____					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			7,393,885.	5,034,008.	0.	



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	123,329.	104,830.	12,333.	6,166.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	3,302,034.	2,973,843.	151,415.	176,776.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,378.	69,563.	4,943.	3,872.
9 Other employee benefits	186,713.	160,342.	13,642.	12,729.
10 Payroll taxes	285,616.	247,923.	21,343.	16,350.
11 Fees for services (nonemployees):				
a Management				
b Legal	752.	501.	251.	
c Accounting	16,385.	11,703.	2,341.	2,341.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	60,060.			60,060.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	376,799.	258,366.	21,046.	97,387.
12 Advertising and promotion	11,883.	1,650.		10,233.
13 Office expenses	59,719.	37,947.	14,144.	7,628.
14 Information technology	43,002.	34,140.	1,085.	7,777.
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	173,197.	155,877.	8,660.	8,660.
23 Insurance	63,883.	45,630.	9,127.	9,126.
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 <u>MEDICAL SUPPLIES</u>	522,641.	522,641.		
b <u>LABORATORY</u>	220,727.	220,727.		
c <u>PAYROLL PROCESSING FEES</u>	187,605.	159,464.	18,761.	9,380.
d <u>BANK/CREDIT CARD FEES</u>	161,164.	155,416.	653.	5,095.
e All other expenses. SEE SCH. O.	673,650.	596,497.	59,130.	18,023.
25 Total functional expenses. Add lines 1 through 24e.	6,547,537.	5,757,060.	338,874.	451,603.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check 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	176,739.	1	975,583.	
	2	Savings and temporary cash investments	1,441,151.	2	1,257,161.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	13,606.	4	32,030.	
	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	90,086.	8	186,891.	
	9	Prepaid expenses and deferred charges	25,820.	9	25,606.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,998,709.		
	b	Less: accumulated depreciation	10b	2,430,466.	10c	2,568,243.
	11	Investments – publicly traded securities	1,253,511.	11	1,333,340.	
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	31,500.	15	368,359.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,721,204.	16	6,747,213.		
Liabilities	17	Accounts payable and accrued expenses	263,068.	17	382,694.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	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		22		
	23	Secured mortgages and notes payable to unrelated third parties	1,352.	23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	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		25		
	26	Total liabilities. Add lines 17 through 25	264,420.	26	382,694.	
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.					
	27	Net assets without donor restrictions	4,902,862.	27	5,701,671.	
	28	Net assets with donor restrictions	553,922.	28	662,848.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances.	5,456,784.	32	6,364,519.	
33	Total liabilities and net assets/fund balances.	5,721,204.	33	6,747,213.		

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	7,393,885.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,547,537.
3	Revenue less expenses. Subtract line 2 from line 1	3	846,348.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,456,784.
5	Net unrealized gains (losses) on investments	5	61,387.
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	6,364,519.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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			
2b	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			
2c	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
3b	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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ANIMAL SAMARITANS SPCA, INC.	Employer identification number 95-3171867
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person that exceeds 2% of the amount shown on line 11; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

DO NOT MAIL

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Unit (%). Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14.

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.

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.

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.

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.

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.

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'.)	1,058,198.	1,418,503.	2,720,086.	3,508,960.	2,016,167.	10,721,914.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	3,229,476.	3,308,888.	3,425,470.	2,555,339.	5,016,586.	17,535,759.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	4,287,674.	4,727,391.	6,145,556.	6,064,299.	7,032,753.	28,257,673.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	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.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						28,257,673.

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.	4,287,674.	4,727,391.	6,145,556.	6,064,299.	7,032,753.	28,257,673.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	9,767.	14,536.	12,965.	17,560.	17,423.	72,251.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	9,767.	14,536.	12,965.	17,560.	17,423.	72,251.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI.	104,125.	24,867.	69,449.	53,951.	131,706.	384,098.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,401,566.	4,766,794.	6,227,970.	6,135,810.	7,181,882.	28,714,022.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	98.41 %
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	98.69 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	0.25 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	0.23 %

- 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?	11a	
b A family member of a person described on line 11a above?	11b	
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 .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	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.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	

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 .	3a	
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.	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		(A) Prior Year	(B) 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

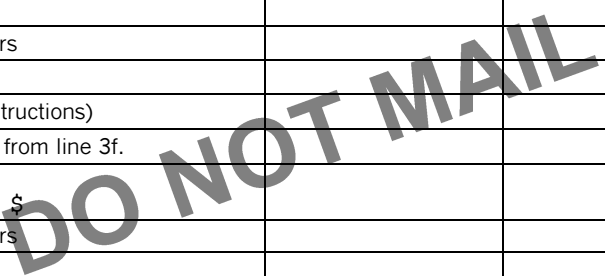
BAA

Schedule A (Form 990) 2021

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			



Part VI

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

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
FUNDRAISING EVENTS	\$ 131,706.	\$ 53,951.	\$ 69,449.	\$ 24,867.	\$ 104,125.
TOTAL	<u>\$ 131,706.</u>	<u>\$ 53,951.</u>	<u>\$ 69,449.</u>	<u>\$ 24,867.</u>	<u>\$ 104,125.</u>

DO NOT MAIL

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ANIMAL SAMARITANS SPCA, INC.	Employer identification number 95-3171867
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization ANIMAL SAMARITANS SPCA, INC.	Employer identification number 95-3171867
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	----- ----- -----	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	----- ----- -----	\$ <u>7,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	----- ----- -----	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	----- ----- -----	\$ <u>28,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>	----- ----- -----	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization ANIMAL SAMARITANS SPCA, INC.	Employer identification number 95-3171867
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	----- ----- -----	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>	----- ----- -----	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>	----- ----- -----	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>16</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>17</u>	----- ----- -----	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>18</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization ANIMAL SAMARITANS SPCA, INC.	Employer identification number 95-3171867
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 28,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 89,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization ANIMAL SAMARITANS SPCA, INC.	Employer identification number 95-3171867
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization ANIMAL SAMARITANS SPCA, INC.	Employer identification number 95-3171867
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ 5,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization ANIMAL SAMARITANS SPCA, INC.	Employer identification number 95-3171867
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 62,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization ANIMAL SAMARITANS SPCA, INC.	Employer identification number 95-3171867
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 99,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization ANIMAL SAMARITANS SPCA, INC.	Employer identification number 95-3171867
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

DO NOT MAIL

Name of organization: ANIMAL SAMARITANS SPCA, INC. Employer identification number: 95-3171867

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

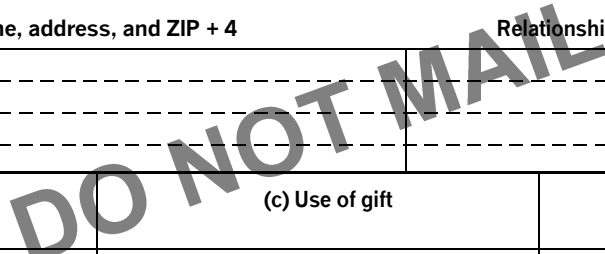
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



**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

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

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? Yes 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? Yes 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).
- Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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.

- 1 a 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. ▶ \$ _____

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 exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

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.

1 a 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
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a 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
1 a Beginning of year balance	290,199.	266,111.	236,677.	0.	0.
b Contributions			8,115.	250,000.	
c Net investment earnings, gains, and losses	16,748.	24,088.	21,319.	-11,397.	
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses				1,926.	
g End of year balance	306,947.	290,199.	266,111.	236,677.	0.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

	Yes	No
(i) Unrelated organizations	X	
(ii) Related organizations		X
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. SEE PART XIII

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
1 a Land		49,573.		49,573.
b Buildings		2,570,918.	726,816.	1,844,102.
c Leasehold improvements		1,016,115.	502,661.	513,454.
d Equipment		1,108,395.	972,900.	135,495.
e Other		253,708.	228,089.	25,619.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,568,243.

BAA

Part VII Investments – Other Securities.

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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) CONSTRUCTION IN PROGRESS	156,781.
(2) ERC	211,578.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	368,359.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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.

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	7,455,272.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a	61,387.	
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d	2 e	61,387.	
3	Subtract line 2e from line 1		3	7,393,885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b	4 c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,393,885.

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	6,547,537.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1		3	6,547,537.
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b	4 c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,547,537.

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 V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ORGANIZATION HAS FUNDS HELD WITH THE COMMUNITY FOUNDATION, RIVERSIDE CALIFORNIA (TCF). THESE FUNDS WERE PREVIOUSLY HELD IN THE ORGANIZATION'S CASH RESERVES AND WERE MOVED TO THE COMMUNITY FUND BY THE BOARD IN ORDER TO DIVERSIFY THEIR INVESTMENTS, AS WELL AS LAY THE GROUNDWORK FOR A PROPER ENDOWMENT IN THE FUTURE.

EARNINGS ON THESE FUNDS ARE HELD AND REINVESTED IN THE ENDOWMENT POOL. THE

ORGANIZATION REPORTS THE FAIR VALUE OF THE FUNDS HELD WITH TCF IN THE STATEMENT OF

BAA Schedule D (Form 990) 2021

Part XIII Supplemental Information *(continued)*

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)

FINANCIAL POSITION, AND REPORTS CHANGES IN THE VALUE OF THE FUND AS GAINS OR LOSSES
IN THE STATEMENT OF ACTIVITIES.

DO NOT MAIL

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

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

2a 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CHRISTINA LEWIS 72120 PETLAND PL THOUSAND PALMS CA 92276	GRANT WRITING		X	298,284.	60,060.	238,224.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				298,284.	60,060.	238,224.

DO NOT MAIL

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.

CA

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	
		DESERT FASHION (event type)	OTHER EVENTS (event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	240,090.	10,294.	250,384.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	240,090.	10,294.	250,384.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	118,678.		118,678.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				118,678.
	11	Net income summary. Subtract line 10 from line 3, column (d)				131,706.

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 column (a) through column (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	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)				

DO NOT MAIL

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If 'No,' explain: _____
- 10 a 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	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a 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 ▶ -----

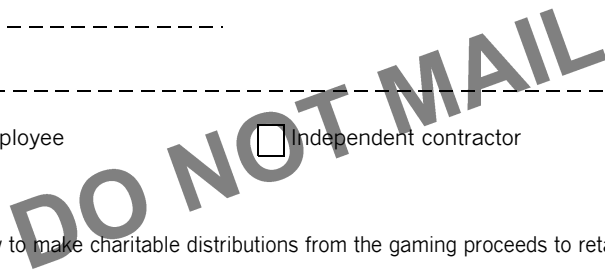
- Director/officer
- Employee
- Independent contractor

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.



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2021

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ANIMAL SAMARITANS SPCA, INC.

95-3171867

Part I Questions Regarding Compensation

1 a 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 checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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? **4 a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4 b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4 c** Yes No
- 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? **5 a** Yes No
- b** Any related organization? **5 b** Yes No
- 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? **6 a** Yes No
- b** Any related organization? **6 b** Yes No
- 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. **7** Yes No

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. **8** Yes No

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1 CATHERINE GILABERT VETERINARIAN, DVM	(i)	212,571.	0.	0.	0.	212,571.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 ARTHUR KLOMHAUS VETERINARIAN, DVM	(i)	236,754.	0.	0.	0.	236,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

DO NOT MAIL

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.

DO NOT MAIL

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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**

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

AT ANIMAL SAMARITANS, WE CHAMPION COMPASSION AND RESPECT FOR ALL LIVING CREATURES, WITH A PRIMARY FOCUS ON DOGS, CATS, AND THE HUMANS WHO LOVE THEM. WE VIEW DOGS AND CATS NOT AS MERE ANIMALS, BUT AS FAMILY MEMBERS. AS THEIR GUARDIANS AND CUSTODIANS, IT IS OUR DUTY TO REDUCE THE OVERPOPULATION AND SUFFERING OF ABANDONED AND UNWANTED DOGS AND CATS. WE BELIEVE PET SPAYING AND NEUTERING IS AN EFFECTIVE WAY TO ACHIEVE THIS END AND WE ARE COMMITTED TO PROVIDING QUALITY, AFFORDABLE SPAY AND NEUTER SERVICES FOR PET OWNERS. WE BELIEVE ADOPTABLE, HOMELESS DOGS AND CATS DESERVE A CHANCE AT LIFE AND TO LIVE IN A LOVING HOME, AND WE SUPPORT THIS IDEAL THROUGH ANIMAL RESCUING, ANIMAL SHELTERING, AND PET ADOPTIONS. WE BELIEVE THE BOND BETWEEN PEOPLE AND PETS IS HEALING, BOTH EMOTIONALLY AND PHYSICALLY, AND WE PROVIDE CANINE COMPANIONSHIP TO RESIDENTS OF LOCAL NURSING HOMES, REHAB CENTERS, AND AREA HOSPITALS. WE BELIEVE STEWARDSHIP OF OUR ANIMALS IS NOT INNATE, BUT LEARNED, AND WE EDUCATE THE PET OWNERS OF TOMORROW ON KINDNESS AND RESPECT FOR ALL LIVING CREATURES SO THAT THEY TOO WILL BECOME COMPASSIONATE, RESPONSIBLE PET OWNERS. AND WE STRIVE TO PROVIDE QUALITY, AFFORDABLE BASIC FULL-SERVICE VETERINARY CARE SO PETS WON'T HAVE TO SUFFER FROM TREATABLE ILLNESS AND INJURY, AND SO PET OWNERS WILL NEVER HAVE TO SURRENDER THEIR DOGS AND CATS TO A SHELTER OR HAVE THEM PREMATURELY EUTHANIZED BECAUSE THEY CAN'T AFFORD THE BASIC CARE FOR A TREATABLE ILLNESS OR INJURY.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

VETERINARY CLINICS:

DESPITE CONTINUED COVID OUTBREAKS IN 2021 THAT REQUIRED EMPLOYEES TO MISS WORK DUE TO ILLNESS OR THE NEED TO QUARANTINE, WE SAW APPROXIMATELY 21,035 ANIMAL PATIENTS, WHICH INCREASED OUR AGGREGATE NUMBER OF PATIENTS TO MORE PANDEMIC'S DISRUPTION TO BUSINESS, OUR AGGREGATE NUMBER OF PATIENTS INCREASED TO APPROXIMATELY 275,676.

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

OUR UNIQUE VETERINARY SERVICES IN 2021 INCLUDED: 13,233 PET EXAMS; 6,648 LAB TESTS; 5,119 SPAY & NEUTER SURGERIES; 4,069 NON-SPAY & NEUTER SURGERIES; 2,921 DENTAL SERVICES (INCLUDING DENTAL SURGERIES); 873 X-RAYS; 26,663 VACCINATIONS, AND 13,405 NON-EXAM PROCEDURES (EAR CLEANS, ANAL GLAND EXPRESS, NAIL TRIMS, ET AL).

ANIMAL SAMARITANS HAS SEVERAL DONATION AND GRANT-FUNDED PROGRAMS TO HELP PET OWNERS PAY FOR THE VETERINARY CARE THEIR ANIMALS NEED. THESE PROGRAMS INCLUDE OUR ANIMAL CARE FUND FOR LOW-INCOME PET OWNERS, MILITARY DISCOUNT FUND, AND OUR SENIOR PET WELLNESS PROGRAM, WHICH SUBSIDIZES PET CARE FOR SENIOR PET OWNERS ON A LIMITED INCOME. AS YOU MIGHT EXPECT, THE DEMAND FOR THESE PROGRAMS IS HIGH.

NO-KILL SHELTER AND PET ADOPTIONS:

IN 2021, WE ADOPTED OUT 133 DOGS AND 110 CATS, UP 43 PETS FROM 2020. DUE TO THE PANDEMIC, WE SUBSTITUTED OUR LIVE PET ADOPTION SEGMENTS AT KESQ TV3 AND KMIR TV6 WITH VIDEOTAPED CLIPS OF ADOPTABLE ANIMALS.

DURING KITTEN AND PUPPY SEASONS (SPRING AND SUMMER), WE RELIED HEAVILY ON PET FOSTER VOLUNTEERS. OUR PET FOSTER CARE PROGRAM RELIES ON COMPASSIONATE, ANIMAL-LOVING VOLUNTEERS TO HOUSE AND CARE FOR SHELTER ANIMALS WHEN WE HAVE NO ROOM FOR THEM. FOSTERING ASSIGNMENTS MAY BE AS SHORT AS ONE NIGHT AND AS LONG AS SIX MONTHS.

HUMANE EDUCATION:

IN 2021, FEW SCHOOLS WERE READY FOR IN-PERSON VISITS FROM OUR HUMANE EDUCATOR.

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

HOWEVER, WE HOSTED SIX SUMMER CRITTER CAMPS, PRIMARILY FOR FINANCIALLY DISADVANTAGED STUDENTS. WE PROVIDED THREE CRITTER CAMPS IN DESERT HOT SPRINGS, TWO IN MECCA, AND ONE IN THERMAL.

FOR THE SMALL NUMBER OF SCHOOLS THAT DID WELCOME BACK OUR STAFF FOR IN-PERSON EDUCATIONAL VISITS, WE MADE A TOTAL OF 56 CLASSROOM APPEARANCES AND ANOTHER 10 ONLINE ZOOM PRESENTATIONS FOR STUDENTS. IN TOTAL, WE REACHED 1,412 STUDENTS. UNFORTUNATELY, THAT NUMBER WAS DOWN 2,005 FROM THE 3,417 WE SAW JANUARY TO MID-MARCH 2020, PRIOR TO THE SCHOOL SHUTDOWN CAUSED BY COVID 19.

BECAUSE OUR IN-PERSON VISITS WERE SIGNIFICANTLY RESTRICTED LAST YEAR, WE CREATED SEVERAL E-BOOKS TO REACH STUDENTS ONLINE WITH A VARIETY OF HUMANE EDUCATION TOPICS. THESE INCLUDED: 1) I SPAY WITH MY LITTLE EYE, THE STORY OF A ONE-EYED KITTEN WHO BECOMES A CHILD'S PET. IT TEACHES COMPASSION FOR ANIMALS, EVEN THOSE WITH DISABILITIES. ADDITIONALLY, IT REMINDS YOUNG PET OWNERS THE IMPORTANCE OF RESPONSIBLE PET OWNERSHIP. 2) BITE PREVENTION, A LESSON BOOK THAT TEACHES STUDENTS HOW TO BE SAFE AROUND DOGS, ESPECIALLY ONES THEY ENCOUNTER BY SURPRISE. 3) CHARLIE E, IS ABOUT AN ANIMAL SAMARITANS' PET THERAPY DOG. IT DEMONSTRATES HOW DOGS CAN HELP IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH LONELINESS AND ILLNESS. 4) TO SPAY OR NOT TO SPAY IS A LESSON BOOK THAT TEACHES YOUNGSTERS THE IMPORTANCE OF SPAYING AND NEUTERING OUR PETS AS A MEANS OF REDUCING ANIMAL OVERPOPULATION, HOMELESSNESS, SHELTER OVERCROWDING AND PREVENTABLE EUTHANASIA OF UNWANTED DOGS AND CATS. 5) RESPECT IS ANOTHER LESSON WORKBOOK FOR KINDERGARTEN AND PRESCHOOL STUDENTS THAT FOSTERS RESPECT AND KINDNESS FOR ANIMALS WHILE BUILDING BASIC MATH AND READING SKILLS.

ANIMAL COMPANION THERAPY:

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DURING MUCH OF 2021, COVID 19 RESTRICTIONS KEPT OUR ANIMAL COMPANION THERAPY (ACT) TEAMS ON HOLD AND EAGERLY AWAITING ASSIGNMENTS. SLOWLY, NURSING HOMES AND AREA SCHOOLS BEGAN TO EASE THEIR POLICIES AND INVITED OUR ACT HANDLERS AND THEIR DOGS BACK FOR PET THERAPY VISITS.

IN TOTAL, ACT VOLUNTEERS LOGGED 207 HOURS OF VOLUNTEER SERVICES AT 23 PARTICIPATING ORGANIZATIONS AND/OR EVENT. SOME OF OUR PARTNERS INCLUDED: ARC FOUNDATION, ATRIA SENIOR ASSISTED LIVING, BANYAN TREATMENT CENTER, BROOKDALE ASSISTED LIVING & MEMORY CARE, DESTINY HOSPICE, NEURO REHABILITATION CENTER, JOHN GLENN MIDDLE SCHOOL, PALM SPRINGS HIGH SCHOOL, AND THE BOB HOPE USO.

ANIMAL RESCUE:

LAST YEAR MARKED THE 11TH YEAR OF OUR ADOPTION ALLIANCE ANIMAL RESCUE PROGRAM. IN 2021 WE RESCUED 745 ADOPTABLE, AT-RISK ANIMALS FROM PUBLIC ANIMAL SHELTERS, AN AVERAGE OF 62 PER MONTH. THIS BROUGHT OUR RESCUE PROGRAM'S TOTAL NUMBER OF ANIMALS RESCUED AT THE END OF LAST YEAR TO MORE THAN 14,470 ANIMALS.

SPECIFICALLY, THE NUMBERS FOR 2021 SHOW WE RESCUED 461 DOGS, 158 PUPPIES, 19 ADULT CATS, 27 KITTENS, AND 33 ADDITIONAL PETS, WHICH INCLUDED RABBITS, TURTLES AND TORTOISES, DOMESTICATED CHICKENS, GUINEA PIGS, AN IGUANA, AND A BEARDED DRAGON.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE DIRECTOR, THE FINANCE COMMITTEE, AND THE BOARD OF DIRECTORS REVIEW THE FORM 990 PRIOR TO ITS FILING.

Name of the organization

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FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS, OFFICERS, EMPLOYEES, AND VOLUNTEERS ARE REQUIRED TO REPORT TO THE BOARD ANY ACTUAL OR PERCEIVED CONFLICTS OF INTEREST. THE BOARD REVIEWS ALL SUCH TRANSACTIONS TO DETERMINE IF A CONFLICT EXISTS AND ENSURE ALL SUCH TRANSACTIONS ARE NOT FOR THE BENEFIT OF THE INDIVIDUAL BUT THE ORGANIZATION.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OR ANY SUBSET ACTING AS A COMPENSATION COMMITTEE OR POSITION REVIEW COMMITTEE (SHOULD IT BE ESTABLISHED) IS AUTHORIZED TO MAKE RECOMMENDATIONS TO THE BOARD REGARDING EXECUTIVE COMPENSATION.

ONLY THOSE MEMBERS OF THE COMPENSATION COMMITTEE OR POSITION REVIEW COMMITTEE (SHOULD IT BE ESTABLISHED) WHO ARE FREE OF CONFLICTS OF INTEREST MAY BE INVOLVED IN EVALUATION OF EXECUTIVE COMPENSATION.

THE COMPENSATION COMMITTEE OR POSITION REVIEW COMMITTEE (SHOULD IT BE ESTABLISHED) PRIOR TO MAKING ITS RECOMMENDATION, SHOULD GATHER AND RELY UPON APPROPRIATE DATA AS TO THE COMPARABILITY OF COMPENSATION PACKAGES FOR EXECUTIVES SIMILAR TO THOSE GOVERNED UNDER THIS POLICY, TO THE EXTENT SUCH INFORMATION IS REASONABLY AVAILABLE, AND SHALL CONTEMPORANEOUSLY PLACE SUCH DATA AND OTHER REASONS FOR ITS RECOMMENDATION IN THE COMMITTEE MINUTES, WHICH SHALL BE PROVIDED TO THE BOARD OF DIRECTORS.

IF THE COMPENSATION COMMITTEE OR POSITION REVIEW COMMITTEE (SHOULD IT BE ESTABLISHED) DOES NOT HAVE DATA AS TO COMPARABILITY, IT SHALL DOCUMENT IN THE COMMITTEE MINUTES ANY OTHER BASES FOR BELIEVING THE PROPOSED COMPENSATION IS REASONABLE.

THE COMPENSATION COMMITTEE OR POSITION REVIEW COMMITTEE (SHOULD IT BE ESTABLISHED)

Name of the organization

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FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON

SHALL MAKE THIS DETERMINATION AT LEAST ONCE ANNUALLY, AT LEAST THIRTY (30) DAYS BEFORE THE BOARD TAKES FINAL ACTION ON DETERMINING THE REASONABLENESS OF THE EXECUTIVE'S COMPENSATION.

ONLY THOSE DIRECTORS WHO ARE FREE OF CONFLICTS OF INTEREST MAY VOTE ON EXECUTIVE COMPENSATION.

THE BOARD SHALL REVIEW AND APPROVE EXECUTIVE COMPENSATION ONLY AFTER THE BOARD'S REVIEW OF COMPARABILITY DATA OR OTHER EVIDENCE DEMONSTRATING THAT THE COMPENSATION PACKAGE IS REASONABLE, AND SHALL DOCUMENT ITS DELIBERATION AND DECISION IN THE BOARD MINUTES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES THE FORM 990 AVAILABLE ON THE GUIDESTAR WEBSITE. ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST OR ON ITS WEBSITE.

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ANIMAL SUPPLIES AND FOOD	21,432.	21,432.		
AUTO AND MILEAGE	14,298.	11,569.	2,377.	352.
DUES & SUBSCRIPTIONS	10,161.		4,651.	5,510.
EQUIPMENT LEASE	38,230.	38,230.		
HOUSEKEEPING	21,239.	19,644.	1,595.	
LICENSES & PERMITS	7,140.	6,990.	150.	
MEDICAL WASTE DISPOSAL	14,700.	14,700.		
MEDICINES	142,512.	142,512.		
MICROCHIPS	18,450.	18,450.		
MISCELLANEOUS	49,592.	44,193.	1,290.	4,109.
PRINTING AND PUBLICATIONS	16,818.	10,761.	4,826.	1,231.
PROPERTY TAXES	1,538.	1,101.	437.	
RENT	102,697.	84,466.	18,231.	
REPAIRS & MAINTENANCE	109,585.	91,240.	13,369.	4,976.
SECURITY	3,255.	2,835.	420.	
TRAINING AND DEVELOPMENT	14,909.	14,717.		192.

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**FORM 990, PART IX, LINE 24E (CONTINUED)
OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
UTILITIES	87,094.	73,657.	11,784.	1,653.
TOTAL	<u>\$ 673,650.</u>	<u>\$ 596,497.</u>	<u>\$ 59,130.</u>	<u>\$ 18,023.</u>

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>INDIO CLINIC - BUILDING</u>																
145	BUILDING	8/26/15		344,385							344,385	47,167	S/L	39		8,830
146	COMPUTERS	8/26/15		10,294							10,294	10,294	S/L	5		0
207	LEASEHOLD IMPROVEMENTS	8/15/20		239,457							239,457	4,989	S/L	20		11,973
208	WINDOW TINT	8/15/20		3,073							3,073	183	S/L	7		439
TOTAL INDIO CLINIC - BUILDING				597,209		0	0	0	0	0	597,209	62,633				21,242
<u>INDIO CLINIC - COMPUTER EQUIPMENT</u>																
206	POINT OF SALE SYSTEM	8/15/20		3,659							3,659	305	S/L	5		732
210	CABLING	8/15/20		3,997							3,997	333	S/L	5		799
213	COMPUTER MONITORS (17)	5/14/21		11,417							11,417		S/L	5		1,522
220	COMPUTER MONITORS (4)	5/14/21		1,738							1,738		S/L	5		232
TOTAL INDIO CLINIC - COMPUTER				20,811		0	0	0	0	0	20,811	638				3,285
<u>INDIO CLINIC - COMPUTER SOFTWARE</u>																
150	COMPUTER SOFTWARE	8/26/15		12,892							12,892	12,892	S/L	3		0
TOTAL INDIO CLINIC - COMPUTER				12,892		0	0	0	0	0	12,892	12,892				0
<u>INDIO CLINIC - MEDICAL EQUIPMENT</u>																
147	MEDICAL EQUIPMENT	8/26/15		72,060							72,060	72,060	S/L	5		0
161	DENTAL EQUIPMENT	3/09/16		2,587							2,587	2,499	S/L	5		88
171	DENTAL EQUIPMENT	5/24/17		4,310							4,310	3,089	S/L	5		862

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209	WET DENTAL TABLE	8/15/20		11,917							11,917	993	S/L	5		2,383
216	VET MONITOR	5/18/21		7,956							7,956		S/L	5		928
TOTAL INDIO CLINIC - MEDICAL EQ				98,830		0	0	0	0	0	98,830	78,641				4,261
INDIO CLINIC - OFFICE EQUIPMENT																
149	OFFICE EQUIPMENT	8/26/15		1,461							1,461	1,461	S/L	5		0
154	OFFICE FURNITURE	8/26/15		23,995							23,995	18,283	S/L	7		3,428
TOTAL INDIO CLINIC - OFFICE EQUI				25,456		0	0	0	0	0	25,456	19,744				3,428
INDIO CLINIC - SECURITY AND IT																
152	SECURITY AND IT	8/26/15		14,657							14,657	14,657	S/L	5		0
205	SECURITY CAMERA SYSTEM	8/15/20		4,344							4,344	362	S/L	5		869
212	ENTRY DOOR KEYPAD	8/15/20		2,668							2,668	159	S/L	7		381
TOTAL INDIO CLINIC - SECURITY A				21,669		0	0	0	0	0	21,669	15,178				1,250
INDIO CLINIC - SIGNAGE																
148	SIGNAGE	8/26/15		10,396							10,396	10,396	S/L	5		0
211	SIGNAGE	8/15/20		10,002							10,002	595	S/L	7		1,429
TOTAL INDIO CLINIC - SIGNAGE				20,398		0	0	0	0	0	20,398	10,991				1,429
INDIO CLINIC - SURGICAL EQUIPMENT																
151	SURGICAL EQUIPMENT	8/26/15		38,735							38,735	38,735	S/L	5		0
163	SOUNDBANK PLUS 8528	11/01/15		67,039							67,039	67,039	S/L	5		0
TOTAL INDIO CLINIC - SURGICAL E				105,774		0	0	0	0	0	105,774	105,774				0

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LAND																
6	LAND - PETLAND PL	1/15/84		49,573							49,573					0
	TOTAL LAND			49,573		0	0	0	0	0	49,573	0				0
PROGRAM SERVICES																
1	BUILDING IMPROVEMENTS	1/15/84		178,232							178,232	178,232	S/L	20		0
2	BUILDING REMODELING	2/28/99		12,704							12,704	12,490	S/L	20		0
3	BUILDING REMODELING	3/31/99		321							321	321	S/L	20		0
4	BUILDING REMODELING	6/30/99		302							302	302	S/L	20		0
5	BUILDING IMPROVEMENTS	2/14/00		2,000							2,000	1,609	150DB	20		0
11	BUILDING IMPROV - SEWER	5/24/06		18,037							18,037	17,529	S/L	15		508
20	BUILDING IMPROVEMENT	9/30/08		1,780							1,780	1,113	S/L	20		89
41	CLINIC BUILDING	4/06/10		2,226,533							2,226,533	613,728	S/L	39		57,091
79	BUILDING IMPROVEMENT	5/01/10		2,751							2,751	1,472	S/L	20		138
82	BUILDING IMPROVEMENTS	5/26/10		3,529							3,529	1,863	S/L	20		176
83	BUILDING IMPROVEMENTS	6/29/10		3,130							3,130	1,648	S/L	20		157
84	BUILDING IMPROVEMENTS	8/05/10		2,793							2,793	1,458	S/L	20		140
85	BUILDING IMPROVEMENTS	9/30/10		2,223							2,223	1,138	S/L	20		111
86	BUILDING IMPROVEMENTS	8/05/10		2,417							2,417	1,260	S/L	20		121
87	BUILDING IMPROVEMENTS	6/03/10		139,426							139,426	67,042	S/L	20		6,971
88	BUILDING IMPROVEMENTS	6/29/10		500							500	263	S/L	20		25
89	BUILDING IMPROVEMENTS	7/20/10		2,122							2,122	1,104	S/L	20		106
90	BUILDING IMPROVEMENTS	10/14/10		817							817	420	S/L	20		41
91	BUILDING IMPROVEMENTS	12/20/10		2,868							2,868	1,430	S/L	20		143
92	BUILDING IMPROVEMENTS	7/31/10		196							196	104	S/L	20		10

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93	BUILDING IMPROVEMENTS	9/16/10		9,900							9,900	5,074	S/L	20		495
94	BUILDING IMPROVEMENTS	6/30/10		94,164							94,164	49,434	S/L	20		4,708
105	BUILDING REMODELING	5/15/11		121,738							121,738	58,841	S/L	20		6,087
115	BUILDING IMPROVEMENT	9/01/11		38,398							38,398	17,951	S/L	20		1,920
117	SHELTER EXTERIOR	2/16/12		4,500							4,500	1,988	S/L	20		225
128	MODULAR BLDG WORK	9/10/14		3,578							3,578	1,134	S/L	20		179
157	BUILDING REMODEL	7/03/15		65,173							65,173	17,924	S/L	20		3,259
181	5 YEAR USE PERMIT	5/22/19		9,651							9,651	3,056	S/L	5		1,930
182	CUBEX STATION ADAPTATIONS	9/10/19		5,140							5,140	343	S/L	20		257
183	SHELTER DOORS	10/10/19		3,570							3,570	224	S/L	20		179
184	CEILING, FLOOR, PARKING	12/23/19		2,800							2,800	140	S/L	20		140
185	AWNING AND BLINDS	5/17/19		6,710							6,710	532	S/L	20		336
219	CONCRETE PADS	6/23/21		6,600							6,600		S/L	20		165
TOTAL PROGRAM SERVICES				2,974,603		0	0	0	0	0	2,974,603	1,061,167				85,707
PROGRAM SERVICES - EQUIPMENT																
7	MICROSCOPE	2/24/98		602							602	602	200DB	5		0
8	SAFE	11/17/04		996							996	996	S/L	7		0
9	SURGERY EQUIPMENT	10/12/04		2,389							2,389	2,389	S/L	5		0
12	COMPUTER/EQUIPMENT	5/05/06		3,263							3,263	3,263	S/L	5		0
13	SCALE	10/10/06		650							650	650	S/L	7		0
14	AUTOCLAVE ULTRACLAVE M11	11/21/06		3,765							3,765	3,765	S/L	7		0
15	SURGERY EQUIPMENT	4/30/06		3,411							3,411	3,411	S/L	5		0
16	SURGERY EQUIPMENT	12/31/06		4,143							4,143	4,143	S/L	5		0
17	MEDICAL EQUIPMENT	2/22/07		974							974	974	S/L	7		0
18	SURGERY EQUIPMENT	1/25/07		3,774							3,774	3,751	S/L	7		0

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19	MEDICAL EQUIPMENT	10/18/07		982							982	975	S/L	7		0
21	STOOL	4/14/08		1,135							1,135	1,094	S/L	7		0
22	EXAM TABLE	5/06/08		3,051							3,051	2,979	S/L	7		0
23	KENNELS	5/13/08		9,137							9,137	8,918	S/L	7		0
24	MEDICAL EQUIPMENT	6/16/08		11,842							11,842	11,842	S/L	7		0
25	GENERATOR	10/01/08		6,050							6,050	6,050	S/L	7		0
26	SURGERY EQUIPMENT	6/10/08		3,306							3,306	3,265	S/L	7		0
27	PORTABLE CART	6/11/08		5,545							5,545	5,478	S/L	7		0
30	5 TON AIR COMPRESSOR	10/08/09		3,665							3,665	2,059	S/L	20		183
31	FENCE	10/13/09		750							750	427	S/L	20		38
32	IMAGING EQUIPMENT	8/07/09		3,884							3,884	3,884	S/L	7		0
33	MULTIPARAMETER MONITOR	8/12/09		3,391							3,391	3,391	S/L	7		0
34	MEDICAL EQUIPMENT	9/28/09		1,793							1,793	1,793	S/L	7		0
35	LOBBY SCALE	11/25/09		907							907	907	S/L	7		0
36	SURGERY EQUIPMENT	4/20/09		4,588							4,588	4,588	S/L	7		0
37	SURGERY TABLE	4/28/09		3,170							3,170	3,170	S/L	7		0
38	ANESTHESIA MACHINE STAND	5/01/09		2,060							2,060	2,060	S/L	7		0
39	STOOL AND TRAY	5/05/09		510							510	510	S/L	7		0
40	TABLE LIFT	5/14/09		1,222							1,222	1,222	S/L	7		0
42	OFFICE EQUIPMENT	4/06/10		1,542							1,542	1,542	S/L	7		0
43	OFFICE EQUIPMENT	4/06/10		33,738							33,738	33,738	S/L	7		0
44	OFFICE EQUIPMENT	4/06/10		299							299	299	S/L	7		0
45	OFFICE EQUIPMENT	4/06/10		884							884	884	S/L	7		0
46	OFFICE EQUIPMENT	4/06/10		636							636	636	S/L	7		0
47	OFFICE EQUIPMENT	4/06/10		3,478							3,478	3,478	S/L	7		0
48	OFFICE EQUIPMENT	4/06/10		1,834							1,834	1,834	S/L	7		0
49	COMPUTERS AND PRINTERS	4/09/10		1,284							1,284	1,284	S/L	5		0

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ANIMAL SAMARITANS SPCA, INC.

95-3171867

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
50	MEDICAL EQUIPMENT	4/06/10		9,993							9,993	9,993	S/L	5		0
51	IV PUMP	4/06/10		1,104							1,104	1,104	S/L	5		0
52	ROD KIT	4/06/10		717							717	717	S/L	5		0
53	IMAGING EQUIPMENT	4/06/10		38,009							38,009	38,009	S/L	5		0
54	MEDICAL EQUIPMENT	4/06/10		24,828							24,828	24,828	S/L	5		0
55	MEDICAL EQUIPMENT	4/06/10		9,993							9,993	9,993	S/L	5		0
56	MEDICAL EQUIPMENT	4/06/10		5,337							5,337	5,337	S/L	5		0
57	IMAGING EQUIPMENT	4/06/10		28,009							28,009	28,009	S/L	5		0
58	MEDICAL EQUIPMENT	4/06/10		84							84	84	S/L	5		0
59	MEDICAL EQUIPMENT	4/06/10		116,858							116,858	116,858	S/L	5		0
60	OFFICE EQUIPMENT	4/06/10		9,418							9,418	9,418	S/L	5		0
61	OFFICE EQUIPMENT	4/06/10		397							397	397	S/L	5		0
62	OFFICE EQUIPMENT	4/06/10		3,451							3,451	3,451	S/L	5		0
63	OFFICE EQUIPMENT	4/06/10		450							450	450	S/L	5		0
64	OFFICE EQUIPMENT	4/06/10		51,867							51,867	51,867	S/L	5		0
65	SW IMAGING	9/16/10		2,500							2,500	2,500	S/L	5		0
66	ORTHOPEDIC	6/14/10		1,543							1,543	1,543	S/L	5		0
67	KENNEL INSERTS	6/29/10		1,356							1,356	1,356	S/L	5		0
68	KENNEL INSERTS	7/01/10		1,640							1,640	1,640	S/L	5		0
78	KENNEL INSERTS	11/18/10		752							752	752	S/L	5		0
81	OFFICE EQUIPMENT	5/12/10		48,044							48,044	48,044	S/L	5		0
96	ORTHOPEDIC	11/30/10		690							690	690	S/L	5		0
97	DELL COMPUTER RELATED	1/06/10		61							61	61	S/L	5		0
98	TOTAL PLAN	5/01/10		2,544							2,544	2,544	S/L	5		0
99	IT PACIFIC LIGHTWARE	5/01/10		7,750							7,750	7,750	S/L	5		0
100	SECURITY CAMERAS	6/29/10		26,851							26,851	26,851	S/L	5		0
101	TOTAL PLAN	7/15/10		792							792	792	S/L	5		0

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102	COMPUTER - ANGIE	11/04/10		1,717							1,717	1,717	S/L	5		0
103	OFFICE EQUIPMENT	11/30/10		1,098							1,098	1,098	S/L	5		0
104	DELL COMPUTER	6/01/10		773							773	773	S/L	5		0
106	FLUID WARMER	1/12/11		547							547	547	S/L	5		0
107	CAPNOGRAPH	2/28/11		3,133							3,133	3,133	S/L	5		0
108	FOLD DOWN TABLE	6/03/11		900							900	900	S/L	5		0
109	SURGERY TABLE	1/12/11		2,069							2,069	2,069	S/L	7		0
110	SURGERY TABLE	3/01/11		2,615							2,615	2,615	S/L	7		0
111	SURGERY LIGHT	3/07/11		3,908							3,908	3,908	S/L	7		0
112	COMPUTER EQUIP	1/31/11		637							637	637	S/L	5		0
113	TOM COMPUTER	6/30/11		1,337							1,337	1,337	S/L	5		0
114	MICHELLE H COMPUTER	7/31/11		1,104							1,104	1,104	S/L	5		0
116	MONITORS	5/31/12		8,732							8,732	8,732	S/L	5		0
119	OFFICE EQUIPMENT	2/29/12		1,914							1,914	1,914	S/L	5		0
120	OFFICE EQUIPMENT	5/31/12		2,335							2,335	2,335	S/L	5		0
121	OFFICE EQUIPMENT	8/31/12		1,890							1,890	1,890	S/L	5		0
125	DENTAL EQUIPMENT	1/31/13		2,493							2,493	2,493	S/L	5		0
126	OFFICE EQUIPMENT	7/31/13		668							668	668	S/L	5		0
127	MEDICAL EQUIPMENT	3/07/13		8,412							8,412	8,412	S/L	5		0
129	CARD SYSTEM	1/31/14		2,303							2,303	2,303	S/L	5		0
130	OFFICE EQUIPMENT	1/31/14		2,750							2,750	2,750	S/L	5		0
131	CREDIT CARD MACHING	2/26/14		884							884	884	S/L	5		0
132	VET COMPUTERS	6/30/14		4,002							4,002	4,002	S/L	5		0
133	CAMERA	7/08/14		1,153							1,153	1,153	S/L	5		0
134	OFFICE EQUIPMENT	7/31/14		1,605							1,605	1,605	S/L	5		0
135	OFFICE EQUIPMENT	12/31/14		1,622							1,622	1,622	S/L	5		0
137	MEDICAL EQUIPMENT	4/30/14		1,126							1,126	1,126	S/L	5		0

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138	MEDICAL EQUIPMENT	6/02/14		952							952	952	S/L	5		0
139	MEDICAL EQUIPMENT	6/13/14		3,060							3,060	3,060	S/L	5		0
140	MEDICAL EQUIPMENT	12/29/14		1,595							1,595	1,595	S/L	5		0
141	SURGERY EQUIPMENT	1/01/14		1,997							1,997	1,997	S/L	5		0
142	SURGERY EQUIPMENT	3/03/14		2,036							2,036	2,036	S/L	5		0
143	ISOFLURANCE VAPORIZER	3/10/14		935							935	935	S/L	5		0
144	ANESTHESIA MACHINE	3/17/14		3,800							3,800	3,800	S/L	5		0
159	SCALE - EXAM TABLE INDIO	8/16/16		987							987	854	S/L	5		133
162	SOUNDBANK PLUS 9234	9/01/15		67,985							67,985	67,985	S/L	5		0
164	SONICWALL	5/05/17		2,076							2,076	1,522	S/L	5		415
165	DEVELOPMENT COMPUTER	5/05/17		701							701	513	S/L	5		140
166	ELKE COMPUTER	5/08/17		886							886	649	S/L	5		177
167	TOM SNYDER COMPUTER	9/05/17		1,299							1,299	867	S/L	5		260
168	DOCTOR'S COMPUTERS	10/10/17		2,234							2,234	1,453	S/L	5		447
169	2 SERVERS	10/26/17		5,015							5,015	3,176	S/L	5		1,003
170	CAPNOGRAPH	4/25/17		3,562							3,562	2,611	S/L	5		712
172	ULTRASOUND MACHINE	6/02/17		2,044							2,044	1,465	S/L	5		409
173	MEDICAL EQUIPMENT	6/23/17		2,281							2,281	1,596	S/L	5		456
176	SECURITY NETWORK UPGRADE	2/07/18		5,000							5,000	2,917	S/L	5		1,000
177	MGO COMPUTER	2/08/18		3,120							3,120	1,820	S/L	5		624
179	2 DENTAL X-RAYS	4/02/18		28,125							28,125	15,469	S/L	5		5,625
180	2 IV PUMPS	11/01/18		2,254							2,254	977	S/L	5		451
191	CAPNOSTAT CO2 PROBE	11/06/19		2,264							2,264	528	S/L	5		453
192	SURGICAL LIGHTS	7/01/19		19,365							19,365	4,149	S/L	7		2,766
198	UNIFI SWITCH AND SONICWALL	3/31/20		22,501							22,501	3,375	S/L	5		4,500
199	POWEREDGE R540 SERVER	3/31/20		22,127							22,127	3,319	S/L	5		4,425
202	OXYGEN COMPRESSOR/CONCENTR	11/25/20		12,598							12,598	210	S/L	5		2,520

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203	AIRNETIC SURGERY EQUIPMENT	11/30/20		13,449							13,449	224	S/L	5		2,690	
204	CAMERAS AND INSTALLATION	3/31/20		20,277							20,277	3,042	S/L	5		4,055	
214	COMMERCIAL WASHER	4/26/21		11,578							11,578		S/L	5		1,544	
215	ANESTHESIA MONITOR	2/08/21		5,404							5,404		S/L	5		991	
217	VET MONITOR	5/20/21		7,956							7,956		S/L	5		928	
TOTAL PROGRAM SERVICES - EQU				870,878		0	0	0	0	0	870,878	722,112					36,945
PROGRAM SERVICES - SOFTWARE																	
10	QUICKBOOKS SOFTWARE	12/02/05		1,292							1,292	1,292	S/L	3		0	
69	SOFTWARE	4/06/10		3,010							3,010	3,010	S/L	3		0	
70	SOFTWARE	4/06/10		781							781	781	S/L	3		0	
71	SOFTWARE	4/06/10		2,292							2,292	2,292	S/L	3		0	
72	SOFTWARE	4/06/10		1,701							1,701	1,701	S/L	3		0	
73	SOFTWARE	4/06/10		7,336							7,336	7,336	S/L	3		0	
74	SOFTWARE	4/06/10		12,405							12,405	12,405	S/L	3		0	
75	SOFTWARE	4/06/10		17,984							17,984	17,984	S/L	3		0	
76	SOFTWARE	4/06/10		1,401							1,401	1,401	S/L	3		0	
77	SOFTWARE	4/06/10		1,774							1,774	1,774	S/L	3		0	
80	SOFTWARE	5/12/10		8,789							8,789	8,789	S/L	3		0	
95	RESULTS PLUS	8/15/10		6,295							6,295	6,295	S/L	3		0	
136	COMPUTER SOFTWARE	12/29/14		2,829							2,829	2,829	S/L	3		0	
178	MICROSOFT SQL 2017	12/08/18		8,889							8,889	6,173	S/L	3		2,716	
186	OPTIPLES 5050	3/25/19		1,141							1,141	665	S/L	3		380	
187	WARRANTY - IMPROMED SRVR	7/15/19		2,000							2,000	1,000	S/L	3		667	
188	NETWORK UPGRADE	8/07/19		15,629							15,629	7,381	S/L	3		5,210	
189	WINDOWS LICENSES	12/19/19		1,118							1,118	373	S/L	3		373	
TOTAL PROGRAM SERVICES - SOF				96,666		0	0	0	0	0	96,666	83,481					9,346

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PROGRAM SERVICES - VEHICLES																
28	2003 FORD CUTAWAY VAN	9/01/09		16,926							16,926	16,926	S/L	5		0
29	VEHICLE SIGNAGE	11/30/09		2,684							2,684	2,684	S/L	5		0
155	2015 FORD TRANSIT	5/01/15		38,822							38,822	38,822	S/L	5		0
158	TOYOTA PRIUS C	5/27/16		24,000							24,000	22,000	S/L	5		2,000
	TOTAL PROGRAM SERVICES - VEH			82,432		0	0	0	0	0	82,432	80,432				2,000
TP SHELTER - IMPROVEMENTS																
193	HVAC RENEWAL M120 SERIES	3/06/20		21,518							21,518	3,586	S/L	5		4,304
	TOTAL TP SHELTER - IMPROVEM			21,518		0	0	0	0	0	21,518	3,586				4,304
	TOTAL DEPRECIATION			<u>4,998,709</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,998,709</u>	<u>2,257,269</u>				<u>173,197</u>
	GRAND TOTAL DEPRECIATION			<u>4,998,709</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,998,709</u>	<u>2,257,269</u>				<u>173,197</u>

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