2022	FEDERAL EXEMPT ORGANIZATION TAX SUMMARY	PAGE 1
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DEVENUE	2022	2021	DIFF
REVENUE CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE INVESTMENT INCOME. OTHER REVENUE.	2,811,375	2,228,171	583,204
	6,632,798	5,016,585	1,616,213
	24,285	17,423	6,862
	181,517	131,706	49,811
TOTAL REVENUE	9,649,975	7,393,885	2,256,090
EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS PROFESSIONAL FUNDRAISING EXPENSESOTHER EXPENSES	4,912,358	3,976,070	936,288
	46,328	60,060	-13,732
	3,027,334	2,511,407	515,927
TOTAL EXPENSES	7,986,020	6,547,537	1,438,483
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	1,663,955	846,348	817,607
	8,155,544	6,747,213	1,408,331
	320,433	382,694	-62,261
	7,835,111	6,364,519	1,470,592



2022

CALIFORNIA 199 TAX SUMMARY

PAGE 1

ANIMAL SAMARITANS SPCA, INC.

RECEIPTS AND REVENUES	2022	2021	DIFF
GROSS SALES OR RECEIPTS GROSS CONTRIBUTIONS, GIFTS, & GRANTS TOTAL GROSS RECEIPTS TOTAL COSTS TOTAL GROSS INCOME	6,991,683	5,284,392	1,707,291
	2,811,375	2,228,171	583,204
	9,803,058	7,512,563	2,290,495
	0	0	0
	9,803,058	7,512,563	2,290,495
EXPENSES TOTAL EXPENSES EXCESS RECEIPTS OVER EXPENSES	8,139,103	6,666,215	1,472,888
	1,663,955	846,348	817,607
FILING FEE FILING FEE BALANCE DUE	0	0	0



2022

GENERAL INFORMATION

PAGE 1

ANIMAL SAMARITANS SPCA, INC.

95-3171867

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH J, SCH M, SCH O CALIFORNIA: 199, SCH B, 3885, 8453-EO, E-FILE INSTRUCTIONS, RRF-1

CARRYOVERS TO 2023

NONE



FEDERAL FILING INSTRUCTIONS

ANIMAL SAMARITANS SPCA, INC.

95-3171867

ELECTRONICALLY FILED:

FORM 990 - 2022 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-TE - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.



Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20	

EIN or SSN

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2022

OMB No. 1545-0047

ANIMAL SAMARITAN	<u>IS</u>	SPCA, INC.		95-317186	7	
Name and title of officer or person subject to ta	ìХ					
LEN BETZ PRESIDENT						
		Return Information				
and Form 5330 filers may enter do 6a, 7a, 8a, 9a, or 10a below, and th 6b, 7b, 8b, 9b, or 10b, whichever is line below. Do not complete more	ollars ne ar s app than		whole dollars only. If you filed with this form was if you entered -0- on the	ou check the box blank, then leav e return, then en	on lin e line ter -0	ne 1a, 2a, 3a, 4a, 5a, e 1b, 2b, 3b, 4b, 5b, e on the applicable
		b Total revenue, if any (Form 990, Pa				
2a Form 990-EZ check here		Total revenue , if any (Form 990-EZ				
3a Form 1120-POL check here	H.	b Total tax (Form 1120-POL, line 22)			3D _	
4a Form 990-PF check here		b Tax based on investment income (
5a Form 8868 check here	∐:	b Balance due (Form 8868, line 3c).			5b _	
6a Form 990-T check here		b Total tax (Form 990-T, Part III, line				
7a Form 4720 check here		b Total tax (Form 4720, Part III, line 1				
8a Form 5227 check here		b FMV of assets at end of tax year (F				
9a Form 5330 check here	_	b Tax due (Form 5330, Part II, line 19				
10a Form 8038-CP check here.	∐ t	b Amount of credit payment requeste	ed (Form 8038-CP, Part	III, line 22)	1 0 b	
Part II Declaration and Sig	nat	ure Authorization of Officer of		Tax		
and belief, they are true, correct, are electronic return. I consent to allow IRS and to receive from the IRS (a) processing the return or refund, and (c) initiate an electronic funds withdrawal of the federal taxes owed on this re U.S. Treasury Financial Agent at 1-financial institutions involved in the inquiries and resolve issues related return and, if applicable, the conserver and, if applicable, the conserver I authorize MARYANOV MA on the tax year 2022 electron agency(ies) regulating charities return's disclosure consent so I as an officer or person subject if return. If I have indicated within	f the nd c / my) an c) the c (directurn new) an c) the c the c through the c pro directurn new) as proceed as proceed to tan this	EN GORDON CAMPBELL ERO firm name by filed return. If I have indicated within part of the IRS Fed/State program, I also	nying schedules and state and in the property of the U.S. Treasury and account indicated in the state account axes to receive confider and identification number to enter my PIN In this return that a copy authorize the aforemention of the property authorize the aforemention of the property of the propert	the amount shown or originator (ERC nsmission, (b) the notice that the notice	the being my P	est of my knowledge the copy of the send the return to the send to a for any delay in the send to be for payment and the send to a for payment and the send to another the send to the
Part III Certification and	Aut	thentication				
	e-dig			e r all zeros turn indicated abo		
ERO's signature			Date			
		FPO Must Petain This F	orm — See Instruct	ione		

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For t	ne 2022 calen	dar year, or tax	year begir	ning		, 20	122, an	d endin	ng		,	20		
В	Check	if applicable:	С								D Employ	er identif	ication number		
	А	Address change ANIMAL SAMARITANS SPCA, INC.							95-	31718	367				
Name change 72120 PETLAND PL											E Telepho				
	HITHOUSAND DAIMS CA 92276-2950								·						
	Initial return Initial return									760	-343-	-3477			
	Fi	nal return/terminated													
	Α	mended return									G Gross r	eceipts 🕏	9,803	,058.	
	Α	pplication pending	F Name and addre	ess of principa	al officer: T.	EN BETZ				H(a) Is this	a group retur	n for subo	ordinates? Yes	X No	
			SAME AS C		ш	LN DLIZ				H(b) Are all	l subordinates " attach a list	included	? Yes		
$\overline{}$	Tay.	-exempt status:	X 501(c)(3)	501(c) ()	(insert no.)	4947(a)(1) or	527	If "No,	" attach a list	. See inst	ructions.		
<u>'</u> J					NC ODC	, ,	4347 (a)(1) 01	JLI						
	_		W.ANIMALSA							_ ` ` .	exemption no				
K		n of organization:	X Corporation	Trust	Association	n Other		L Year	of format	ion: 197	8 M s	State of le	gal domicile: C	<u>A</u>	
Pa	rt I	Summar	y												
	1	Briefly descri	be the organiza	tion's miss	ion or mo	st significant	activities:	SEE	SCHEI	DULE O					
a															
Governance															
Ë															
š	2	Check this bo	ox if the	organizatio	n discont	inued its opera	ations or c	dispose	ed of mo	ore than 2	25% of its	net ass	sets.		
ਠੱ	3	Number of vo	oting members of	of the gove	rning bod	y (Part VI, line	e 1a)					3		13	
જ	4		dependent votin									4		13	
<u>.s</u>	5		r of individuals e									5		82	
Activities &	6		r of volunteers (6		244	
ತ	7a		ed business reve			• •						7a		0.	
_			d business taxab									7b		0.	
	_		a baomioco tantas				.,				Prior Year	/	Current \		
	8	Contributions	and grants (Pa	rt \/III_lino	16)			_ 1				71			
<u>e</u>	_								N		2,228,1			L,375.	
Revenue	9		vice revenue (Pa						14.00	;	5,016,5			2,798.	
ě	10		ncome (Part VIII								17,4			1,285.	
Œ	11		ie (Part VIII, colu								131,7			L,517.	
	12		e – add lines 8								7,393,8	385.	9,649	9,975.	
	13		imilar amounts į												
	14	Benefits paid	I to or for memb	ers (Part I	X, column	(A), line 4).									
	15		er compensation								3,976,0	170	4,912,358		
ės	160		fundraising fees			•									
Expenses	168										60,0	160.	46	5,328.	
ğ	b	Total fundrais	sing expenses (F	⊃art IX, co	lumn (D),	line 25)		464,	,158.						
Ш	17	Other expens	ses (Part IX, coli	umn (A), li	nes 11a-1	1d, 11f-24e).				. 2	2,511,4	107.	3.027	7,334.	
	18		es. Add lines 13								5,547,5			5,020.	
	19		s expenses. Sub	-							846,3				
	_	Trevende les	з схрспэсэ. Оив	tract fine i	O HOITI III	10 12				_				3,955.	
s or	20	Takal assaks	(Dawl V. line 10)								ng of Currer		End of Y		
set alai	20		(Part X, line 16)								5,747,2			5,544.	
ž Ž	21	rotal liabilitie	es (Part X, line 2	(6)							382,6	94.	320),433.	
Net Assets	22	Net assets or	r fund balances.	Subtract I	ine 21 fro	m line 20				. (5,364,5	519.	7,835	5,111.	
	rt II	Signatui	re Block							•			·		
			eclare that I have exa	mined this reti	urn including	accompanying sc	hedules and s	tatemen	ts and to	the hest of n	nv knowledae	and helie	of it is true corre	ct and	
com	plete. D	Declaration of preparent	arer (other than office	r) is based on	all information	on of which prepare	er has any kn	owledge		the best of h	ily illiomicage	and bene	., 10 13 11 40, 00110	st, and	
<u>~:</u>		Signature of	officer							Date					
Sig He	gn								_						
не	re	LEN BI							F	PRESIDE	£NT				
		Type or prin	t name and title												
		Print/Type	oreparer's name		Preparer's	signature		D	ate		Check	if F	PTIN	- <u>-</u>	
Pa	id	STEPHI	EN DAWSON,	CPA							self-employ	ed 1	P01548299)	
	iu epar				SEN CO	RDON CAME	PRTI				p.oy	. 13		-	
He	epar e Or	-l			ови СО	KDON CAME	חהחה				Firm's CIN	0.5	2170270		
US	e OI	Firm's addr									Firm's EIN		3178278		
				PRINGS							Phone no.	(760			
Ma	y the	IRS discuss th	nis return with th	e preparer	shown al	bove? See ins	structions.						X Yes	No	

Parl	: III	Statement of Program Service Accomplishments		37
1	Driofly	Check if Schedule O contains a response or note to any line in this Part III		X
•	-	POVING THE LIVES OF ANIMALS AND DEODLE		
	IME	ROVING THE LIVES OF ANIMALS AND PROPER.		
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior		
		990 or 990-EZ?	X N	lo
		s," describe these new services on Schedule O.		
		ne organization cease conducting, or make significant changes in how it conducts, any program services?	X N	lo
		s," describe these changes on Schedule O.		
4	Descr Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured by e on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	xpense	S.
	and re	evenue, if any, for each program service reported.	фольс	,
4a	(Code	e:) (Expenses \$7,179,102. including grants of \$) (Revenue \$)
	<u>SEE</u>	SCHEDULE O		
				. — –
				. — –
				· — –
4h	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$)
-15	(0000			—′
4c	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$)		_)
				. — –
				. — –
				· — –
				. — —
				· — –
				· — –
4d	Other	program services (Describe on Schedule O.)		
	(Expe	enses \$ including grants of \$) (Revenue \$)	
4e	Total	program service expenses 7,179,102.		

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

Form 990 (2022) ANIMAL SAMARITANS SPCA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
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>	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		· · · · · ·	. [
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Χ	
ВΛΛ	TFFA0104L 09/01/22		990 ((0000)

Form 990 (2022) ANIMAL SAMARITANS SPCA, INC.

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

			res	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 82			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?.\	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	1.0		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13..... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

ORGANIZATION 72120 PETLAND PL THOUSAND PALMS CA 92276-2950 760-601-3989

Form	990 (2022)	ANTMAT.	SAMARITANS	SPCA	INC

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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

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

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

Check this box if neither the organization nor any relate	ed organiz	ation	com	npen	sate	d an <u>y</u>	y cu	rrent officer, direct	or, or trustee.	
				(C)						
(A) Name and title	(B) Average hours	thar	one both	box, an o	unles		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) CATHERINE GILABERT	40									
VETERINARIAN, DVM	0					Χ		402,156.	0.	0.
(2) ARTHUR KLOMHAUS	40						. 1	N DIV	•	
VETERINARIAN, DVM	0			-		X	\overline{Z}	335,923.	0.	0.
	$-\frac{40}{0}$	1			1	, X		225,786.	0.	0.
(4) ROBERT MILLS	40									
VETERINARIAN, DVM	- 					Χ		134,591.	0.	0.
(5) TOM SNYDER	40							,		
CEO	0			Χ				131,194.	0.	0.
(6) KEVIN LEISKE	40							,		
VETERINARIAN, DVM	0					Χ		111,557.	0.	0.
(7) FERA MOSTOW, ESQ	1									
SECRETARY	0	Х		Χ				0.	0.	0.
(8) DEA FRANK, ESQ	11									
DIRECTOR	0	Х						0.	0.	0.
(9) MARK DODGE	1									
VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
(10) PATRICK EVANS	1									
DIRECTOR	0	X						0.	0.	0.
(11) SANDY BEAKEY	1									
DIRECTOR	0	Χ						0.	0.	0.
(12) BARBARA FLANAGAN	1									
DIRECTOR	0	Χ						0.	0.	0.
(13) MARCIA ERICKSON	1									
DIRECTOR	0	Χ						0.	0.	0.
(14) LANNY SEESE, MD	1							_	_	_
DIRECTOR	0	Χ						0.	0.	0.

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Part V	II Section A. Officers, Directors, Tru		Key	Em	_		es,	and	d Highest Com	pensated Empl	oyees	S (conti	nued)
		(B)			((•							
	(A) Name and title	Average hours per week (list any	box offi	, unle cer ar	ss pe nd a d	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	compe	(F) ated am of other ensation organizat	from
		hours for related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	d related anization	d
	EN_BETZRESIDENT	2	Х		Х				0.	0.			0.
	ERT GARLAND RECTOR	1	Х						0.	0.			0.
	DHN SCHOOLER REASURER	2	Х		Х				0.	0.			0.
(18) CI	LARK HALLREN IRECTOR	1	Х						0.	0.			0.
(19) AU	JRORA WILSON IRECTOR	1	X						0.	0.			0.
(20)									0.	· ·			
(21)													
(22)													
(23)										h			
(24)						1							
(25)		_ -1	N			1							
	btotal)							1,341,207.	0.			0.
	tal from continuation sheets to Part VII, Section								0.	0.			0.
	tal (add lines 1b and 1c)al number of individuals (including but not limited								1,341,207. more than \$100.00	0. 0 of reportable comp	ensatio	n	0.
	m the organization 6				-,					,			
3 Did	I the organization list any former officer, direct	tor, truste	e, ke	ev er	mple	ovee	e, or	high	nest compensated	employee		Yes	No
on	line 1a? If "Yes,"complete Schedule J for such any individual listed on line 1a, is the sum of	h individu	ıal								3		Х
the	organization and related organizations greate	er than \$1	50,0	00?	If "	Yes,	" con	nple	ete Schedule J for		4	X	
for	any person listed on line 1a receive or accrue services rendered to the organization? If "Yes	e comper s," comple	satic ete S	on fro Sched	om dule	any • <i>J f</i> o	unre or su	late ch p	ed organization or person	individual	5		X
1 Co.	n B. Independent Contractors mplete this table for your five highest compens	sated ind	epen	dent	COI	ntra	ctors	tha	at received more the	nan \$100,000 of			
COII	npensation from the organization. Report compens (A) Name and business addr		trie c	alerio	uar	year	enan	ng v	(B)		(C)	
	Name and bùsíness address Description of services Compensation												
3 Tal	al number of independent contractors (including the	ut not liz-	itod t	0 +b -		icto	1 06 0	\(c\	who received man-	than			
	al number of independent contractors (including b 00,000 of compensation from the organization	out not iim 0	neu (o ti10	ise I	เรเย(ı au0'	ve)	who received more	uiali			

Form	990 (2022) ANIMAI	L SAMARITA	ANS	SPCA, INC.			95-3171867	Page 9
Part	VIII Statement of	Revenue						
	Check if Schedu	le O contains a	a resp	onse or note to an	y line in this Part V	TIL		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a Federated campaig	gns	1a					
Gran	b Membership dues.		1b	4,695.				
ο ¥	c Fundraising events	5	1c					

						exempt function revenue	business revenue	excluded from tax under sections 512-514
s, S	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b		1b	4,695.				
P, G	С	Fundraising events	1c	1,030.				
ifts ar A	d	Related organizations	1d					
s, G	е	Government grants (contributions)	1e					
ion r Si	f	All other contributions, gifts, grants, and						
but			1f	2,806,680.				
a di	g	Noncash contributions included in lines 1a-1f.	1g	36,883.				
Co	h	Total. Add lines 1a-1f			2,811,375.			
ue				Business Code				
Program Service Revenue	2a	CLINIC INCOME			6,632,798.	6,632,798.		
Re	b							
/ice	С							
Sen	d							
m.	е							
ogr		All other program service revenue.						
ğ	g	Total. Add lines 2a-2f			6,632,798.			
	3	Investment income (including dividend	ds, ir	nterest, and	04.005	0.4.005		
	4	other similar amounts)			24,285.	24,285.		
	4 5	Royalties		·				
	5	(i) Real		(ii) Personal				
	6a	Gross rents 6a		() 1 0.001.01				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from (i) Securitie		(ii) Other				
	/a	sales of assets						
	h	other than inventory Less: cost or other basis						
		and sales expenses 7b						
	С	Gain or (loss) 7c						
	d	Net gain or (loss)	<u></u>					
<u>o</u>	8a	Gross income from fundraising events						
Revenue		(not including \$						
eve		of contributions reported on line 1c).						
		See Part IV, line 18	8a	334,000.				
Other		Less: direct expenses	8b	100/000:				
Ō		Net income or (loss) from fundraisi	ng e	events	181,517.			181,517.
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	h	Less: direct expenses	9b					
		Net income or (loss) from gaming a						
			I	1065				
	ıUa	Gross sales of inventory, less returns and allowances	1 0 a	,				
	b	Less: cost of goods sold	1 Ob					
		Net income or (loss) from sales of						
S	_	, , , , , , , , , , , , , , , , , , , ,	Í	Business Code				
Miscellaneous Revenue	11a		T					
scellaneo Revenue	b							
eek Ye	С							
<u>S</u>	d	All other revenue		_				
Σ	е	Total. Add lines 11a-11d	<u> </u>					
	12	Total revenue See instructions			0 640 075	C CE7 002		101 517

Part IX **Statement of Functional Expenses**

SOP 98-2 (ASC 958-720).....

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. (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 6,560. 131,194. 111,515 13,119 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. 4,106,356 3,702,639 146,782 256,935. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 119,204 104,338 5,398 9,468. 219,371 190,112 13,078 16,181. 10 291,151 22,578 22,504. 336,233 Fees for services (nonemployees): 2,535 1,690 845 c Accounting..... 58,246 41,604 8,321 8,321. **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... 46,328 46,328. Other. (If line 11g amount exceeds 10% of line 25, column 466,846 785 15,102. 482,733. (A), amount, list line 11g expenses on Schedule 0.) 18,964. 12 Advertising and promotion..... 546. 18,418. 13 44,944. 34,484 7,759 2,701. 1,351. 39,878. 1,863. 14 Information technology..... 36,664. 15 Royalties 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 21 Payments to affiliates..... Depreciation, depletion, and amortization. . . . 168,789. 151,911. 8,439. 8,439. 23 69,566. 49,690. 9,938. 9,938. 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.)..... MEDICAL SUPPLIES 433,077 433,077 b 302,726 302,726 <u>MEDICINES</u> 263,811 LABORATORY 263,811 PAYROLL PROCESSING FEES 234,066 198,956. 11.703. 23,407 e All other expenses...SEE SCH...O... 907,999 797,342. 80,448 30,209. 25 Total functional expenses. Add lines 1 through 24e. . . 7,179,102. 7,986,020 342,760 464,158. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			975,583.	1	1,444,734.
	2	Savings and temporary cash investments			1,257,161.	2	2,371,277.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			32,030.	4	40,961.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contribursons	r, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified p		-			
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net	` ' '	` ´ ` ´		7	
Ø	8	Inventories for sale or use		<u> </u>	186,891.	8	260,258.
Assets	9	Prepaid expenses and deferred charges		<u> </u>	25,606.	9	31,719.
As	-		1 1		25,000.		31,719.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		5,038,634.			
	b	Less: accumulated depreciation		2,599,255.	2,568,243.	10c	2,439,379.
	11	Investments — publicly traded securities		-	1,333,340.	11	1,156,218.
	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		-	368,359.	15	410,998.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		6,747,213.	16	8,155,544.
	17	Accounts payable and accrued expenses			382,694.	17	320,433.
	18	Grants payable			4 11	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I	V of Sch	nedule D		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ficer, direction, or 3	ector, trustee, 35%		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela plete Pa	ated third parties, art X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			382,694.	26	320,433.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X			
ar	27	Net assets without donor restrictions			5,701,671.	27	5,888,324.
Ba	28	Net assets with donor restrictions			662,848.	28	1,946,787.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				=,0=0,1000
ក	29	Capital stock or trust principal, or current funds				29	
इं	30	Paid-in or capital surplus, or land, building, or equipm		_		30	
SS	31	Retained earnings, endowment, accumulated income,		_		31	
ţ,	32	Total net assets or fund balances		<u> </u>	6,364,519.	32	7,835,111.
Ne	33	Total liabilities and net assets/fund balances		<u> </u>	6,747,213.	33	8,155,544.

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	() Intiling blanktilling blotty like:	0 1 7 1 0	, , ,			
Par	TXI 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).		9,	649,	975.	
2	Total expenses (must equal Part IX, column (A), line 25).	2	7,	986,	020.	
3	Revenue less expenses. Subtract line 2 from line 1	_	1,	663,	955.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,	364,	519.	
5	Net unrealized gains (losses) on investments.	5			363.	
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	7,	835,	111.	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	s No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked "Other " explain						
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?		2	а	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ved on a	a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:	rate				
	X Separate basis Consolidated basis Both consolidated and separate basis					
_						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?.	ıt,	2	c X		
	If the organization changed either its oversight process or selection process during the tax year, explain			1.		
	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	Uniforn	n ,	_	v	
	Guidance, 2 C.F.R Part 200, Subpart F?		3	а	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required at	udít	_			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			~	1 (2225)	
BAA	IEEAUTIZL 09/01/22		Fo	rm 99 0	(2022)	

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

2022

Open to Public Inspection

Sche	edule A (Form 990) 2022	ANTMAT, S	SAMARITANS S	SPCA. INC.		95-3171867	Page 2
	t II Support Schedule for				(b)(1)(A)(iv) an		
	(Complete only if you checked organization fails to qualify	the box on line 5, under the tests list	7, or 8 of Part I or sted below, please	if the organization complete Part II	failed to qualify und	der Part III. If the	•
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		•			•	
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			- W	AIL		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		JNO), ,			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	V					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizat stop here	ion's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support I	Percentage				<u> </u>
	Public support percentage for 20			ne 11, column (f))	14	%
15	Public support percentage from	2021 Schedule A	, Part II, line 14			15	%
16a	33-1/3% support test—2022. If t and stop here. The organization	he organization o qualifies as a pu	lid not check the b	ox on line 13, an	d line 14 is 33-1/3	% or more, check th	nis box
b	33-1/3% support test—2021. If the and stop here. The organization						

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... BAA

Schedule A (Form 990) 2022

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization......

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

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

Sec	Section A. Public Support								
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Cifte grante contributions	(0) = 1.0	(0) = 110	. ,	(0) ===:	(*/===	(-)		
	and membership fees received. (Do not include any "unusual grants.")	1,418,503.	2,720,086.	3.508.960.	2,016,167.	2.811.375.	12,475,091.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	<u> </u>		0,000,000					
	furnished in any activity that is								
	related to the organization's tax-exempt purpose	2 200 000	2 425 470	2 555 220	F 016 F06	6 622 700	20 020 001		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	3,300,000.	3,423,470.	2,333,339.	3,010,380.	0,032,798.	20,939,081.		
4	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.		
	Total. Add lines 1 through 5	4,727,391.	6,145,556.	6,064,299.	7,032,753.	9,444,173.	33,414,172.		
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0					0		
h	Amounts included on lines 2	0.	0.	0.	0.	0.	0.		
	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.		
-	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.		
	Public support. (Subtract line 7c from line 6.)				Air		33,414,172.		
	tion B. Total Support	(-) 0010	(1-) 0010	(1)0000	(-I) 0001	(-) 0000	(6 T-1-1		
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	4,727,391	6,143,356.	6,064,299.	7,032,753.	9,444,173.	33,414,172.		
	similar sources	14,536.	12,965.	17,560.	17,423.	24,285.	86,769.		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.		
	Add lines 10a and 10b	14,536.	12,965.	17,560.	17,423.	24,285.	86,769.		
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	04.065	60. 110	50.051	101 506	101 515			
13	Total support. (Add lines 9,	24,867.	69,449.	53,951.	131,706.	181,517.	461,490.		
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	7,181,882. ifth tax year as a	section 501(c)(3)	33,962,431.		
Sec	tion C. Computation of Pul	•					····		
	Public support percentage for 20			ne 13. column (f))	15	98.39 %		
	6 Public support percentage from 2021 Schedule A, Part III, line 15								
	tion D. Computation of Inv						30112		
17									
18	Investment income percentage fi	•	• • •	-			0.25 %		
19a	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	the organization d	id not check the I	box on line 14, ar	nd line 15 is more	than 33-1/3%, an	nd line 17		
	33-1/3% support tests—2021. If t line 18 is not more than 33-1/3%	the organization does, check this box a	id not check a bo and stop here. Th	x on line 14 or lir le organization qu	ne 19a, and line 1 lalifies as a public	6 is more than 33 ly supported orga	-1/3%, and nization		
∠0	Private foundation. If the organize	zation did not che	ck a box on line	14, 19a, or 19b, c	TIECK THIS DOX and	see instructions.			

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Schedule A (Form 990) 2022 ANI Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	22 Pro 2 3 32 22 22 2		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	1	162	NO
2	the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section	1		
	509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Sche	edule /	A (Form 990) 2022 ANIMAL SAMARITANS SPCA, INC. 95-317186	7	F	Page 5
Par	t IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?			
а	the g	son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, overning body of a supported organization?	11a		
b	A far	nily member of a person described on line 11a above?	11b		
С	A 35%	s 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		
Sec	tion	B. Type I Supporting Organizations	•	•	
				Yes	No
1	or m office orga than	the governing body, members of the governing body, officers acting in their official capacity, or membership of one per supported organizations have the power to regularly appoint or elect at least a majority of the organization's errs, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
2	that	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such			
		fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion	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	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees				
		ch of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations	•	1	1
				Yes	No
1	orgai year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orga	nization'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 nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).			
			2		
3	voice	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played			
		is regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	_	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	一	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	\equiv	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instr	uction	s).
`	- Ш '	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			-/-
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
	n Did s	ubstantially all of the organization's activities during the tay year directly further the event numbers of the			

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

0011	ANTHAL SAMAKITANS SICA, INC.			71007 rage
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	-
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	lov. 20, 1970 (explain in est complete Sections A	Part VI). See through E.
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 1	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion 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 2022 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Line o amount divided by line 3 amount		1.0	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount		11	
i Carryover from 2017 not applied (see instructions)	1 WIT		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	71		
4 Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

95-3171867

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Part VI

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

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	 2022	 2021		2020	 2019	 2018
FUNDRAISING EVENTS TOTAL	\$ 181,517.	\$ 131,706.	<u>\$</u>	53,951.	\$ 69,449.	\$ 24,867.
	\$ 181,517.	\$ 131,706.	\$	53,951.	\$ 69,449.	\$ 24,867.



Schedule B (Form 990)

Schedule of Contributors

2022

Employer identification number

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ANIMAL SAMARITANS SPCA, INC. 95-3171867 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year. ontributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

ANIMAL SAMARITANS SPCA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY BROAD FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DUNLAP FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>10,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SARAH DI TANA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5 <u>,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THORNTON GLIDE JR 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GLORIA SCOBY 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MANILOW FUND FOR HEALTH & HOPE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>40,338.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

raiti	Contributors (see instructions). Ose duplicate copies of Part I if additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LYNDSY TOELKES		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CARL JUD FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$30,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BRANDON BOSWELL		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	72120 PETLAND PLACE THOUSAND PALMS, CA 92276	P	(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	J. SQUIRE JUNGER		Person X
	72120 PETLAND PLACE	\$ <u>5,000.</u>	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u> _	INLAND EMPIRE COMMUNITY FDN		Person X
	72120 PETLAND PLACE	\$20,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	KALLI CRAWFORD		Person X
	72120 PETLAND PLACE	\$10,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)

3 10 Employer identification number

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> _	ANNENBERG FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$ <u>_70,000.</u>	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _	HOUSTON FAMILY FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$40,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	LANNY SEESE		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	GRETE COX		Person X
	72120 PETLAND PLACE	\$5,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _	ANDERSON CHILDREN'S FOUNDATION		Person X
	72120 PETLAND PLACE	\$ <u>9,538.</u>	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> _	BARBARA ROGERS		Person X Payroll
	72120_PETLAND_PLACE	\$10,700.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
DAA	TFFA07021 07/22/22	<u> </u>	chadula P (Form 990) (2022)

Employer identification number

	Contributors (see instructions). Ose duplicate copies of Part Fit additional s	T	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u> _	DIANE JOHNSON		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	AUEN FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$5,000.	Noncash
	THOUSAND PALMS, CA 92276	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _	LISA PARK		Person X
	72120 PETLAND PLACE	\$5 <u>5,000</u> .	Payroll Noncash
	72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\P\'	(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>22</u> _	BLANCHARD LIVING TRUST		Person X
	72120 PETLAND PLACE	\$8 <u>,</u> 159.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_	JAMES STEVENS ESTATE		Person X
	72120 PETLAND PLACE	\$ <u>10,000.</u>	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_	EISENHOWER MEDICAL CENTER	_	Person X
	72120 PETLAND PLACE	\$ 10,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	ANNETTE YOUNG LEWIS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	RICHARD BROOKE FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$825,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	ALBERT & ANNA HERDINA MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$39,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_	ROBERT RICHTER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>29</u> _	PATRICIA THORNBERG MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$30,073.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>30</u> _	JANET_SALTA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll

ANIMAI	L SAMARITANS SPCA, INC.			171867
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
31_	MICHAEL NOLL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>20,</u>	.000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
32_	ROBERT BARNES 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,	.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
<u>33</u> _	CLARK HALLREN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,	.049.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
34_	HEYSON LEACH 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>10,</u>	.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
<u>35</u> _	JOSEPH HAYDEN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>63,</u>	.148.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
<u>36</u> _	JOHN AND MARTHA WILSON CHRTBL FUND 72120 PETLAND PLACE	\$ 89,	204.	Person X Payroll Noncash

THOUSAND PALMS, CA 92276

(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u> _	RON FLETCHER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>38</u> _	CHRISTOPHER MCGOUGHRAN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>39</u> _	MARJORIE SALTER TRUST 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$172 <u>,652.</u>	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40_	BARBARA NAPPA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41_	PAIGE ROBBINS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>42</u> _	RICHARD AND DOREEN YAEGER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$15,000.	Person X Payroll

Name of organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43_	ROBERT STURTEVANT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$70,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>44</u> _	BIGHORN GOLF CLUB 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u> _	CADE MORROW 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$260,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46_	TODD BARAJAS MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u> _	GARY KIEF 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u> _	DAVID ROOT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$42,631.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u> _	MARY SHINN		Person X Payroll
	72120 PETLAND PLACE	\$ <u>10,000</u> .	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>50</u> _	TOM BELL		Person X
	72120 PETLAND PLACE	\$ 25,000.	Payroll
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>51</u> _	SUPPLE FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$5,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>52</u> _	GALEN FAMILY FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$10,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>53</u> _	SANDRA PISTER		Person X Payroll
	72120 PETLAND PLACE	\$5,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u> _	JOEL DOUGLAS		Person X Payroll
	72120 PETLAND PLACE	\$5,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u> _	LINDA VON RHINE 72120 PETLAND PLACE	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for
	THOUSAND PALMS, CA 92276		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u> _	TODD BURGESS		Person X Payroll
	72120 PETLAND PLACE	\$ <u>5,000</u> .	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>57</u> _	BEN ROSENTHAL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

ANIMAL SAMARITANS SPCA, INC.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	90.77	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	TEEA0703L 07/22/22	Schedule I	B (Form 990) (2022)

Name of organization Employer identification number 95-3171867 ANIMAL SAMARITANS SPCA, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

ANIMAL SAMARITANS SPCA, INC.		95-3171867
Part I Organizations Maintaining I	Donor Advised Funds or Other Simila	
Complete if the organization answer	ed "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		
	donor advisors in writing that the assets held in the organization's exclusive legal control?	
6 Did the organization inform all grantees, do for charitable purposes and not for the ben	onors, and donor advisors in writing that grant efit of the donor or donor advisor, or for any ot	funds can be used only ther purpose conferring
impermissible private benefit?		Yes No
Part II Conservation Easements.		
· • • • • • • • • • • • • • • • • • • •	ed "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held	d by the organization (check all that apply).	
Preservation of land for public use (for example)		vation of a historically important land area
Protection of natural habitat	Preser	vation of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization	on 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 ea		2b
c Number of conservation easements on a ce	ertified historic structure included in (a)	2c
historic structure listed in the National Regi		2d
3 Number of conservation easements modified tax year		by the organization during the
4 Number of states where property subject to		<u> </u>
and enforcement of the conservation easer	regarding the periodic monitoring, inspection, ments it holds?	Yes No
6 Staff and volunteer hours devoted to monitorin	ng, inspecting, handling of violations, and enforcing	g conservation easements during the year
7 Amount of expenses incurred in monitoring, in	specting, handling of violations, and enforcing con	nservation easements during the year
	d on line 2(d) above satisfy the requirements of	
9 In Part XIII, describe how the organization include, if applicable, the text of the footno conservation easements.	reports conservation easements in its revenue te to the organization's financial statements the	and expense statement and balance sheet, and describes the organization's accounting for
	Collections of Art, Historical Treasure	es or Other Similar Assets
Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 8.	ss, or other similar Assets.
1 a If the organization elected, as permitted un historical treasures, or other similar assets		e statement and balance sheet works of art, ich in furtherance of public service, provide in
b If the organization elected, as permitted un	ider FASB ASC 958, to report in its revenue sta d for public exhibition, education, or research in fu	atement and balance sheet works of art, urtherance of public service, provide the
	III, line 1	\$
	rt, historical treasures, or other similar assets for fi SB ASC 958 relating to these items:	
a Revenue included on Form 990. Part VIII. I	ine 1	\$
h Assats included in Form 990. Part Y		ė

Part III	Organizations Main	taining Collection	ons of Art, Hist	torical 1	reasures, or	Other Similar As	ssets	(contir	nued)
3 Using items	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 P	a Public exhibition d Loan or exchange program								
b S	cholarly research		e Other						
c P	reservation for future gener	ations							
Part >			,		-				
to be	g the year, did the organiza sold to raise funds rather th	nan to be maintained	d as part of the or	ganizatio	n's collection?		Yes		No
Part IV	Escrow and Custod reported an amount on Fo	ial Arrangement orm 990, Part X, line	t s. Complete it the 21.	e organiza	ition answered "Y	es" on Form 990, Par	t IV, lin	e 9, or	
1 a Is the	organization an agent, trus	stee, custodian or ot	her intermediary f	or contrib	outions or other a	assets not included	٦.,	_	٦
	rm 990, Part X?						Yes		No
b IT "Yes	s," explain the arrangement in	n Part XIII and comple	te the following tac	oie:			Amoun	+	
c Regin	ning balance					1 c	Amoun		
•	ons during the year								
	outions during the year					1 e			
	g balance					1f			
	e organization include an a						Yes		No
	s," explain the arrangemen					, ,		<u> </u>	⊣"
5 11 10	o, explain the arrangement	enir are Ann. Griook	noro ir the explai	iation nas	s soon provided	on raic / m		· · · · · L	_
Part V	Endowment Funds.	Complete if the orga	nization answered	"Yes" on	Form 990. Part I	V. line 10.			
		(a) Current year	(b) Prior year) Two years back	(d) Three years back	(e)	Four years	s back
1 a Begin	ning of year balance	306,947.			266,111.	236,677.			0.
b Contri	butions	000,011			200,1111	8,115.		250.	000.
c Not in	vestment cornings, gains				- 1	3,3.			
	vestment earnings, gains,	-37,934.	16,74	48.	24,088.	21,319.		-11,	397.
d Grant	s or scholarships	·			111				
e Other	expenditures for facilities			1	Mi	_			
•	rograms		-1()			0.			
	nistrative expenses	2,922.	NO						926.
-	f year balance	266,091.	306,94		290,199.	266,111.		236,	677.
	de the estimated percentage	,	•	e 1g, colu	ımn (a)) held as:				
	designated or quasi-endov		<u>0.00</u> %						
b Permanent endowment %									
			00/						
rne pe	ercentages on lines 2a, 2b, a	na 2c should equal 10	0%.						
3 a Are th	ere endowment funds not in t	he possession of the	organization that ar	re held and	d administered for	r the	ſ	Yes	No
9	ization by: nrelated organizations						20(1)	X	No
• • •	elated organizations						3a(i) 3a(ii)	Λ	Х
` '	s" on line 3a(ii), are the rel						3b		
	ibe in Part XIII the intended	•					30		
Part VI			ation's chaowine	nt lunus.	JEE FARI	VIII			
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	<u> </u>								
	Description of property	(a) Cos	st or other basis nvestment)		st or other s (other)	(c) Accumulated depreciation	(a) I	Book va	ilue
1 a Land.		,		24310	49,573.			49	,573.
	ngs			2	570,918.	792,737.	1		,181.
	hold improvements				021,769.	548,637.			,132.
	ment				136,786.	1,021,369.			,417.
e Other					259,588.	236,512.			,076.
Total. Add I	ines 1a through 1e. (Colum	nn (d) must equal Fo	rm 990, Part X, c				2		,379.

BAA Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part IX, Inne 12. (a) Decingtion of search or category clothing name of security (b) Book value (c) Method of valuations Cost or end of year market value (d) Financial intervaltives. (e) Cost of the deeputy interests. (f) Cost of the deeputy interests. (g)	Part VII	Investments — Other Securities. Complete if the organization answered "Ves" or	n Form 990 Part IV line	N/A a 11h See Form 990 Part Y line 12	
(2) Closely held equity interests. (3) Other (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a) Descri	•		•	of-vear market value
(2) Closely held equity interests. (3) Other (4) (5) (5) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			(4)	(c) meaned or canadism cost of one	
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r 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	9,456,612.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	3.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	-193,363.
3 Subtract line 2e from line 1.	3	9,649,975.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,649,975.
Part XII Reconciliation of Expenses per Audited Financial Statements With P	er Return	
	CI INCLUII	l.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ci itetari	I.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		7,986,020.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 2 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 5 Donated Services and Use of facilities. 6 Donated Services and Use of facilities. 6 Donated Services and Use of facilities. 8 Donated Services and Use of facilities. 9 Donated Services and Use of facilities. 9 Donated Services and Use of facilities.	1	7,986,020.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	1	7,986,020.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	7,986,020.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	1	7,986,020.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.)	1 2e 3	7,986,020.

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 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

Schedule D (Form 990) 2022

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.



SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2022

Open to Public Inspection

Employer identification number

AN:	IMAL SAMARITANS SPCA,					95-317186	7
Pai	Fundraising Activities. Complete Form 990-EZ filers are not re	ete if the organiza	ation answe	ered "Yes" art.	on Form 990, Part IV, lin	ie 17.	
i i	Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations Inperson solicitations Did the organization have a written of	raised funds th	rough any t with any i	of the folloge f	X Solicitation of non- Solicitation of gove X Special fundraising	government grants ernment grants gevents	X Yes
ŀ	employees listed in Form 990, Pa of "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the	viduals or entities	s (fundraise	•	-		
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(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
	CHRISTINA LEWIS		Yes	No			
1	72120 PETLAND PL THOUSAND PALMS CA 92276	GRANT WRITING		Х	293,361.	45,623.	247,738.
2							
3							
4					TMA		
5		D'	0 1	110			
6							
7							
8							
9							
10							
Tota							247,738.
3	List all states in which the organizati or licensing. CA				ontributions or has been		

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
			DESERT FASHION	OTHER EVENTS	NONE	through column (c)
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	292,640.	41,960.		334,600.
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	292,640.	41,960.		334,600.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses	153,083.			153,083.
	10	Direct expense summary. Add lines 4 thr				
	11	Net income summary. Subtract line 10 fro				
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	tion answered "Ye e 6a.	s" on Form 990, Pa	art IV, line 19, or re	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ř	1	Gross revenue	.10	7 141		
ses	2	Cash prizes.	ONC			
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor		Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		
	ls th	er the state(s) in which the organization cone organization licensed to conduct gaming No," explain:	g activities in each of th	nese states?		
		e any of the organization's gaming license	s revoked, suspended,	or terminated during th		

Sch	edule G (Form 990) 2022	ANIMAL SAMA	ARITANS SPC	A, INC.	95	3-3171	.867	Page 3
11	Does the organization conduct ga						Yes	No
12	Is the organization a grantor, benefined administer charitable gaming?						Yes	No
13	Indicate the percentage of gaming	activity conducted in:				1 1		
	a The organization's facility					13 a		%
	b An outside facility							્ર
14	Enter the name and address of the	person who prepares	the organization's	gaming/special events	books and records	,		
	Name							
	Address							
	a Does the organization have a co b If "Yes," enter the amount of gar of gaming revenue retained by th c If "Yes," enter name and address of	ming revenue receivne third party \$	ed by the organiz	ation \$		e? e amour		No
	Name							. — — — ¬
	Address							i
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$			11			
	Description of services provided			AAP				
	Director/officer	Employee	NO	ndependent contract	or			
	Mandatory distributions:	nC) ' -					
	a Is the organization required under s state gaming license?	state law to make cha	ritable distributions	from the gaming proc	eeds to retain the		Yes	□No
	b Enter the amount of distributions re organization's own exempt activities	equired under state la	w to be distributed					
Pa	rt IV Supplemental Inform	nation. Provide t	he explanation	s required by Pa	rt I, line 2b, col	umns (iii) and (v	<i>/</i>);
	and Part III, lines 9, 9		c, 16, and 17b	, as applicable. A	also provide any	/ additi	onal	

F information. See instructions.

Schedule G (Form 990) 2022 BAA TEEA3703L 0705/22

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ANIMAL SAMARITANS SPCA, INC.

Employer identification number 95-3171867

Par	art I Questions Regarding Compensation			
			Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	Form 990, Part		
	First-class or charter travel Housing allowance or residence	for personal use		
	Travel for companions Payments for business use of pe	rsonal residence		
	Tax indemnification and gross-up payments Health or social club dues or initi	ation fees		
	Discretionary spending account Personal services (such as maid	, chauffeur, chef)		
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment reimbursement or provision of all of the expenses described above? If "No," complete Part III to expense the complete of the expense of			
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization used to establish the compensation of the organization because the center of the celebrated or establish compensation of the CEO/Executive Director, but explain in Part III.	ition's CEO/ ganization to		
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or comper	nsation committee		
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the organization or a related organization: a Receive a severance payment or change-of-control payment?	e filing 4a		Х
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	c Participate in or receive payment from an equity-based compensation arrangement?	4c		Χ
	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 comprontingent on the revenues of:	ensation		
а	a The organization?	5a		X
	b Any related organization?	5b		X
	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 compression on the net earnings of:	ensation		
	a The organization?			X
b	b Any related organization?	6b		X
	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 nonf payments not described on lines 5 and 6? If "Yes," describe in Part III	ixed 7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	·		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regusection 53.4958-6(c)?	ulations 9		

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

Schedule J (Form 990) 2022

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.

	((B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensation	(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ELIZABETH FOGEL	(i)	225,786.	0.	0.	0.	0.	225,786.	0.
	(ii)	0.	0.	0.	$\frac{1}{0}$.	0.	0.	0.
	(i)	402,156.	0.	0.	0.	0.	402,156.	0.
	(ii)	0.	0.	0.	$\frac{1}{0}$.	0.	0.	0.
	(i)	335,923.	0.	0.	0.	0.	335,923.	0.
	(ii)		0.	0.	$\frac{1}{0}$.	0.	0.	0.
	(i)							
4	(ii)						Τ]
	(i)							
	(ii)							
	(i)		L	11	L			
	(ii)							
	(i)			[]]] [] [] [] [] [] [] [] []				
	(ii)		~10					
	(i)		J 1/2					
	(ii)							
	(i)							
	(ii)							
	(i)		 				 	
	(ii)							
	(i)							
	(ii)							_
	(i)		 					
	(ii)							
	(i)						 	
	(ii) (i)							
								
	(ii) (i)							
	(i) (ii)		 		 		 	
	(i)							
	(i) (ii)		 				 	
10	(II)							

BAA

TEEA4102L 07/25/22

Schedule J (Form 990) 2022

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 M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

Par	tΙ	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	od of c contrib	determir	ning mounts
1	Art	- Works of art							
2	Art	- Historical treasures							
3	Art	– Fractional interests							
4	Boo	ks and publications							
5	Clot	hing and household goods							
6	Cars	s and other vehicles							
7		ts and planes							
8		llectual property							
9		urities – Publicly traded							
10		urities - Closely held stock							
11		urities – Partnership, LLC, or trust interests.							
12		urities — Miscellaneous							
13		lified conservation contribution – oric structures							
14	Qua	lified conservation contribution — Other							
15	Rea	I estate – Residential			. 11				
16	Rea	I estate — Commercial							
17		I estate — Other							
18		ectibles							
19		d inventory							
20		gs and medical supplies							
21		dermy.	J -						
22		orical artifacts.							
23		entific specimens							
24		neological artifacts			04.404				
25	Oth	***************************************			24,404.				
26	Oth	` <u>`</u>			12,479.				
27	Oth	````							
28	Oth	<u> </u>			1				
29		aber of Forms 8283 received by the organization d Anization completed Form 8283, Part V, Done				29			
	orge	inization completed Form 0200, Fait V, Donet	Acknowled	gement		23		Yes	No
								103	110
30a		ng the year, did the organization receive by contri ust hold for at least 3 years from the date of t							
		exempt purposes for the entire holding period					30 a		Х
h		es," describe the arrangement in Part II.							71
		s the organization have a gift acceptance poli	cy that requi	ires the review of any r	nonstandard contributio	ns?	31		Х
		s the organization hire or use third parties or							
JEA		ributions?					32 a		Х
b	lf "Y	'es," describe in Part II.							
33		e organization didn't report an amount in colu cribe in Part II.	mn (c) for a	type of property for w	hich column (a) is chec	ked,			

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

Schedule M (Form 990) 2022

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



SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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 AN EMPHASIS ON DOGS, CATS, AND THE PEOPLE WHO LOVE THEM. WE VIEW DOGS AND CATS NOT AS MERE ANIMALS, BUT AS FAMILY MEMBERS. AS THEIR GUARDIANS AND CUSTODIANS, IT IS OUR OBJECTIVE TO REDUCE THE OVERPOPULATION AND SUFFERING OF ABANDONED AND UNWANTED WE BELIEVE SPAYING AND NEUTERING OUR PETS AND HOMELESS HOMELESS DOGS AND CATS. POPULATIONS OF DOGS AND CATS IS AN EFFECTIVE WAY TO ACHIEVE THIS END AND WE ARE COMMITTED TO PROVIDING QUALITY, AFFORDABLE SPAY/NEUTER SERVICES. 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 WE BELIEVE THE BOND BETWEEN PEOPLE AND PETS IS HEALING, BOTH EMOTIONALLY AND PHYSICALLY, AND WE PROVIDE ANIMAL COMPANION THERAPY (PET THERAPY) 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. WE PROVIDE QUALITY, AFFORDABLE FULL-SERVICE VETERINARY CARE, SAME DAY OR NEXT DAY URGENT CARE, PET ONCOLOGY AND PET OPHTHALMOLOGY FOR THESE SERVICES WE OFFER FINANCIAL AID ASSISTANCE TO QUALIFYING PET SERVICES. OWNERS TO MITIGATE THE CHANCES THEY DECLINE CRITICAL HEALTH CARE TO THEIR PETS, OR SURRENDER THEIR DOGS AND CATS TO A SHELTER, OR PREMATURELY EUTHANIZE THEIR ANIMALS BECAUSE THEY CAN'T AFFORD TO CARE FOR A TREATABLE ILLNESS OR INJURY.

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

VETERINARY CLINICS:

IN 2022, WE SAW APPROXIMATELY 18,206 ANIMAL PATIENTS, WHICH INCREASED OUR AGGREGATE NUMBER OF PATIENTS TO APPROXIMATELY 293,000.

Employer identification number

95-3171867

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

5,970 SPAY & NEUTER SURGERIES; 6,203 NON-SPAY & NEUTER SURGERIES; 1,727 DENTAL

SERVICES (INCLUDING DENTAL SURGERIES); 1,216 X-RAYS; 15,544 VACCINATIONS, AND 12,140

NON-EXAM PROCEDURES (EAR CLEANINGS, 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 2022, WE ADOPTED 147 DOGS AND 137 CATS, UP 41 PETS FROM 2021

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, WE MADE 121 EDUCATIONAL PRESENTATIONS TO AREA CLASSROOM AND SCHOOL ASSEMBLIES AND REACHED AN ESTIMATED 4,700 SCHOOL STUDENTS, AN INCREASE OF 3,290 OVER THE PANDEMIC YEAR OF 2021. ADDITIONALLY, WE HOSTED EIGHT SUMMER CRITTER CAMPS, PRIMARILY FOR FINANCIALLY DISADVANTAGED STUDENTS. FIVE CAMPS WERE HELD IN DESERT HOT SPRINGS, TWO IN MECCA, AND ONE IN THERMAL.

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

THE HUMANE EDUCATION PROGRAM ALSO PRESENTED AT CAREER DAY EVENTS AND COMMUNITY RESOURCE FAIRS, INFORMING YOUNG ANIMAL LOVERS ON THE MANY CAREER OPPORTUNITIES AVAILABLE IN THE FIELD OF ANIMAL WELFARE. STUDENTS WERE ESPECIALLY INTERESTED TO LEARN WHAT IT TAKES TO BECOME AN ANIMAL RESCUER, VETERINARY TECHNICIAN, AND A VETERINARIAN.

ANIMAL COMPANION THERAPY:

LAST YEAR ACT VOLUNTEERS LOGGED 462 HOURS OF VOLUNTEER SERVICES AT 53 PARTICIPATING ORGANIZATIONS AND/OR EVENTS, AN INCREASE OF 255 HOURS OVER 2021. 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. DO NO

ANIMAL RESCUE:

LAST YEAR MARKED THE 12TH YEAR OF OUR ADOPTION ALLIANCE ANIMAL RESCUE PROGRAM. IN 2022 WE RESCUED 876 ADOPTABLE, AT-RISK ANIMALS FROM PUBLIC ANIMAL SHELTERS, AN AVERAGE OF 73 PER MONTH. THIS BROUGHT OUR RESCUE PROGRAM'S TOTAL NUMBER OF ANIMALS RESCUED AT THE END OF LAST YEAR TO MORE THAN 15,000 ANIMALS.

SPECIFICALLY, THE NUMBERS FOR 2022 SHOW WE RESCUED 495 DOGS, 275 PUPPIES, 35 ADULT CATS, AND 55 KITTENS. ADDITIONALLY, WE SAVED ANOTHER 17 PETS, INCLUDING: RABBITS, TURTLES AND TORTOISES, DOMESTICATED CHICKENS, GUINEA PIGS AND HAMSTERS, A BALL PYTHON, AND A PEACOCK.

Employer identification number

95-3171867

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.

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

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

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

THE COMPENSATION COMMITTEE OR POSITION REVIEW COMMITTEE (SHOULD IT BE ESTABLISHED)
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)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ANIMAL SUPPLIES AND FOOD AUTO AND MILEAGE BAD DEBT EXPENSE	44,370. 13,587. 28,988.	44,370. 11,323. 28,988.	1,214.	1,050.
BANK/CREDIT CARD FEES DUES & SUBSCRIPTIONS EOUIPMENT LEASE	171,564. 10,404. 35,674.	163,355. 35,674.	1,488. 2,847.	6,721. 7,557.
HÕUSEKEEPING LICENSES & PERMITS MEDICAL WASTE DISPOSAL MICROCHIPS	18,095. 11,770. 15,777. 10,490.	16,905. 11,770. 15,777. 10,490.	1,190.	

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number
95-3171867

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

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
		TOTAL	SERVICES	& GENERAL	FUNDRAISING
MISCELLANEOUS		119,042.	101,269.	11,946.	5,827.
PRINTING AND PUBLICATIONS		24,989.	18,941.	5,325.	723.
PROPERTY TAXES		1,743.	1,215.	528.	
RENT		122,983.	102,152.	20,831.	
REPAIRS & MAINTENANCE		155,700.	126,490.	21,074.	8,136.
SECURITY		3,779.	2,245.	1,534.	
TRAINING AND DEVELOPMENT		23,000.	21,550.	1,450.	
UTILITIES		96,044.	84,828.	11,021.	195.
	TOTAL \$	907,999.	\$ 797,342.	\$ 80,448.	\$ 30,209.



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ANIMAL SAMARITANS SPCA, INC.

O. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179 BON SP. D	US/ I	PRIOR DEC. BAL DEPR.	SAL\ /BA <u>REDI</u>	SIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
DRM 990/990-PF																
INDIO CLINIC - BUILDING																
45 BUILDING	8/26/15		344,385									344,385	55,997	S/L	39	8,
46 COMPUTERS	8/26/15		10,294									10,294	10,294	S/L	5	
07 LEASEHOLD IMPROVEMENTS	8/15/20		239,457									239,457	16,962	S/L	20	11
08 WINDOW TINT	8/15/20	-	3,073									3,073	622	S/L	7	
TOTAL INDIO CLINIC - BUILDING			597,209		0	()	0	()	0	597,209	83,875			21
INDIO CLINIC - COMPUTER EQUIPMEN	NT					NG			~ 1	1						
06 POINT OF SALE SYSTEM	8/15/20		3,659				1	M	יאו			3,659	1,037	S/L	5	
10 CABLING	8/15/20		3,997			NIC	"					3,997	1,132	S/L	5	
13 COMPUTER MONITORS (17)	5/14/21		11,417	1	1 0	12.						11,417	1,522	S/L	5	
20 COMPUTER MONITORS (4)	5/14/21		1,738									1,738	232	S/L	5	
TOTAL INDIO CLINIC - COMPUTE	?		20,811		0	()	0	C)	0	20,811	3,923			
INDIO CLINIC - COMPUTER SOFTWAR	E															
50 COMPUTER SOFTWARE	8/26/15	_	12,892									12,892	12,892	S/L	3	
TOTAL INDIO CLINIC - COMPUTER	?		12,892		0	()	0	C)	0	12,892	12,892			
INDIO CLINIC - MEDICAL EQUIPMENT																
47 MEDICAL EQUIPMENT	8/26/15		72,060									72,060	72,060	S/L	5	
61 DENTAL EQUIPMENT	3/09/16		2,587									2,587	2,587	S/L	5	
71 DENTAL EQUIPMENT	5/24/17		4,310									4,310	3,951	S/L	5	

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ANIMAL SAMARITANS SPCA, INC.

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.
209 WET DEI	NTAL TABLE	8/15/20		11,917							11,917	3,376	S/L	5	2,38
216 VET MOI	NITOR	5/18/21		7,956							7,956	928	S/L	5	1,59
TOTAL I	NDIO CLINIC - MEDICAL EQ			98,830		0	0	0	C	0	98,830	82,902			4,33
INDIO CLINI	C - OFFICE EQUIPMENT														
149 OFFICE I	EQUIPMENT	8/26/15		1,461							1,461	1,461	S/L	5	
154 OFFICE I	FURNITURE	8/26/15		23,995							23,995	21,711	S/L	7	2,28
TOTAL I	NDIO CLINIC - OFFICE EQUI			25,456		0	0	0	C	0	25,456	23,172			2,28
INDIO CLINI	C - SECURITY AND IT							TN	۱۸،	L					
152 SECURIT	TY AND IT	— 8/26/15		14,657				TN	יאו		14,657	14,657	S/L	5	
205 SECURIT	ΓΥ CAMERA SYSTEM	8/15/20		4,344			NC	, ,			4,344	1,231	S/L	5	80
212 ENTRY [DOOR KEYPAD	8/15/20		2,668	1	$\mathfrak{I}_{\mathcal{O}}$	-				2,668	540	S/L	7	38
TOTAL I	NDIO CLINIC - SECURITY A			21,669		0	0	0			21,669	16,428			1,2
INDIO CLINI	C - SIGNAGE														
148 SIGNAGE	<u> </u>	8/26/15		10,396							10,396	10,396	S/L	5	
211 SIGNAGE	Ī	8/15/20		10,002							10,002	2,024	S/L	7	1,42
222 SIGNAGE	Ε	6/13/22		5,880							5,880		S/L	7	4
TOTAL I	NDIO CLINIC - SIGNAGE			26,278		0	0	0	0	0	26,278	12,420			1,9
INDIO CLINI	C - SURGICAL EQUIPMENT														

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ANIMAL SAMARITANS SPCA, INC.

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.	SALVA /BASIS REDUC	DEPR.	PRIOR DEPR.	METHOD	LIFE RA	CURRENT TEDEPR
151	SURGICAL EQUIPMENT	8/26/15		38,735							38,73	35 38,735	S/L	5	
163	SOUNDBANK PLUS 8528	11/01/15		67,039							67,0	67,039	S/L	5	
	TOTAL INDIO CLINIC - SURGICAL E			105,774		0	0	0	0		0 105,7	74 105,774			
LAN	ND														
6	LAND - PETLAND PL	1/15/84		49,573							49,5	73			
	TOTAL LAND			49,573		0	0	0	0		0 49,5	73 0			
PRO	OGRAM SERVICES														
1	BUILDING IMPROVEMENTS	1/15/84		178,232)T N	IAI		178,2	32 178,232	S/L	20	
2	BUILDING REMODELING	2/28/99		12,704			10	TI	141		12,70	12,490	S/L	20	
3	BUILDING REMODELING	3/31/99		321			N	, ,			32	21 321	S/L	20	
4	BUILDING REMODELING	6/30/99		302	1	70					30	02 302	S/L	20	
5	BUILDING IMPROVEMENTS	2/14/00		2,000							2,0	00 1,609	150DB	20	
11	BUILDING IMPROV - SEWER	5/24/06		18,037							18,0	18,037	S/L	15	
20	BUILDING IMPROVEMENT	9/30/08		1,780							1,73	30 1,202	S/L	20	8
41	CLINIC BUILDING	4/06/10		2,226,533							2,226,5	33 670,819	S/L	39	57,09
79	BUILDING IMPROVEMENT	5/01/10		2,751							2,7	51 1,610	S/L	20	13
82	BUILDING IMPROVEMENTS	5/26/10		3,529							3,5	2,039	S/L	20	17
83	BUILDING IMPROVEMENTS	6/29/10		3,130							3,13	30 1,805	S/L	20	15
84	BUILDING IMPROVEMENTS	8/05/10		2,793							2,79	93 1,598	S/L	20	14
85	BUILDING IMPROVEMENTS	9/30/10		2,223							2,2	23 1,249	S/L	20	11
86	BUILDING IMPROVEMENTS	8/05/10		2,417							2,4	1,381	S/L	20	12
87	BUILDING IMPROVEMENTS	6/03/10		139,426							139,4	26 74,013	S/L	20	6,97
88	BUILDING IMPROVEMENTS	6/29/10		500							50	00 288	S/L	20	2

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	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	<u>LIFE RATE</u>	CURRENT DEPR.
89	BUILDING IMPROVEMENTS	7/20/10		2,122	2						2,122	1,210	S/L	20	106
	BUILDING IMPROVEMENTS	10/14/10		817							817	461	S/L	20	41
91	BUILDING IMPROVEMENTS	12/20/10		2,868	3						2,868	1,573	S/L	20	143
92	BUILDING IMPROVEMENTS	7/31/10		196	5						196	114	S/L	20	10
93	BUILDING IMPROVEMENTS	9/16/10		9,900)						9,900	5,569	S/L	20	495
94	BUILDING IMPROVEMENTS	6/30/10		94,164	ļ						94,164	54,142	S/L	20	4,708
105	BUILDING REMODELING	5/15/11		121,738	3						121,738	64,928	S/L	20	6,087
115	BUILDING IMPROVEMENT	9/01/11		38,398	3						38,398	19,871	S/L	20	1,920
117	SHELTER EXTERIOR	2/16/12		4,500							4,500	2,213	S/L	20	225
128	MODULAR BLDG WORK	9/10/14		3,578	3				. •		3,578	1,313	S/L	20	179
157	BUILDING REMODEL	7/03/15		65,173	3				- 1		65,173	21,183	S/L	20	3,259
181	5 YEAR USE PERMIT	5/22/19		9,651				7	11		9,651	4,986	S/L	5	1,930
182	CUBEX STATION ADAPTATIONS	9/10/19		5,140)		MIC	TN			5,140	600	S/L	20	257
183	SHELTER DOORS	10/10/19		3,570)	\sim 0	10				3,570	403	S/L	20	179
184	CEILING, FLOOR, PARKING	12/23/19		2,800		V					2,800	280	S/L	20	140
185	AWNING AND BLINDS	5/17/19		6,710)						6,710	868	S/L	20	336
219	CONCRETE PADS	6/23/21		6,600)						6,600	165	S/L	20	330
221	IMPROVEMENTS	5/02/22	_	5,654	ļ -				<u>.</u> . ;		5,654		S/L	20	188
PR	TOTAL PROGRAM SERVICES OGRAM SERVICES - EQUIPMENT			2,980,257	,	0	0	O) () (2,980,257	1,146,874			85,552
_	·	- 0 (04 (00		000							000	000	00000	F	0
	MICROSCOPE	2/24/98		602							602	602	200DB	5	0
	SAFE	11/17/04		996							996	996	S/L	7	0
	SURGERY EQUIPMENT	10/12/04		2,389							2,389	2,389	S/L	5	0
	COMPUTER/EQUIPMENT	5/05/06		3,263							3,263	3,263	S/L	5	0
13	SCALE	10/10/06		650	J						650	650	S/L	7	0

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS PCT		SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _RATE_	CURRENT DEPR.
14	AUTOCLAVE ULTRACLAVE M11	11/21/06	3,	765						3,765	3,765	S/L	7	0
15	SURGERY EQUIPMENT	4/30/06	3,	111						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
19	MEDICAL EQUIPMENT	10/18/07		982						982	975	S/L	7	0
21	ST00L	4/14/08	1,	35						1,135	1,094	S/L	7	0
22	EXAM TABLE	5/06/08	3,)51						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,	342						11,842	11,842	S/L	7	0
25	GENERATOR	10/01/08	6,)50				- 1		6,050	6,050	S/L	7	0
26	SURGERY EQUIPMENT	6/10/08	3,	306			1	יאו		3,306	3,265	S/L	7	0
27	PORTABLE CART	6/11/08	5,	545		-10	OT N			5,545	5,478	S/L	7	0
30	5 TON AIR COMPRESSOR	10/08/09	3,	665	0	La				3,665	2,242	S/L	20	183
31	FENCE	10/13/09		750	V					750	465	S/L	20	38
32	IMAGING EQUIPMENT	8/07/09	3,	384						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,	70						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

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ANIMAL SAMARITANS SPCA, INC.

NO.	DESCRIPTION	DATE ACQUIRED	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.
	OFFICE EQUIPMENT	4/06/10	 884	101.		, LLOW.	OI . DEI IX.			884	884	S/L	7	0
	OFFICE EQUIPMENT	4/06/10	636							636	636	S/L	7	0
47		4/06/10	3,478							3,478	3,478	S/L	, 7	0
	OFFICE EQUIPMENT	4/06/10	1,834							1,834	1,834	S/L	7	0
	COMPUTERS AND PRINTERS	4/09/10	1,284							1,284	1,284	S/L	5	0
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					- ~ 1		9,993	9,993	S/L	5	0
56	MEDICAL EQUIPMENT	4/06/10	5,337				- N	יאו		5,337	5,337	S/L	5	0
57	IMAGING EQUIPMENT	4/06/10	28,009			210	DT N			28,009	28,009	S/L	5	0
58	MEDICAL EQUIPMENT	4/06/10	84		\sim	la				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	ORTHEOPEDIC	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

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ANIMAL SAMARITANS SPCA, INC.

NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE COST.	′ BU		SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_	LIFE_RATE_	CURRENT DEPR.
97 DE	LL COMPUTER RELATED	1/06/10		61						61	61	S/L	5	0
98 TO	TAL PLAN	5/01/10		,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 SE	CURITY CAMERAS	6/29/10	26	,851						26,851	26,851	S/L	5	0
101 TO	TAL PLAN	7/15/10		792						792	792	S/L	5	0
102 CO	MPUTER - ANGIE	11/04/10	1	,717						1,717	1,717	S/L	5	0
103 OF	FICE EQUIPMENT	11/30/10	1	,098						1,098	1,098	S/L	5	0
104 DE	LL COMPUTER	6/01/10		773						773	773	S/L	5	0
106 FLU	UID WARMER	1/12/11		547						547	547	S/L	5	0
107 CA	PNOGRAPH	2/28/11	3	,133			n Tc	- 1		3,133	3,133	S/L	5	0
108 FO	LD DOWN TABLE	6/03/11		900				- N		900	900	S/L	5	0
109 SU	RGERY TABLE	1/12/11	2	,069			7	112,		2,069	2,069	S/L	7	0
110 SU	RGERY TABLE	3/01/11	2	,615		MIC),,			2,615	2,615	S/L	7	0
111 SU	RGERY LIGHT	3/07/11	3	,908	0	la				3,908	3,908	S/L	7	0
112 CO	MPUTER EQUIP	1/31/11		637	V					637	637	S/L	5	0
113 TO	M COMPUTER	6/30/11	1	,337						1,337	1,337	S/L	5	0
114 MI	CHELLE H COMPUTER	7/31/11	1	,104						1,104	1,104	S/L	5	0
116 MC	ONITORS	5/31/12	8	,732						8,732	8,732	S/L	5	0
119 OF	FICE EQUIPMENT	2/29/12	1	,914						1,914	1,914	S/L	5	0
120 OF	FICE EQUIPMENT	5/31/12	2	,335						2,335	2,335	S/L	5	0
121 OF	FICE EQUIPMENT	8/31/12	1	,890						1,890	1,890	S/L	5	0
125 DE	NTAL EQUIPMENT	1/31/13	2	,493						2,493	2,493	S/L	5	0
126 OF	FICE EQUIPMENT	7/31/13		668						668	668	S/L	5	0
127 ME	EDICAL EQUIPMENT	3/07/13	8	,412						8,412	8,412	S/L	5	0
129 CA	RD SYSTEM	1/31/14	2	,303						2,303	2,303	S/L	5	0
130 OF	FICE EQUIPMENT	1/31/14	2	,750						2,750	2,750	S/L	5	0
131 CR	EDIT CARD MACHING	2/26/14		884						884	884	S/L	5	0

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ANIMAL SAMARITANS SPCA, INC.

NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE C	OST/ ASIS	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.
132 VET 0	COMPUTERS	6/30/14		4,002							4,002	4,002	S/L	5	(
133 CAME	ERA	7/08/14		1,153							1,153	1,153	S/L	5	(
134 OFFIC	CE EQUIPMENT	7/31/14		1,605							1,605	1,605	S/L	5	(
135 OFFIC	CE EQUIPMENT	12/31/14		1,622							1,622	1,622	S/L	5	(
137 MEDI	ICAL EQUIPMENT	4/30/14		1,126							1,126	1,126	S/L	5	(
138 MEDI	ICAL EQUIPMENT	6/02/14		952							952	952	S/L	5	(
139 MEDI	ICAL EQUIPMENT	6/13/14		3,060							3,060	3,060	S/L	5	(
140 MEDI	ICAL EQUIPMENT	12/29/14		1,595							1,595	1,595	S/L	5	(
141 SURG	GERY EQUIPMENT	1/01/14		1,997							1,997	1,997	S/L	5	(
142 SURG	GERY EQUIPMENT	3/03/14		2,036				TN	- 1		2,036	2,036	S/L	5	(
143 ISOFL	LURANCE VAPORIZER	3/10/14		935					a		935	935	S/L	5	(
144 ANES	STHESIA MACHINE	3/17/14		3,800				7	Wh.		3,800	3,800	S/L	5	(
159 SCAL	LE - EXAM TABLE INDIO	8/16/16		987			MIC),,			987	987	S/L	5	(
162 SOUN	NDBANK PLUS 9234	9/01/15		67,985	•	$^{\circ}$	14				67,985	67,985	S/L	5	(
164 SONI	CWALL	5/05/17		2,076							2,076	1,937	S/L	5	139
165 DEVE	LOPMENT COMPUTER	5/05/17		701							701	653	S/L	5	48
166 ELKE	COMPUTER	5/08/17		886							886	826	S/L	5	60
167 TOM	SNYDER COMPUTER	9/05/17		1,299							1,299	1,127	S/L	5	172
168 DOCT	TOR'S COMPUTERS	10/10/17		2,234							2,234	1,900	S/L	5	334
169 2 SER	RVERS	10/26/17		5,015							5,015	4,179	S/L	5	836
170 CAPN	NOGRAPH	4/25/17		3,562							3,562	3,323	S/L	5	239
172 ULTR	RASOUND MACHINE	6/02/17		2,044							2,044	1,874	S/L	5	170
173 MEDI	ICAL EQUIPMENT	6/23/17		2,281							2,281	2,052	S/L	5	229
176 SECU	JRITY NETWORK UPGRADE	2/07/18		5,000							5,000	3,917	S/L	5	1,000
177 MGO	COMPUTER	2/08/18		3,120							3,120	2,444	S/L	5	624
179 2 DEN	NTAL X-RAYS	4/02/18		28,125							28,125	21,094	S/L	5	5,625
180 2 IV P	PUMPS	11/01/18		2,254							2,254	1,428	S/L	5	451

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD _	LIFE <u>RATE</u>	CURRENT DEPR.
191 (CAPNOSTAT CO2 PROBE	11/06/19		2,264							2,264	981	S/L	5	45
192 5	SURGICAL LIGHTS	7/01/19		19,365							19,365	6,915	S/L	7	2,76
198 l	INIFI SWITCH AND SONICWALL	3/31/20		22,501							22,501	7,875	S/L	5	4,50
199 F	POWEREDGE R540 SERVER	3/31/20		22,127							22,127	7,744	S/L	5	4,42
202 (OXYGEN COMPRESSOR/CONCENTR	11/25/20		12,598							12,598	2,730	S/L	5	2,52
203 F	AIRNETIC SURGERY EQUIPMENT	11/30/20		13,449							13,449	2,914	S/L	5	2,69
204 (CAMERAS AND INSTALLATION	3/31/20		20,277							20,277	7,097	S/L	5	4,05
214 (COMMERCIAL WASHER	4/26/21		11,578							11,578	1,544	S/L	5	2,31
215 <i>F</i>	NNESTHESIA MONITOR	2/08/21		5,404							5,404	991	S/L	5	1,08
217 V	ET MONITOR	5/20/21		7,956					- 1		7,956	928	S/L	5	1,59
223 N	MEDICAL EQUIPMENT	10/05/22		6,451				٠	• V)		6,451		S/L	5	32
PR0(GRAM SERVICES - SOFTWARE				•	20	No	<i>)</i> ·							
10 C	QUICKBOOKS SOFTWARE	12/02/05		1,292	\			דת א			1,292	1,292	S/L	3	
	QUICKBOOKS SOFTWARE SOFTWARE	12/02/05 4/06/10		1,292 3,010							1,292 3,010	1,292 3,010	S/L S/L	3	
69 S				1,202							,				
69 S	SOFTWARE	4/06/10		3,010							3,010	3,010	S/L	3	
69 S 70 S 71 S	SOFTWARE SOFTWARE	4/06/10 4/06/10		3,010 781							3,010 781	3,010 781	S/L S/L	3	
69 S 70 S 71 S 72 S	SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10		3,010 781 2,292							3,010 781 2,292	3,010 781 2,292	S/L S/L S/L	3 3 3	
69 S 70 S 71 S 72 S 73 S	SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701							3,010 781 2,292 1,701	3,010 781 2,292 1,701	S/L S/L S/L S/L	3 3 3 3	
69 S 70 S 71 S 72 S 73 S 74 S	SOFTWARE SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336							3,010 781 2,292 1,701 7,336	3,010 781 2,292 1,701 7,336	S/L S/L S/L S/L S/L	3 3 3 3 3	
69 S 70 S 71 S 72 S 73 S 74 S 75 S	SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336 12,405							3,010 781 2,292 1,701 7,336 12,405	3,010 781 2,292 1,701 7,336 12,405	S/L S/L S/L S/L S/L S/L	3 3 3 3 3 3	
69 S 70 S 71 S 72 S 73 S 74 S 75 S 76 S	SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336 12,405 17,984							3,010 781 2,292 1,701 7,336 12,405 17,984	3,010 781 2,292 1,701 7,336 12,405 17,984	S/L S/L S/L S/L S/L S/L	3 3 3 3 3 3 3	
69 S 70 S 71 S 72 S 73 S 74 S 76 S 77 S	SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336 12,405 17,984 1,401							3,010 781 2,292 1,701 7,336 12,405 17,984 1,401	3,010 781 2,292 1,701 7,336 12,405 17,984 1,401	\$/L \$/L \$/L \$/L \$/L \$/L \$/L	3 3 3 3 3 3 3 3	

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVA /BASIS <u>REDUC</u>	DEPR.	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
136	COMPUTER SOFTWARE	12/29/14		2,829							2,829	2,829	S/L	3	(
178	MICROSOFT SQL 2017	12/08/18		8,889							8,889	8,889	S/L	3	(
186	OPTIPLES 5050	3/25/19		1,141							1,141	1,045	S/L	3	96
187	WARRANTY - IMPROMED SRVR	7/15/19		2,000							2,000	1,667	S/L	3	333
188	NETWORK UPGRADE	8/07/19		15,629							15,629	12,591	S/L	3	3,038
189	WINDOWS LICENSES	12/19/19		1,118	<u>.</u>						1,118	746	S/L	3	372
	TOTAL PROGRAM SERVICES - SOF			96,666		0	0	(1	0	0 96,666	92,827			3,839
	2003 FORD CUTAWAY VAN	9/01/09		16,926				ח דת	\	١.	16,926	16,926	\$/L	5	C
29	VEHICLE SIGNAGE	11/30/09		2,684				- 1			2,684	2,684	S/L	5	C
155	2015 FORD TRANSIT	5/01/15		38,822			-10	II			38,822	38,822	S/L	5	0
158	TOYOTA PRIUS C	5/27/16		24,000		$\Delta \Omega$	No				24,000	24,000	S/L	5	0
	TOTAL PROGRAM SERVICES - VEH			82,432		0	0	(0 82,432	82,432			0
TP	SHELTER - EQUIPMENT														
224	URGENT CARE KENNELS	1/12/22		1,659							1,659		S/L	5	332
225	MEDICAL EQUIPMENT	5/01/22		20,281	_						20,281		S/L	5	2,704
	TOTAL TP SHELTER - EQUIPMENT			21,940		0	0	()	0	0 21,940	0			3,036
TP	SHELTER - IMPROVEMENTS														
193	HVAC RENEWAL M120 SERIES	3/06/20		21,518	 -						21,518	7,890	S/L	5	4,304
	TOTAL TP SHELTER - IMPROVEM			21,518		0	0	()	0	0 21,518	7,890			4,304

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NO. DESCRIPTION	DATE <u>ACQUIRED</u>	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.	<u>METHOD</u>	LIFE RATE	CURRENT DEPR.
TOTAL DEPRECIATION			5,038,634		0	0	0	0	0	5,038,634	2,430,466			168,789
GRAND TOTAL DEPRECIATION			5,038,634		0	0	0	0	0	5,038,634	2,430,466			168,789

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ANIMAL SAMARITANS SPCA, INC.

NO. <u>DESCRIPTION</u>	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BA 	L /BA	ISIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _	CURREN RATE DEPR.
FORM 990/990-PF															
INDIO CLINIC - BUILDING															
145 BUILDING	8/26/15		344,385								344,385	64,827	S/L	39	8
146 COMPUTERS	8/26/15		10,294								10,294	10,294	S/L	5	
207 LEASEHOLD IMPROVEMENTS	8/15/20		239,457								239,457	28,935	S/L	20	1
208 WINDOW TINT	8/15/20		3,073	_							3,073	1,061	S/L	7	
TOTAL INDIO CLINIC - BUILDING			597,209		0	0		0	0	0	597,209	105,117			2
INDIO CLINIC - COMPUTER EQUIPMEN	Г						T	- 1	1						
206 POINT OF SALE SYSTEM	8/15/20		3,659				17	NA			3,659	1,769	S/L	5	
210 CABLING	8/15/20		3,997			NIC) '				3,997	1,931	S/L	5	
213 COMPUTER MONITORS (17)	5/14/21		11,417	1	$\mathbf{a}\mathbf{O}$	12					11,417	3,805	S/L	5	2
220 COMPUTER MONITORS (4)	5/14/21		1,738	. '				_			1,738	580	S/L	5	
TOTAL INDIO CLINIC - COMPUTER			20,811		0	0		0	0	0	20,811	8,085			
INDIO CLINIC - COMPUTER SOFTWARE															
150 COMPUTER SOFTWARE	8/26/15		12,892								12,892	12,892	S/L	3	
TOTAL INDIO CLINIC - COMPUTER			12,892		0	0		0	0	0	12,892	12,892			
INDIO CLINIC - MEDICAL EQUIPMENT															
147 MEDICAL EQUIPMENT	8/26/15		72,060								72,060	72,060	S/L	5	
161 DENTAL EQUIPMENT	3/09/16		2,587								2,587	2,587	S/L	5	
171 DENTAL EQUIPMENT	5/24/17		4,310								4,310	4,310	S/L	5	

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		.51	1/5

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ANIMAL SAMARITANS SPCA, INC.

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.
209 WET D	DENTAL TABLE	8/15/20		11,917							11,917	5,759	S/L	5	2,38
216 VET M	ONITOR	5/18/21		7,956							7,956	2,519	S/L	5	1,59
TOTAL	_ INDIO CLINIC - MEDICAL EQ			98,830		0	0	0	0	0	98,830	87,235			3,97
INDIO CLI	NIC - OFFICE EQUIPMENT														
149 OFFICI	E EQUIPMENT	8/26/15		1,461							1,461	1,461	S/L	5	
154 OFFICE	E FURNITURE	8/26/15		23,995							23,995	23,995	S/L	7	
TOTAL	_ INDIO CLINIC - OFFICE EQUI			25,456		0	0	0	0	0	25,456	25,456			
INDIO CLI	NIC - SECURITY AND IT							TN	11	L					
152 SECUR	RITY AND IT	8/26/15		14,657				TN	\\\·		14,657	14,657	S/L	5	
205 SECUR	RITY CAMERA SYSTEM	8/15/20		4,344			NC	, ,			4,344	2,100	S/L	5	8
212 ENTRY	OOOR KEYPAD	8/15/20		2,668	1	<u> </u>					2,668	921	S/L	7	3
TOTAL	_ INDIO CLINIC - SECURITY A			21,669		0	0	0	0		21,669	17,678			1,25
INDIO CLI	NIC - SIGNAGE														
148 SIGNA	GE	8/26/15		10,396							10,396	10,396	S/L	5	
211 SIGNA	GE	8/15/20		10,002							10,002	3,453	S/L	7	1,42
222 SIGNA	GE	6/13/22		5,880						. -	5,880	490	S/L	7	8
												14,339			2,20

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ANIMAL SAMARITANS SPCA, INC.

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.	SALVAO /BASIS REDUC	DEPR.	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
151	SURGICAL EQUIPMENT	8/26/15		38,735							38,73	5 38,735	S/L	5	(
163	SOUNDBANK PLUS 8528	11/01/15		67,039							67,03	9 67,039	S/L	5	
	TOTAL INDIO CLINIC - SURGICAL E			105,774		0	0	0	0		0 105,77	4 105,774			
LAN	ND														
6	LAND - PETLAND PL	1/15/84		49,573							49,57	3			
	TOTAL LAND			49,573		0	0	0	0)	0 49,57	3 0			
PRO	OGRAM SERVICES														
1	BUILDING IMPROVEMENTS	1/15/84		178,232				OT N	IAI		178,23	2 178,232	S/L	20	
2	BUILDING REMODELING	2/28/99		12,704			10	TI	141		12,70	4 12,490	S/L	20	
3	BUILDING REMODELING	3/31/99		321			N	, ,			32	1 321	S/L	20	
4	BUILDING REMODELING	6/30/99		302	1	\mathbf{a}					30	2 302	S/L	20	
5	BUILDING IMPROVEMENTS	2/14/00		2,000							2,00	0 1,609	150DB	20	
11	BUILDING IMPROV - SEWER	5/24/06		18,037							18,03	7 18,037	S/L	15	
20	BUILDING IMPROVEMENT	9/30/08		1,780							1,78	0 1,291	S/L	20	8
41	CLINIC BUILDING	4/06/10		2,226,533							2,226,53	3 727,910	S/L	39	57,09
79	BUILDING IMPROVEMENT	5/01/10		2,751							2,75	1,748	S/L	20	133
82	BUILDING IMPROVEMENTS	5/26/10		3,529							3,52	9 2,215	S/L	20	17
83	BUILDING IMPROVEMENTS	6/29/10		3,130							3,13	0 1,962	S/L	20	15
84	BUILDING IMPROVEMENTS	8/05/10		2,793							2,79	3 1,738	S/L	20	14
85	BUILDING IMPROVEMENTS	9/30/10		2,223							2,22	3 1,360	S/L	20	11
86	BUILDING IMPROVEMENTS	8/05/10		2,417							2,41	7 1,502	S/L	20	12
87	BUILDING IMPROVEMENTS	6/03/10		139,426							139,42	80,984	S/L	20	6,97
88	BUILDING IMPROVEMENTS	6/29/10		500							50	313	S/L	20	2

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE C	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALV/ /BAS <u>REDU</u>	SIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE_R	CURRENT ATE DEPR.
89	BUILDING IMPROVEMENTS	7/20/10		2,122								2,122	1,316	S/L	20	10
90	BUILDING IMPROVEMENTS	10/14/10		817								817	502	S/L	20	4
91	BUILDING IMPROVEMENTS	12/20/10		2,868								2,868	1,716	S/L	20	14
92	BUILDING IMPROVEMENTS	7/31/10		196								196	124	S/L	20	1
93	BUILDING IMPROVEMENTS	9/16/10		9,900								9,900	6,064	S/L	20	49
94	BUILDING IMPROVEMENTS	6/30/10		94,164								94,164	58,850	S/L	20	4,70
105	BUILDING REMODELING	5/15/11		121,738								121,738	71,015	S/L	20	6,08
115	BUILDING IMPROVEMENT	9/01/11		38,398								38,398	21,791	S/L	20	1,92
117	SHELTER EXTERIOR	2/16/12		4,500								4,500	2,438	S/L	20	22
128	MODULAR BLDG WORK	9/10/14		3,578					. 1			3,578	1,492	S/L	20	17
157	BUILDING REMODEL	7/03/15		65,173				_	- 1	L		65,173	24,442	S/L	20	3,25
181	5 YEAR USE PERMIT	5/22/19		9,651				7	11			9,651	6,916	S/L	5	1,93
182	CUBEX STATION ADAPTATIONS	9/10/19		5,140			110	TN				5,140	857	S/L	20	25
183	SHELTER DOORS	10/10/19		3,570		\sim 0	14.					3,570	582	S/L	20	17
184	CEILING, FLOOR, PARKING	12/23/19		2,800		V	,					2,800	420	S/L	20	14
185	AWNING AND BLINDS	5/17/19		6,710								6,710	1,204	S/L	20	33
219	CONCRETE PADS	6/23/21		6,600								6,600	495	S/L	20	33
221	IMPROVEMENTS	5/02/22		5,654								5,654	188	S/L	20	28
PR	TOTAL PROGRAM SERVICES OGRAM SERVICES - EQUIPMENT			2,980,257		0	0		0 (0	0	2,980,257	1,232,426			85,64
_	MICROSCOPE	— 2/24/98		602								602	602	200DB	5	
	SAFE	11/17/04		996								996	996	200DB S/L	7	
	SURGERY EQUIPMENT	10/12/04		2,389								2,389	2,389	3/L S/L	5	
	COMPUTER/EQUIPMENT	5/05/06		3,263								3,263	3,263	S/L	5	
	SCALE SCALE	10/10/06		650								650	650	S/L	7	

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE COST/ SOLD 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.
14	AUTOCLAVE ULTRACLAVE M11	11/21/06	3,765							3,765	3,765	S/L	7	C
15	SURGERY EQUIPMENT	4/30/06	3,411							3,411	3,411	S/L	5	C
16	SURGERY EQUIPMENT	12/31/06	4,143							4,143	4,143	S/L	5	C
17	MEDICAL EQUIPMENT	2/22/07	974							974	974	S/L	7	C
18	SURGERY EQUIPMENT	1/25/07	3,774							3,774	3,751	S/L	7	C
19	MEDICAL EQUIPMENT	10/18/07	982							982	975	S/L	7	C
21	ST00L	4/14/08	1,135							1,135	1,094	S/L	7	C
22	EXAM TABLE	5/06/08	3,051							3,051	2,979	S/L	7	C
23	KENNELS	5/13/08	9,137							9,137	8,918	S/L	7	C
24	MEDICAL EQUIPMENT	6/16/08	11,842				OT N	. •		11,842	11,842	S/L	7	C
25	GENERATOR	10/01/08	6,050				. 1	\		6,050	6,050	S/L	7	C
26	SURGERY EQUIPMENT	6/10/08	3,306				7 1	///		3,306	3,265	S/L	7	C
27	PORTABLE CART	6/11/08	5,545			210) / ''			5,545	5,478	S/L	7	C
30	5 TON AIR COMPRESSOR	10/08/09	3,665		\sim 0	14.				3,665	2,425	S/L	20	183
31	FENCE	10/13/09	750	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						750	503	S/L	20	38
32	IMAGING EQUIPMENT	8/07/09	3,884							3,884	3,884	S/L	7	C
33	MULTIPARAMETER MONITOR	8/12/09	3,391							3,391	3,391	S/L	7	C
34	MEDICAL EQUIPMENT	9/28/09	1,793							1,793	1,793	S/L	7	C
35	LOBBY SCALE	11/25/09	907							907	907	S/L	7	C
36	SURGERY EQUIPMENT	4/20/09	4,588							4,588	4,588	S/L	7	C
37	SURGERY TABLE	4/28/09	3,170							3,170	3,170	S/L	7	C
38	ANESTHESIA MACHINE STAND	5/01/09	2,060							2,060	2,060	S/L	7	C
39	STOOL AND TRAY	5/05/09	510							510	510	S/L	7	C
40	TABLE LIFT	5/14/09	1,222							1,222	1,222	S/L	7	C
42	OFFICE EQUIPMENT	4/06/10	1,542							1,542	1,542	S/L	7	C
43	OFFICE EQUIPMENT	4/06/10	33,738							33,738	33,738	S/L	7	C
44	OFFICE EQUIPMENT	4/06/10	299							299	299	S/L	7	C

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS PCT		SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
45	OFFICE EQUIPMENT	4/06/10	:	884						884	884	S/L	7	0
46	OFFICE EQUIPMENT	4/06/10		36						636	636	S/L	7	0
47	OFFICE EQUIPMENT	4/06/10	3,4	78						3,478	3,478	S/L	7	0
48	OFFICE EQUIPMENT	4/06/10	1,	334						1,834	1,834	S/L	7	0
49	COMPUTERS AND PRINTERS	4/09/10	1,2	284						1,284	1,284	S/L	5	0
50	MEDICAL EQUIPMENT	4/06/10	9,9	193						9,993	9,993	S/L	5	0
51	IV PUMP	4/06/10	1,	04						1,104	1,104	S/L	5	0
52	ROD KIT	4/06/10		'17						717	717	S/L	5	0
53	IMAGING EQUIPMENT	4/06/10	38,0							38,009	38,009	S/L	5	0
54	MEDICAL EQUIPMENT	4/06/10	24,	328				- 1		24,828	24,828	S/L	5	0
55	MEDICAL EQUIPMENT	4/06/10	9,9	193			- I	- N		9,993	9,993	S/L	5	0
56	MEDICAL EQUIPMENT	4/06/10	5,	37			7	112		5,337	5,337	S/L	5	0
57	IMAGING EQUIPMENT	4/06/10	28,0	009		MIC	DT N			28,009	28,009	S/L	5	0
58	MEDICAL EQUIPMENT	4/06/10		84 ,	~ 0	14.				84	84	S/L	5	0
59	MEDICAL EQUIPMENT	4/06/10	116,	358	V	,				116,858	116,858	S/L	5	0
60	OFFICE EQUIPMENT	4/06/10	9,4	18						9,418	9,418	S/L	5	0
61	OFFICE EQUIPMENT	4/06/10	;	197						397	397	S/L	5	0
62	OFFICE EQUIPMENT	4/06/10	3,4	51						3,451	3,451	S/L	5	0
63	OFFICE EQUIPMENT	4/06/10		50						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	ORTHEOPEDIC	6/14/10	1,	543						1,543	1,543	S/L	5	0
67	KENNEL INSERTS	6/29/10	1,3	356						1,356	1,356	S/L	5	0
68	KENNEL INSERTS	7/01/10	1,	540						1,640	1,640	S/L	5	0
78	KENNEL INSERTS	11/18/10		'52						752	752	S/L	5	0
81	OFFICE EQUIPMENT	5/12/10	48,0)44						48,044	48,044	S/L	5	0
96	ORTHOPEDIC	11/30/10	(90						690	690	S/L	5	0

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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ANIMAL SAMARITANS SPCA, INC.

NO	DESCRIPTION	DATE ACQUIRED	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.
97 DELL	COMPUTER RELATED	1/06/10	61							61	61	S/L	5	0
98 TOTAL	L PLAN	5/01/10	2,544							2,544	2,544	S/L	5	0
99 IT PAG	CIFIC LIGHTWARE	5/01/10	7,750							7,750	7,750	S/L	5	0
100 SECUF	RITY CAMERAS	6/29/10	26,851							26,851	26,851	S/L	5	0
101 TOTAL	L PLAN	7/15/10	792							792	792	S/L	5	0
102 COMP	PUTER - ANGIE	11/04/10	1,717							1,717	1,717	S/L	5	0
103 OFFIC	CE 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 CAPNO	OGRAPH	2/28/11	3,133					- 1		3,133	3,133	S/L	5	0
108 FOLD	DOWN TABLE	6/03/11	900				1	• VI		900	900	S/L	5	0
109 SURGE	ERY TABLE	1/12/11	2,069				1	112.		2,069	2,069	S/L	7	0
110 SURGE	ERY TABLE	3/01/11	2,615			MIC	TN			2,615	2,615	S/L	7	0
111 SURGE	ERY LIGHT	3/07/11	3,908		\sim 0	10				3,908	3,908	S/L	7	0
112 COMP	PUTER 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 MICHE	ELLE H COMPUTER	7/31/11	1,104							1,104	1,104	S/L	5	0
116 MONI	TORS	5/31/12	8,732							8,732	8,732	S/L	5	0
119 OFFIC	CE EQUIPMENT	2/29/12	1,914							1,914	1,914	S/L	5	0
120 OFFIC	CE EQUIPMENT	5/31/12	2,335							2,335	2,335	S/L	5	0
121 OFFIC	CE EQUIPMENT	8/31/12	1,890							1,890	1,890	S/L	5	0
125 DENTA	AL EQUIPMENT	1/31/13	2,493							2,493	2,493	S/L	5	0
126 OFFIC	CE EQUIPMENT	7/31/13	668							668	668	S/L	5	0
127 MEDIC	CAL 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 OFFIC	CE EQUIPMENT	1/31/14	2,750							2,750	2,750	S/L	5	0
131 CREDI	IT CARD MACHING	2/26/14	884							884	884	S/L	5	0

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED		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.
132 VE	T COMPUTERS	6/30/14	4,002							4,002	4,002	S/L	5	0
133 CA	AMERA	7/08/14	1,153							1,153	1,153	S/L	5	0
134 OF	FFICE EQUIPMENT	7/31/14	1,605							1,605	1,605	S/L	5	0
135 OF	FFICE EQUIPMENT	12/31/14	1,622							1,622	1,622	S/L	5	0
137 ME	EDICAL EQUIPMENT	4/30/14	1,126							1,126	1,126	S/L	5	0
138 ME	EDICAL EQUIPMENT	6/02/14	952							952	952	S/L	5	0
139 ME	EDICAL EQUIPMENT	6/13/14	3,060							3,060	3,060	S/L	5	0
140 ME	EDICAL EQUIPMENT	12/29/14	1,595							1,595	1,595	S/L	5	0
141 SU	JRGERY EQUIPMENT	1/01/14	1,997							1,997	1,997	S/L	5	0
142 SU	JRGERY EQUIPMENT	3/03/14	2,036				TN			2,036	2,036	S/L	5	0
143 ISC	OFLURANCE VAPORIZER	3/10/14	935					· ~ / /		935	935	S/L	5	0
144 AN	NESTHESIA MACHINE	3/17/14	3,800				1	11		3,800	3,800	S/L	5	0
159 SC	CALE - EXAM TABLE INDIO	8/16/16	987			110	" "			987	987	S/L	5	0
162 SO	DUNDBANK PLUS 9234	9/01/15	67,985		\sim	14.				67,985	67,985	S/L	5	0
164 SO	DNICWALL	5/05/17	2,076							2,076	2,076	S/L	5	0
165 DE	EVELOPMENT COMPUTER	5/05/17	701							701	701	S/L	5	0
166 ELI	KE COMPUTER	5/08/17	886							886	886	S/L	5	0
167 TO	OM SNYDER COMPUTER	9/05/17	1,299							1,299	1,299	S/L	5	0
168 DO	OCTOR'S COMPUTERS	10/10/17	2,234							2,234	2,234	S/L	5	0
169 2 5	SERVERS	10/26/17	5,015							5,015	5,015	S/L	5	0
170 CA	APNOGRAPH	4/25/17	3,562							3,562	3,562	S/L	5	0
172 UL	TRASOUND MACHINE	6/02/17	2,044							2,044	2,044	S/L	5	0
173 ME	EDICAL EQUIPMENT	6/23/17	2,281							2,281	2,281	S/L	5	0
176 SE	CURITY NETWORK UPGRADE	2/07/18	5,000							5,000	4,917	S/L	5	83
177 MG	GO COMPUTER	2/08/18	3,120							3,120	3,068	S/L	5	52
179 2 0	DENTAL X-RAYS	4/02/18	28,125							28,125	26,719	S/L	5	1,406
180 2 I	IV PUMPS	11/01/18	2,254							2,254	1,879	S/L	5	375

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ANIMAL SAMARITANS SPCA, INC.

NO	DESCRIPTION	DATE ACQUIRED	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS <u>REDUCT</u>	DEPR. BASIS	PRIOR DEPR.	METHOD .	LIFE RATE	CURRENT DEPR.
191 CAP	NOSTAT CO2 PROBE	11/06/19	2,264							2,264	1,434	S/L	5	45
192 SUR	GICAL LIGHTS	7/01/19	19,365							19,365	9,681	S/L	7	2,76
198 UNIF	FI SWITCH AND SONICWALL	3/31/20	22,501							22,501	12,375	S/L	5	4,50
199 POW	veredge R540 Server	3/31/20	22,127							22,127	12,169	S/L	5	4,42
202 OXY	GEN COMPRESSOR/CONCENTR	11/25/20	12,598							12,598	5,250	S/L	5	2,52
203 AIRN	NETIC SURGERY EQUIPMENT	11/30/20	13,449							13,449	5,604	S/L	5	2,69
204 CAM	MERAS AND INSTALLATION	3/31/20	20,277							20,277	11,152	S/L	5	4,05
214 COM	MMERCIAL WASHER	4/26/21	11,578							11,578	3,860	S/L	5	2,31
215 ANE	STHESIA MONITOR	2/08/21	5,404							5,404	2,072	S/L	5	1,08
217 VET	MONITOR	5/20/21	7,956							7,956	2,519	S/L	5	1,59
223 MED	DICAL EQUIPMENT	10/05/22	6,451				. 1	- 1		6,451	323	S/L	5	1,29
PROGRA	AM SERVICES - SOFTWARE				-0	M	,							
						•								
10 QUIC	CKBOOKS SOFTWARE	12/02/05	1,292			•	דר א			1,292	1,292	S/L	3	
10 QUIC		12/02/05 4/06/10	1,292 3,010			•				1,292 3,010	1,292 3,010	S/L S/L	3	
	TWARE		1,202		90	•				,				
69 SOF	TWARE TWARE	4/06/10	3,010		90	•				3,010	3,010	S/L	3	
69 SOF	TWARE TWARE TWARE	4/06/10 4/06/10	3,010 781			•				3,010 781	3,010 781	S/L S/L	3	
69 SOFT 70 SOFT 71 SOFT	TWARE TWARE TWARE TWARE	4/06/10 4/06/10 4/06/10	3,010 781 2,292		90	•				3,010 781 2,292	3,010 781 2,292	S/L S/L S/L	3 3 3	
69 SOFT 70 SOFT 71 SOFT 72 SOFT	TWARE TWARE TWARE TWARE TWARE TWARE	4/06/10 4/06/10 4/06/10 4/06/10	3,010 781 2,292 1,701			•				3,010 781 2,292 1,701	3,010 781 2,292 1,701	S/L S/L S/L S/L	3 3 3 3	
69 SOFT70 SOFT71 SOFT72 SOFT73 SOFT	TWARE TWARE TWARE TWARE TWARE TWARE TWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10	3,010 781 2,292 1,701 7,336							3,010 781 2,292 1,701 7,336	3,010 781 2,292 1,701 7,336	S/L S/L S/L S/L S/L	3 3 3 3 3	
69 SOFT70 SOFT71 SOFT72 SOFT73 SOFT74 SOFT	TWARE TWARE TWARE TWARE TWARE TWARE TWARE TWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10	3,010 781 2,292 1,701 7,336 12,405							3,010 781 2,292 1,701 7,336 12,405	3,010 781 2,292 1,701 7,336 12,405	\$/L \$/L \$/L \$/L \$/L \$/L	3 3 3 3 3 3	
69 SOFT 70 SOFT 71 SOFT 72 SOFT 73 SOFT 74 SOFT 75 SOFT	TWARE TWARE TWARE TWARE TWARE TWARE TWARE TWARE TWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10	3,010 781 2,292 1,701 7,336 12,405 17,984							3,010 781 2,292 1,701 7,336 12,405 17,984	3,010 781 2,292 1,701 7,336 12,405 17,984	\$/L \$/L \$/L \$/L \$/L \$/L \$/L	3 3 3 3 3 3 3	
69 SOFT 70 SOFT 71 SOFT 72 SOFT 73 SOFT 74 SOFT 75 SOFT 76 SOFT	TWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10	3,010 781 2,292 1,701 7,336 12,405 17,984 1,401							3,010 781 2,292 1,701 7,336 12,405 17,984 1,401	3,010 781 2,292 1,701 7,336 12,405 17,984 1,401	\$/L \$/L \$/L \$/L \$/L \$/L \$/L	3 3 3 3 3 3 3 3	

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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ANIMAL SAMARITANS SPCA, INC.

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.
136	COMPUTER SOFTWARE	12/29/14		2,829							2,829	2,829	S/L	3	
178	MICROSOFT SQL 2017	12/08/18		8,889							8,889	8,889	S/L	3	
186	OPTIPLES 5050	3/25/19		1,141							1,141	1,141	S/L	3	
187	WARRANTY - IMPROMED SRVR	7/15/19		2,000							2,000	2,000	S/L	3	
188	NETWORK UPGRADE	8/07/19		15,629							15,629	15,629	S/L	3	
189	WINDOWS LICENSES	12/19/19		1,118							1,118	1,118	S/L	3	
	TOTAL PROGRAM SERVICES - SOF			96,666		0	0	C) () (96,666	96,666			
PRO	GRAM SERVICES - VEHICLES														
28	2003 FORD CUTAWAY VAN	9/01/09		16,926				TN	1	_	16,926	16,926	S/L	5	
29	VEHICLE SIGNAGE	11/30/09		2,684				- 1	יאו		2,684	2,684	S/L	5	
155	2015 FORD TRANSIT	5/01/15		38,822			-10	II_{-1}			38,822	38,822	S/L	5	
158	TOYOTA PRIUS C	5/27/16		24,000	•	$\Delta \Omega$	Mc				24,000	24,000	S/L	5	
	TOTAL PROGRAM SERVICES - VEH			82,432	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0	0	C) () (82,432	82,432			
TP :	SHELTER - EQUIPMENT														
224	URGENT CARE KENNELS	1/12/22		1,659							1,659	332	S/L	5	3
225	MEDICAL EQUIPMENT	5/01/22		20,281							20,281	2,704	S/L	5	4,0
	TOTAL TP SHELTER - EQUIPMENT			21,940		0	0	C) () (21,940	3,036			4,3
TP :	SHELTER - IMPROVEMENTS														
193	HVAC RENEWAL M120 SERIES	3/06/20		21,518							21,518	12,194	S/L	5	4,3
	TOTAL TP SHELTER - IMPROVEM			21,518		0	0	C) () (21,518	12,194			4,3

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ANIMAL SAMARITANS SPCA, INC.

95-3171867

<u>NO.</u>	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.
TO	TAL DEPRECIATION			5,038,634		0	0	0	0	0	5,038,634	2,599,255			157,060
GR	AND TOTAL DEPRECIATION			5,038,634		0	0	0	0	0	5,038,634	2,599,255			157,060

DO NOT MAIL

CALIFORNIA FILING INSTRUCTIONS

ANIMAL SAMARITANS SPCA, INC.

95-3171867

ELECTRONICALLY FILED:

FORM 199 - 2022 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN WILL BE ELECTRONICALLY FILED UPON RECEIPT OF A SIGNED FORM 8453-E0.

PAYMENT:

NO PAYMENT IS REQUIRED.



CALIFORNIA FILING INSTRUCTIONS

ANIMAL SAMARITANS SPCA, INC.

95-3171867

FORM TO FILE:

FORM RRF-1 - REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

SIGNATURE:

SIGN AND DATE FORM RRF-1.

PAYMENT:

THERE IS A FEE DUE OF \$400 WHICH IS PAYABLE BY MAY 15, 2023. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "DEPARTMENT OF JUSTICE" AND WRITE THE CALIFORNIA CHARITY REGISTRATION NUMBER ON THE PAYMENT.

WHEN TO FILE:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4420

2022 California Exempt Organization Annual Information Return

FORM

199

Calendar \	ear 20	022 or fiscal	year beginning (mm/dd/y	ууу)		, and er	nding (ı	mm/dd/yyy	y)					
Corporation/C	Organiza	tion name								(California corporation nu	mber		
ANIMAI	SAN	MARITANS	S SPCA, INC.								0900650			
Additional inf	ormatior	n. See instruction	ons.								EIN			
Street address	c (quito	or room)									95-3171867 PMB no.			
		LAND PL									-IVID 110.			
City								State			Zip code			
THOUSA								CA	:/-t-t-/t		92276-2950			
Foreign coun	пу папіє	=						Foreign prov	ince/state/county		Foreign postal code			
B Amende C IRC Sec D Final in Enter da E Check a 1	d return tion 494 formatio Dissolve te: (mm ccountin Cash return f ther 990 group f	n	Surrendered (Withdrawn) ual 3 Other 990T 2 990-PF ructions exemption ame?	Yes Yes Yes Merged / F Solution 3 ● Solution Yes Yes Yes	X No X No X No Reorganized Ch H (990) X No X No	If exemply organizat See instr K Is the org If "Yes," nonmem! L Is the org M Did the organizate organizate in street organizate in st	rted to the tunder of tund	ne FTB? See R&TC Sectio aged in politi on exempt un e gross receip rces on a limited I tion file Form on under aud or year?	ots fromiability company? 1 100 or Form 109	n 2370	Yes Yes Yes Yes Yes Yes Yes Yes	X No		
						Date filed			, , , , , , , , , , , , , , , , , , ,			110		
Part I			unless not required to							-				
	1		es or receipts from othe			_				2	6,991	,683.		
Receipts	2		s and assessments from tributions, gifts, grants,							3	2,811	275		
_ and			s receipts for filing requ						J.C.1	<u> </u>	2,011	, 3/3.		
Revenues	4		nust be completed. If t						ation B	4	9,803	058		
	5		ods sold				5		ation B •	•	J, 003	,030.		
	6		her basis, and sales ex											
	7		s. Add line 5 and line 6							7				
	8		s income. Subtract line							8	9,803	. 058.		
	9		enses and disbursemen							9	8,139			
Expenses	10		receipts over expenses							10	1,663			
	11	Total payr								11		, 		
	12	, ,	See General Information	ı K						12				
	13		balance. If line 11 is m						•	13				
	14	-	alance. If line 12 is mor							14				
Filing Fee	15		and interest. See Gene							15				
										16		0.		
	16		. Add line 12 and line 15. The											
Sign Here	correc	r penalties of pect, and complete ature	erjury, I declare that I have exa e. Declaration of preparer (othe	mined this return, er than taxpayer)	including action is based on a Title	all information o	hedules of which p	preparer has Da	any knowledge. ate	1	• Telephone 760-343-347			
	Prepa	arer's ▶				Date		S	heck if elf-	7 J.	● PTIN			
Paid Preparer's	signa	iture	MADVANOV MADO	TENT CODE	NT (7335)			е	mployed	<u> </u>	<u>P01548299</u> ● Firm's FEIN			
Use Only	Firm's	s name ours, if		EN GORDO	IN GORDON CAMPBELL						 -			
	self-employed) PO BOX 1626								95-3178278 ● Telephone					
			PALM SPRINGS,	CA 9226	<u> </u>					\dashv	(760) 320-6	642		
	May	v the FTR d	iscuss this return with t	he nrenarer	shown ah	ove? See in	nstructi	ions			X Yes	No		
	ivia	y uno i ib u	iscuss uns return with t	nic hichaici	onown ab	OVC. OCC II	ioti utti				1162	INO		

ANIMAL SAMARITANS SPCA, INC.

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

		. ogu.	aloss of alloant of gross foodpts	complete raitin or laining	on substitute imerinatio	•••		
		1	Gross sales or receipts from all b	business activities. See	instructions		1	
		2	Interest				2	
		3	Dividends				3	24,285.
Recei from	ipts	4	Gross rents				4	<u> </u>
Other	r	5	Gross royalties				5	
Sour	ces	6	Gross amount received from sale					
		7	Other income. Attach schedule.					6,967,398.
		8	Total gross sales or receipts from other s				8	6,991,683.
		9	Contributions, gifts, grants, and similar ar				9	
		10	Disbursements to or for member					
		11	Compensation of officers, director				11	131,194.
		12	Other salaries and wages				12	4,106,356.
Expe and	nses	13	Interest				13	1/100/330.
and Disbu	ırse-	14	Taxes					336,233.
ment		15	Rents			_	15	330,233.
		16	Depreciation and depletion (See				16	168,789.
		17	Other expenses and disburseme					3,396,531.
		18	Total expenses and disbursements. Add I				18	
Cala	ماريام		Balance Sheet					8,139,103.
	edule	: L	Balance Sneet		taxable year (b)		of taxab	(d)
Asse				(a)		(c)	-	• • • • • • • • • • • • • • • • • • • •
			receivable		2,232,744 32,030		•	3,816,011. 40,961.
_			eivable		32,030	•	•	40,901.
Л			sivanic		186,891		•	260,258.
5			tate government obligations		100,031	•	•	200,200.
			n other bonds				•	
			n stock STMT 4		1,333,340		•	1,156,218.
			18		1,300,01		•	1,100,210.
			ents. Attach schedule		1111		•	
			ssets	4,949,136.) 	4,989,0	61	
			ated depreciation	2,430,466.	2,518,670			2,389,806.
			ated depreciation.	2,430,400.	49,573		•	49,573.
			Attach schedule. STM 5	,	393,965		•	442,717.
					6,747,213			8,155,544.
			et worth		0,747,213	•		0,133,344.
			able		382,694		•	320,433.
		, ,	gifts, or grants payable		302,034	•	•	320,433.
			tes payable				•	
	Mortga		yable					
					6 264 E10		•	7,835,111.
			or principal fund		6,364,519	•	•	7,033,111.
			ings or income fund				•	
			es and net worth		6,747,213		_	8,155,544.
	edule			hooks with income ne		•		0,100,011.
Jen	cuuic	; IVI- 1	Do not complete this schedule			ın (d), is less than \$	\$50,000.	
1	Net inco	ome pe	er books	1,470,592		on books this year not inc		
_			ne tax			ach schedule . S.E.E S.	T. 6 ●	-193,363.
			ital losses over capital gains 🗨			return not charged		
			corded on books this year.		against book inco			
			lle					400.000
			orded on books this year not deducted			and line 8		-193,363.
	in this return. Attach schedule							1 662 055
6	i otal. A	ua IIne	e 1 through line 5	1,470,592	• Subtract lifte :	ל שוווו וווטוו כ		1,663,955.

3652224 Side 2 Form 199 2022 059 CACA1112L 01/10/23

Schedule B (Form 990)

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 2022

OMB No. 1545-0047

	L SAMARITANS S		95-3171867
•	tion type (check one):		
Filers of:		Section:	
Form 990	or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
		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	
		red by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.
General	Rule	. 11	
X		iling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts Land II. See instructions for det ontributions.	
Special I	Rules	UO 1.	
	regulations under secti 16b, and that receive	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lir d from any one contributor, during the year, total contributions of the greater on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or
	contributor, during the literary, or educations	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from e year, total contributions of more than \$1,000 exclusively for religious, charital purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	able, scientific,
	contributor, during the contributions totaled during the year for ar General Rule applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions exclusively for religious, charitable, etc., purposes, but n more than \$1,000. If this box is checked, enter here the total contributions the exclusively religious, charitable, etc., purpose. Don't complete any of the part to this organization because it received nonexclusively religious, charitable, etc., purpose during the year.	no such at were received rts unless the etc., contributions
must ans	wer "No" on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 the filing requirements of Schedule B (Form 990).	

Name of organization Employer identification number

ANIMAL SAMARITANS SPCA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY BROAD FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DUNLAP FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>10,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SARAH DI TANA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5 <u>,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THORNTON GLIDE JR 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GLORIA SCOBY 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MANILOW FUND FOR HEALTH & HOPE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>40,338.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

raiti	Contributors (see instructions). Ose duplicate copies of Part I if additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LYNDSY TOELKES		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CARL JUD FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$30,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BRANDON BOSWELL		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	72120 PETLAND PLACE THOUSAND PALMS, CA 92276	P	(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	J. SQUIRE JUNGER		Person X
	72120 PETLAND PLACE	\$ <u>5,000.</u>	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u> _	INLAND EMPIRE COMMUNITY FDN		Person X
	72120 PETLAND PLACE	\$20,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	KALLI CRAWFORD		Person X
	72120 PETLAND PLACE	\$10,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)

3 10 Employer identification number

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> _	ANNENBERG FOUNDATION		Person X Payroll		
	72120 PETLAND PLACE	\$ <u>_70,000.</u>	Noncash		
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>14</u> _	HOUSTON FAMILY FOUNDATION		Person X Payroll		
	72120 PETLAND PLACE	\$40,000.	Noncash		
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>15</u> _	LANNY SEESE		Person X		
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash		
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>16</u> _	GRETE COX		Person X		
	72120 PETLAND PLACE	\$5,000.	Payroll Noncash		
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>17</u> _	ANDERSON CHILDREN'S FOUNDATION		Person X		
	72120 PETLAND PLACE	\$ <u>9,538.</u>	Payroll Noncash		
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>18</u> _	BARBARA ROGERS		Person X Payroll		
	72120_PETLAND_PLACE	\$10,700.	Noncash		
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)		
DAA	TFFA07021 07/22/22	<u> </u>	chadula P (Form 990) (2022)		

Employer identification number

	Contributors (see instructions). Ose duplicate copies of Part Fit additional s	T	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	DIANE JOHNSON		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	AUEN FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$5,000.	Noncash
	THOUSAND PALMS, CA 92276	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _	LISA PARK		Person X
	72120 PETLAND PLACE	\$5 <u>,</u> 000.	Payroll Noncash
	72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\P\'	(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>22</u> _	BLANCHARD LIVING TRUST		Person X
	72120 PETLAND PLACE	\$8 <u>,</u> 159.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_	JAMES STEVENS ESTATE		Person X
	72120 PETLAND PLACE	\$ <u>10,000.</u>	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_	EISENHOWER MEDICAL CENTER	_	Person X
	72120 PETLAND PLACE	\$ 10,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	ANNETTE YOUNG LEWIS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	RICHARD BROOKE FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$825,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	ALBERT & ANNA HERDINA MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$39,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_	ROBERT RICHTER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>29</u> _	PATRICIA THORNBERG MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$30,073.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>30</u> _	JANET_SALTA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll

ANIMAI	L SAMARITANS SPCA, INC.		171867	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
31_	MICHAEL NOLL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>20,</u>	.000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
32_	ROBERT BARNES 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,	.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
<u>33</u> _	CLARK HALLREN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,	.049.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
34_	HEYSON LEACH 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>10,</u>	.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
<u>35</u> _	JOSEPH HAYDEN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>63,</u>	.148.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
<u>36</u> _	JOHN AND MARTHA WILSON CHRTBL FUND 72120 PETLAND PLACE	\$ 89,	204.	Person X Payroll Noncash

THOUSAND PALMS, CA 92276

(Complete Part II for noncash contributions.)

Employer identification number

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>37</u> _	RON FLETCHER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>38</u> _	CHRISTOPHER MCGOUGHRAN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>39</u> _	MARJORIE SALTER TRUST 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$172 <u>,652.</u>	Person X Payroll				
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
40_	BARBARA NAPPA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$15,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
41_	PAIGE ROBBINS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>42</u> _	RICHARD AND DOREEN YAEGER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$15,000.	Person X Payroll				

Name of organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43_	ROBERT STURTEVANT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$70,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>44</u> _	BIGHORN GOLF CLUB 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u> _	CADE MORROW 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$260,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46_	TODD BARAJAS MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u> _	GARY KIEF 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u> _	DAVID ROOT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$42,631.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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>49</u> _	MARY SHINN		Person X Payroll			
	72120 PETLAND PLACE	\$ <u>10,000</u> .	Noncash			
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>50</u> _	TOM BELL		Person X			
	72120 PETLAND PLACE	\$ 25,000.	Payroll			
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>51</u> _	SUPPLE FOUNDATION		Person X Payroll			
	72120 PETLAND PLACE	\$5,000.	Noncash			
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>52</u> _	GALEN FAMILY FOUNDATION		Person X Payroll			
	72120 PETLAND PLACE	\$10,000.	Noncash			
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>53</u> _	SANDRA PISTER		Person X Payroll			
	72120 PETLAND PLACE	\$5,000.	Noncash			
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>54</u> _	JOEL DOUGLAS		Person X Payroll			
	72120 PETLAND PLACE	\$5,000.	Noncash			
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)			

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u> _	LINDA_VON_RHINE 72120_PETLAND_PLACE	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for
	THOUSAND PALMS, CA 92276		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u> _	TODD BURGESS		Person X Payroll
	72120 PETLAND PLACE	\$ <u>5,000</u> .	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>57</u> _	BEN ROSENTHAL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000 <u>.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

ANIMAL SAMARITANS SPCA, INC.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	N/A	\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	90.77	\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
BAA	TEEA0703L 07/22/22	Schedule I	B (Form 990) (2022)	

Name of organization Employer identification number 95-3171867 ANIMAL SAMARITANS SPCA, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

BAA

CALIFORNIA FORM

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

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-23	ZZ	h
. 10		

	Attach to Form 100 or Form 100W. FORM 199								
Corpo	Corporation name California corporation number								
AN]	ANIMAL SAMARITANS SPCA, INC. 0900650								
Par	Part I Election To Expense Certain Property Under IRC Section 179								
1	Maximum deduction	under IRC Section	179 for California.					1 2	\$25 , 000
2	2 Total cost of IRC Section 179 property placed in service								
3	Threshold cost of IRO						<u> </u>	3	\$200 , 000
4	Reduction in limitation							4	
5	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	l cost		
	1:1.1								
7	Listed property (elec		•			in		8	
8 9	Total elected cost of Tentative deduction.							9	
10	Carryover of disallow						 -	10	
11	Business income lim							11	
12	IRC Section 179 exp			•	•		· · · · · · · · -	12	
13	Carryover of disallow								
Par			onal First Year Dep				56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g))	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this y		r Additional first year
	or property	(IIIII/dd/yyyy)	Other basis	allowable in	method	Tale	инэ у	cai	depreciation
				earlier years					·
BU]	LLDING IMPROV	1/15/1984	178,232.	178,232		20			
	LLDING REMODE	2/28/1999	12,704.	12,490		20			
BU]	LLDING REMODE	3/31/1999	321.	321		20			
BU]	LLDING REMODE	6/30/1999	302.	302		20			
BUI	LLDING IMPROV	2/14/2000	2,000.	1,609	. 150DB	20			
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) mag	y not exceed	d			
	\$2,000. See instructi	ons for line 14, co	lumn (h)			15	168	, 789	0.
Par									
16	Total: If the corporat IRC Section 179 exp	ion is electing: ense add the amo	unt on line 12 and	line 15 column (c	n) or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amou	nts on line 1				
4-	Depreciation (if no el	•							
	Total depreciation cla							17	<u>' </u>
10	Depreciation adjustment form 100W, Side 1,	line 6. If line 17 is g	less than line 16,	enter the differenc	e here and	on Form 100	or		
	Form 100W, Side 2,	line 12. (If Californ	ııa depreciation am	nounts are used to	determine r	net income bi	etore	10	
Par	state adjustments on t IV Amortization	Form 100 or Forn	n 100W, no adjustn	nent is necessary)				18	·
19		(b)	(6)		(d)	(0)	(f)		(g)
13	(a) Description	Date acquire	d (c) Cost o	r Amor	tization	(e) R&TC	Period	or	Amortization
	of property	(mm/dd/yyyy	other bas		or allowable	Section	percenta	ge	for this year
				iii edii	ier years	(see instr)		+	
						+			
						+			
20	Total. Add the amou	nts in column (a)		I				20	
21	Total amortization cla	107					-	21	
			•	•			-		
22	Amortization adjustments form 100W, Side 1,	line 6. If line 21 is g	reater than line 20, less than line 20.	, enter the difference	ce here and	ว งก Form 100 on Form 100	or or		
	Form 100W, Side 2,							22	

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2022 Corporation Depreciation and Amortization

Attac	ch to Form 100 or For	m 100W FODI	м 199								
	ration name	···· ··· ··· ··· ··· ··· ··· ··· ··· ·	H 133					Califo	ornia co	orporati	on number
7. 3. 7. 7		IC CDCA TNO						امور	0065	. ^	
Parl	MAL SAMARITAN	•		· 4! 1	70			1090	000	0	
<u> </u>	Maximum deduction	cpense Certain Pro							1		\$25,000
2	Total cost of IRC Se								2		\$25,000
3	Threshold cost of IR		•							_	\$200,000
4	Reduction in limitation									_	Ψ200 , 000
5	Dollar limitation for t								5	_	
6		Description of property			ost (business u		(c) Electe				
	(4)	Documption of property		(2) 0	oot (buomooo t	300 011137	(0) 210010	, a 000t	_		
									_		
									-		
									_		
7	Listed property (elec	tod IDC Section 17	79 cost)			7					
8	Total elected cost of		•			• • • • • • • • • • • • • • • • • • • •	ina 7		8	\top	
9	Tentative deduction.								9	_	
10	Carryover of disallov								10	_	
11	Business income lim		•						11		
12	IRC Section 179 exp				•	,			12		
13	Carryover of disallov					_					
Parl		nd Election of Addit						356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)		(h)
	Description	Date acquired	Cost or	Depr	eciation	Depreciation	Life or	Deprec	iatior		Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate	this	year		year depreciation
					er years						acpreciation
LAN	ID - PETLAND	1/15/1984	49,573.				0				
	CROSCOPE	2/24/1998	602.		602.	200DB	5				
SAE		11/17/2004	996.		996.	S/L	7				
	RGERY EQUIPME		2,389.	4	2,389.	S/L	5				
	CKBOOKS SOFT		1,292.		1,292.	S/L	3				
					_		<u> </u>				
13	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (h). The total	on colur	nn (n) may	not exceed	1 15				
Par		10113 101 11110 14, 00	iditit (ii)								
	Total: If the corporat	tion is electing.							1		
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15,	column (g)	or					
	Additional first year Depreciation (if no e									16	
17	Total depreciation cl				•	107			-	17	
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form 100	or or			
	Form 100W, Side 2, state adjustments or									18	
Par		11 01111 100 01 1 0111	ir 100vv, no aujusti	HEHR IS I	iccessary).					10	
19	(a)	(b)	(c)		((d)	(e)	(f)			(g)
13	Description	Date acquire	ed Cost o	r	Amorti		R&TC	Perio			Amortization
	of property	(mm/dd/yyyy	/) other ba	sis	allowed or		Section	percen	tage		for this year
					in earlie	er years	(see instr)				
							+				
							1	 			
							1	 		+	
								ļ			
							1	<u> </u>	1	4	
	Total. Add the amou	107							20	_	
21	Total amortization cl	aimed for federal p	ourposes from fede	eral Form	n 4562, line	44			21		
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter t	he difference	e here and	on Form 10	00 or			
	Form 100W, Side 1, Form 100W, Side 2,								22		

2022 Corporation Depreciation and Amortization

	ch to Form 100 or For	m 100W. FORM	4 199							
Corpoi	ration name							Califo	rnia corpo	ration number
ANI	MAL SAMARITAN	NS SPCA, INC	•					090	0650	
Parl		cpense Certain Pro								
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Se		•						2	
3	Threshold cost of IR								3	\$200,000
4	Reduction in limitation								5	
	Dollar limitation for t		act line 4 from line						3	
6	(a)	Description of property		(b) C	ost (business ι	ise only)	(c) Electe	d cost		
	Listed was subjected	stad IDO Castian 17	70			7				
7 8	Listed property (electronal elected cost of		•			• • • • • • • • • • • • • • • • • • • •	no 7		8	
9	Tentative deduction.								9	
10	Carryover of disallov								10	
11	Business income lim								11	
12	IRC Section 179 exp				-				12	
13	Carryover of disallov	ved deduction to 20	23. Add line 9 and	l line 10	, less line 1	2	13			
Parl	t II Depreciation a	nd Election of Additi	ional First Year Dep	reciation	Deduction	Under R&T0	C Section 243	356		
14	(a)	(b)	(c)		(d)	(e)	(f)	(g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	Life or rate	Depreci	ation fo year	or Additional first year
	or property	(IIIII/dd/yyyy)	Other basis	allov	vable in	memou	Tate	uns	year	depreciation
					er years		-			
_	LDING IMPROV	5/24/2006	18,037.		18,037.	S/L	15			
	MPUTER/EQUIPM	5/05/2006	3,263.		3,263.	S/L	5			
SCF		10/10/2006	650.		650.	S/L	7			
	OCLAVE ULTRA		3,765.	. 1	3,765.	S/L	7			
	RGERY EQUIPME	4/30/2006	3,411.	M.	3,411.	S/L	5			
15	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, co	lumn (h). The total lumn (h)	of colur	nn (h) may	not exceed	i 15			
Parl	t III Summary									
16	Total: If the corporat	tion is electing:		45						
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	iine 15, 356. add	the amoun	o r ts on line 1	5. columns	(a) and (h) or	
	Depreciation (if no e									6
	Total depreciation cl								17	7
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	, enter t	he difference	e here and	on Form 10	0 or		
	Form 100W, Side 2,	line 12. (If Californ	na depreciation am	าounts a	re used to d	determine n	net income b	etore		
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary).				18	3
Par	t IV Amortization	1								
19	(a) Description	(b) Date acquire	d (c) Cost o	r	(c Amorti		(e) R&TC	(f) Period	l or	(g) Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	Section	percent		for this year
					in earlie	er years	(see instr)			
										_
20	Total. Add the amou	(0)							20	
21	Total amortization cl		'		,				21	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he difference	e here and	on Form 100	0 or		
	Form 100W, Side 1, Form 100W, Side 2,								22	
	, ., _,			· · · · · · · · · · · · · · · · · · ·						

2022	Coi	rporatio	า Dep	reciation ar	nd An	nortizat	ion				3885
Attach to Form	1 100 or For	m 100W.	FORM	199							
Corporation name									Californ	ia corporat	on number
ANIMAL SA	AMARITAN	NS SPCA,	INC.						0900	650	
				erty Under IRC S	ection 1	79			1		
				179 for California.						1	\$25,000
2 Total cos	st of IRC Se	ction 179 pro	perty p	laced in service						2	·
				erty before reducti						3	\$200,000
				rom line 2. If zero						4	
				ct line 4 from line						5	
6	(a)	Description of p	roperty		(b) C	ost (business i	use only)	(c) Electe	d cost		
-											
7 Listed pr	oporty (alac	tod IDC Soo	tion 170	9 cost)			7				
				operty. Add amou				ine 7		8	
				of line 5 or line 8.						9	
				prior taxable year					<u> </u>	10	
,				naller of business					-	11	
12 IRC Sect	tion 179 exp	ense deduct	ion. Add	d line 9 and line 1	0, but d	lo not enter	more than	line 11		12	
				23. Add line 9 and							
	preciation ar	nd Election o	f Additio	onal First Year Dep	reciation	n Deduction	Under R&T	C Section 243	356		T
14 (a		(b)	irod	(c)	Donr	(d)	(e)	(f)	(g)		(h)
	ription operty	Date acqu (mm/dd/y		Cost or other basis		eciation wed or	Depreciation method	Life or rate	Deprecia this y		Additional first year
·		`				vable in er years					depreciation
SURGERY E	EOUTPME	12/31/2	006	4,143.	Carii	4,143.	S/L	5			
MEDICAL E		2/22/2		974.		974.	S/L	7			
SURGERY E		1/25/2		3,774.		3,751.		7			
MEDICAL E				982.		975.		7			
BUILDING		9/30/2		1,780.		1,202.		20		89.	
				ımn (h). The total	of colur			1			
\$2,000.	See instruct	ions for line	14. colu	umn (h)	OIF COIUI	(11) 111ay	6x6666	15			
	mmary		•					<u> </u>			
		tion is electir									
				ınt on line 12 and R&TC Section 243				5 columns	(a) and (h)	or	
				iter the amount from							
				urposes from fede						17	
18 Deprecia	ntion adjustn	nent. If line	17 is gre	eater than line 16, ess than line 16,	, enter t	he difference	ce here and	on Form 10	0 or		
Form 100	0W, Side 2,	line 12. (If (California	a depreciation am	nounts a	re used to	determine r	net income b	efore		
		n Form 100 d	or Form	100W, no adjustn	nent is r	necessary).				18	
	nortization							1			
19	(a) Description	()	b) acquired	(c) Cost o	r		d) ization	(e) R&TC	(f) Period	or	(g)
	f property		ld/yyyy)				allowable	Section	percenta		Amortization for this year
						in earlie	er years	(see instr)			
20									I	20	
∠u Total. Ad	ad the amou	ınts ın colum	n (a)							20	

21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... 21 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. 22

> 7621224 CACA3501L 12/22/22 059 FTB 3885 2022

17 O O IDEL TEXT								Of ILLII OF II III OF III
2022 Co	rporation De	preciation a	nd Amortizat	ion				3885
Attach to Form 100 or For	m 100W. FORM	1 199						
Corporation name						Calif	ornia corpo	oration number
ANIMAL SAMARITA	NS SPCA, INC	•				090	00650	
Part I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179					
 Maximum deduction 	under IRC Section	179 for California.						\$25 , 000
2 Total cost of IRC Se	1 1 2	'						
3 Threshold cost of IR								\$200,000
4 Reduction in limitati5 Dollar limitation for								
-		act line 4 from line	,				3	
t (a)	Description of property		(b) Cost (business (use only)	(c) Elected	COST	_	
							_	
							_	
							_	
7 Listed property (elec	stad IDC Saction 17	'Q cost)		7			_	
8 Total elected cost of		•			ne 7		8	
9 Tentative deduction.								
10 Carryover of disallov								
11 Business income lin	nitation. Enter the s	maller of business	income (not less t	han zero) or	line 5		11	
12 IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than I	ine 11		12	
13 Carryover of disallow					3			
Part II Depreciation a	nd Election of Addit	onal First Year Dep	reciation Deduction	Under R&TC	Section 243	56		
14 (a)	(b)	(c)	(d)	(e)	(f)	Damus	(g)	(h)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate		ciation fo s vear	or Additional first year
5. p. sp 5. sy	(****** 2.2))))		allowable in			•	, J = 5	depreciation
C.M.O.O.T.	4/14/0000	1 125	earlier years	0./7	-			
STOOL	4/14/2008	1,135.	1,094.	S/L	7			
EXAM TABLE	5/06/2008	3,051.	2,979.	S/L	7			
KENNELS	5/13/2008	9,137.	8,918.		7			
MEDICAL EQUIPME	6/16/2008 10/01/2008	11,842.	11,842. 6,050.	S/L S/L	7			
GENERATOR		6,050.	111		/			
15 Add the amounts in	column (g) and col	umn (h). The total			15			
\$2,000. See instruct Part III Summary	ions for line 14, co	lurniri (n)			13			
16 Total: If the corpora	tion is electing:							
IRC Section 179 exc	ense, add the amo	unt on line 12 and	line 15, column (g)	or or				
Additional first year	depreciation under	R&TC Section 243	356, add the amoun	ts on line 15				e
Depreciation (if no e			*	(3)				
18 Depreciation adjustr		'					····-	<u>'</u>
Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and o	n Form 100	or		
Form 100W, Side 2,	line 12. (If Californ	na depreciation am	nounts are used to	aetermine ne	et income be	etore		_

state adjustments on Form 100 or Form 100W, no adjustment is necessary). Part IV Amortization 19 (e) R&TC **(f)** (b) (c) (d) (g) (a) Date acquired (mm/dd/yyyy) Description Period or Amortization for this year Cost or Amortization other basis allowed or allowable of property Section percentage in earlier years (see instr)

 20 Total. Add the amounts in column (g)
 20

 21 Total amortization claimed for federal purposes from federal Form 4562, line 44
 21

Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.

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2022 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	1 199							
Corpo	ration name						Califor	nia corp	oration	number
AN]	MAL SAMARITAN	IS SPCA, INC	•				090	0650	1	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179						
1	Maximum deduction	under IRC Section	179 for California.					1		\$25,000
2	Total cost of IRC Sec		•					2		
3	Threshold cost of IR		-					3		\$200,000
4	Reduction in limitation			'				4		
	Dollar limitation for t		act line 4 from line					5		
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	1 COST			
	Listed property (also	tod IDC Section 17	70 aast)		7					
7 8	Listed property (elec Total elected cost of					ino 7		8		
9	Tentative deduction.							9		
10	Carryover of disallow							10		
11	Business income lim							11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	IO, but do not enter	more than	line 11		12		
13	Carryover of disallow									
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	56			
14	(a)	(b)	(c)	(d)	(e)	(f)	(0	g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		OI	Additional first year
	. 11 9	(11)		allowable in				,		depreciation
	200011 001110110	6/10/0000	2 206	earlier years	0 /7	-				
	RGERY EQUIPME	6/10/2008	3,306.	3,265.	S/L	7				
	RTABLE CART	6/11/2008	5,545.	5,478.	S/L					
_)3 FORD CUTAW	9/01/2009	16,926.	16,926.	S/L S/L	5				
_	HICLE SIGNAGE TON AIR COMPR		2,684. 3,665.	2,684. 2,242.		20		10	2	
						·		18	٥.	
15	Add the amounts in \$2,000. See instruction	column (g) and co	lumn (h). The total	of column (h) may	not exceed	d 15				
Par		10113 101 11116 14, 00	iumi (m							
16	Total: If the corporat	ion is electina:								
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g) or					
	Additional first year of Depreciation (if no e								6	
17	Total depreciation cl	•		·	107			_	7	
	Depreciation adjustm	nent. If line 17 is q	reater than line 16,	, enter the difference	ce here and	on Form 10	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	e here and	on Form 100 set income b	or efore			
	state adjustments or	Form 100 or Forn	n 100W, no adjustn	nent is necessary).				1	8	
Par								•		
19	(a)	(b)	(c)		d)	(e)	(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		ization r allowable	R&TC Section	Period percenta		,	Amortization for this year
	- 113	(11 3333	,		er years	(see instr)		- 3 -		Tor triis year
							1			
20	Total. Add the amou	(0)						20		
21	Total amortization cl		•	•				21		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 100	0 or			
	Form 100W, Side 1, Form 100W, Side 2,							22		
	, =,						* * * *			

	2022	Corpo	oration Dep	reciation a	nd An	nortizat	ion		•			3885
Atta	ch to Form 100 d	or Form 1	00W. FORM	199								
Corpo	oration name								Califor	nia corp	oratio	on number
AN:	IMAL SAMAR	ITANS	SPCA, INC.						090	0650)	
Par			nse Certain Prope	erty Under IRC S	ection 1	79						
1			der IRC Section 1	•						1		\$25,000
2	Total cost of IR	RC Sectio	n 179 property pla	aced in service						2		
3			ection 179 proper	,						3		\$200 , 000
4			Subtract line 3 fro							4		
5	Dollar limitation		ble year. Subtrac	t line 4 from line						5		
6		(a) Desi	cription of property		(b) C	ost (business i	use only)	(c) Electe	d cost			
7			IRC Section 179	•								
8 9			C Section 179 pro ter the smaller of	, ,						9		
10			deduction from p							10		
11	-		tion. Enter the sm	-						11		
12			se deduction. Add			-				12		
13			deduction to 2023									
Par			lection of Addition						356			
14	(a)		(b)	(c)		(d)	(e)	(f)	(6	g)		(h)
	Description	D	ate acquired	Cost or		eciation	Depreciation	Life or	Depreci	ation	for	Additional first
	of property	(1	mm/dd/yyyy)	other basis		wed or wable in	method	rate	this	year		year depreciation
						er years						
FEI	NCE	10	/13/2009	750.		465.	S/L	20		3	8.	
IM	AGING EQUI	PME 8	/07/2009	3,884.		3,884.	S/L	7				
MU	LTIPARAMET	ER 8	/12/2009	3,391.		3,391.	\$/L	7				
ME	DICAL EQUI:		/28/2009	1,793.		1,793.	s/L	7				
LO	BBY SCALE	11	./25/2009	907.		907.	S/L	7				
15	Add the amour	nts in colu	umn (g) and colur	nn (h). The total	of colu	nn (h) may	not exceed					
			s for line 14, colur									
Par	t III Summar											
16	Total: If the co				U 15	l (a)						
	Additional first	vear dep	se, add the amour reciation under R	and ton line 12 and &TC Section 243	गांगिल । 5. 856. add	the amoun) or Its on line 1:	5. columns	(a) and (h) or		
			tion is made), ent								16	
			ned for federal pur							1	17	
18	Depreciation a	djustmen	t. If line 17 is grea e 6. If line 17 is le	ater than line 16	, enter t	he difference	ce here and	on Form 10	0 or			
	Form 100W, Si	de 2, line	e 12. (If California	depreciation an	าounts a	re used to	determine n	et income b	efore			
		nts on Fo	orm 100 or Form 1	00W, no adjustn	nent is r	necessary).				1	18	
Par		tion		1				1	T		ı	
19	(a) Descrip	tion	(b) Date acquired	(c) Cost o	r	(i Amorti	d) ization	(e) R&TC	(f) Period	Lor		(g)
	of prope		(mm/dd/yyyy)	other bas			allowable	Section	percent			Amortization for this year
	· '	-	33337			in earlie	er years	(see instr)				
								1				

20 Total. Add the amounts in column (g).

21 Total amortization claimed for federal purposes from federal Form 4562, line 44.

22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.

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2022 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORM	4 199							
Corpoi	ration name							Califor	nia corpor	ation number
ANI	MAL SAMARITAN	IS SPCA, INC	•					090	0650	
Parl		pense Certain Pro								
1	Maximum deduction								1	\$25 , 000
2	Total cost of IRC Sec		•						2	
3	Threshold cost of IRO								3	\$200,000
4	Reduction in limitation								5	
	Dollar limitation for t		act line 4 from line						э	
6	(a)	Description of property		(n) (ost (business ι	ise only)	(c) Elected	1 COST		
	Listed wysparky (slas	tod IDO Continu 17	70			7				
7 8	Listed property (elec Total elected cost of		•			• • • • • • • • • • • • • • • • • • • •	no 7		8	
9	Tentative deduction.								9	
10	Carryover of disallow								10	
11	Business income lim								11	
12	IRC Section 179 exp				•				12	
13	Carryover of disallow	ved deduction to 20	23. Add line 9 and	l line 10	, less line 1	2	13			
Parl	t II Depreciation ar	nd Election of Additi	ional First Year Dep	reciation	n Deduction	Under R&T0	C Section 243	56		
14	(a)	(b)	(c)		(d)	(e)	(f)	(9	g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	Life or rate	Depreci	ation foi year	Additional first year
	or property	(ITIITI/dd/yyyy)	other basis	allov	vable in	memou	Tate	uns	yeai	depreciation
				earli	er years		-			
	RGERY EQUIPME	4/20/2009	4,588.		4,588.	S/L	7			
	RGERY TABLE	4/28/2009	3,170.		3,170.	S/L	7			
	ESTHESIA MACH	5/01/2009	2,060.		2,060.	\$/L	7			
	OOL AND TRAY	5/05/2009	510.	. 1	510.	S/L	7			
TAE	BLE LIFT	5/14/2009	1,222.	M_{\perp}	1,222.	S/L	7			
15	Add the amounts in \$2,000. See instruction									
Parl	t III Summary									
16	Total: If the corporat	ion is electing:		U 15						
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1	5, columns (g) and (h) or	
	Depreciation (if no e	lection is made), e	nter the amount from	om line	15, column	(g)				
	Total depreciation cl								17	
18	Depreciation adjustment form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter t	he difference	e here and	on Form 10	0 or		
	Form 100W, Side 2,	line 12. (If Californ	na depreciation am	าounts a	re used to d	determine n	iet income b	etore		
	state adjustments or	Form 100 or Forn	n 100W, no adjustn	nent is r	necessary).				18	
Par		1		1						
19	(a) Description	(b) Date acquire	d (c) Cost o	r	(o Amorti		(e) R&TC	(f) Period	lor	(g) Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	Section	percent		for this year
					in earlie	er years	(see instr)			-
20	Total. Add the amou	107							20	
21	Total amortization cl		'		,				21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he difference	e here and	on Form 10	0 or		
	Form 100W, Side 1,								22	
	,			· · · · · · · · · · · · · · · · · · ·				-		

2022 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FOR	м 199									
Corpo	Corporation name California corporation number											
ANI	ANIMAL SAMARITANS SPCA, INC. 0900650											
Parl			perty Under IRC S									
1	Maximum deduction							1	\$25 , 000			
2	Total cost of IRC Sec		•					2				
3	Threshold cost of IRO		-					3	\$200,000			
4	Reduction in limitation							5				
<u>5</u> 6	Dollar limitation for t		act line 4 from line					э				
	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	COST					
7	Listed property (elec	tod IDC Soction 17	70 cost)		7							
8	Total elected cost of		•			ine 7		8				
9	Tentative deduction.							9				
10	Carryover of disallow							10				
11	Business income lim							11				
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11		12				
13	Carryover of disallow	ed deduction to 20	023. Add line 9 and	l line 10, less line 1	12	13						
Parl	Depreciation an	d Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	56					
14	(a)	(b)	(c)	(d)	(e)	(f)	((<u>)</u>	(h)			
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		r Additional first year			
	or property	(allowable in				,	depreciation			
<u> </u>		4 /0 6 /0 0 1 0	0.006.533	earlier years	0./7	20		7 001				
	NIC BUILDING	4/06/2010	2,226,533.	670,819.	S/L	39 7	5	7 , 091	. •			
	FICE EQUIPMEN	4/06/2010	1,542.	1,542.	S/L							
	FICE EQUIPMEN	4/06/2010	33,738.	33,738.	S/I	7						
	FICE EQUIPMEN	4/06/2010	299.	299.	S/L	7						
	FICE EQUIPMEN	4/06/2010	884.	884.	S/L	 						
15	Add the amounts in \$2,000. See instructi											
Parl	Summary	0115 101 11116 14, 00	ium (ii)			13						
	Total: If the corporat	ion is electing:										
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g) or							
	Additional first year of Depreciation (if no e								;			
17	Total depreciation cla	, .		•	,							
	Depreciation adjustm											
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	e here and o	on Form 100	or					
	state adjustments on							18	3			
Parl			, ,	,,				<u> </u>				
19	(a)	(b)	(c)		d)	(e)	(f)		(g)			
	Description of property	Date acquire (mm/dd/yyyy			ization r allowable	R&TC Section	Period percenta		Amortization			
	or property	(ITIITI/dd/yyyy	other bas		er years	(see instr)	percent	age	for this year			
20	Total. Add the amou	nts in column (g).						20				
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form 4562, line	44			21				
22	Amortization adjustm	nent. If line 21 is a	reater than line 20.	, enter the differen	ce here and	on Form 10	or or					
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and o	on Form 100	or	22				
	Form 100W, Side 2,	ııne 12						22				

2022 Corporation Depreciation and Amortization

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Attach to Form 100 or Form 100W. FORM 199											
								Califor	alifornia corporation number		
ANI	MAL SAMARITAN	IS SPCA, INC	0900650								
Parl	Part Election To Expense Certain Property Under IRC Section 179										
1	Maximum deduction under IRC Section 179 for California.									\$25 , 000	
2	Total cost of IRC Section 179 property placed in service							3			
3		hreshold cost of IRC Section 179 property before reduction in limitation								\$200,000	
4		duction in limitation. Subtract line 3 from line 2. If zero or less, enter -0									
			act line 4 from line						5		
6	(a) Description of property (b) Cost (business use only) (c) Elected cost										
	Listed was set (also	tod IDO Continu 17	70			7					
7 8	Listed property (elec Total elected cost of		•			• • • • • • • • • • • • • • • • • • • •	no 7		8		
9	Tentative deduction.								9		
10	Carryover of disallow								10		
11	Business income lim								11		
12	IRC Section 179 exp				•	•			12		
13	Carryover of disallow	ved deduction to 20	23. Add line 9 and	l line 10	, less line 1	2	13				
Parl	t II Depreciation an	nd Election of Additi	ional First Year Dep	reciation	n Deduction	Under R&T0	C Section 243	56			
14	(a)	(b)	(c)		(d)	(e)	(f)	(9	g)	(h)	
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	Life or rate	Deprecia	ation foi year	r Additional first year	
	or property	(ITIITI/dd/yyyy)	Other basis	allov	vable in	method	Tate	uns	ycai	depreciation	
				earli	er years		- 1				
	FICE EQUIPMEN	4/06/2010	636.		636.	S/L	7				
	FICE EQUIPMEN	4/06/2010	3,478.		3,478.	S/L	7				
	FICE EQUIPMEN	4/06/2010	1,834.		1,834.	S/L	7				
	MPUTERS AND P	4/09/2010	1,284.	. 1	1,284.	S/L	5				
MEL	DICAL EQUIPME	4/06/2010	9,993.	<i>M</i> ,	9,993.	S/L	5				
15	Add the amounts in \$2,000. See instruction	column (g) and col	lumn (h). The total	of colur	mn (h) may	not exceed	l 15				
Parl		,					l .				
16	Total: If the corporat	ion is electing:									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)	or	5 columns (a) and (h	۱ ۵۲		
	Depreciation (if no e										
17	Total depreciation cla	•									
18	Depreciation adjustment form 100W, Side 1,	ent. If line 17 is g	reater than line 16,	, enter t	he differenc	e here and	on Form 10	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 1/ is line 12 (If Californ	less than line 16, on a less than line 16, on a less than line 16, or less than line 16,	enter the	e ditterence re used to d	here and determine n	on Form 100 net income b	or efore			
	state adjustments on	Form 100 or Form	n 100W, no adjustn	nent is r	necessary).				18		
Parl	t IV Amortization										
19	(a)	(b)	(c)		(0		(e)	(f)		(g)	
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		R&TC Section	Period		Amortization for this year	
	o. p. opo. ty	(7 00.101 200	5.0	in earlie		(see instr)	рогоот	ago	Tor this year	
20	Total. Add the amou	nts in column (g).							20		
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form	n 4562, line	44			21		
22	Amortization adjustm	nent. If line 21 is g	reater than line 20	, enter t	he differenc	e here and	on_Form 10	or or			
	Form 100W, Side 1,								22		
	Form 100W, Side 2,	IIIIC 12							~~		

2022	Corporat	tion De	preciation a	nd Amortiza	ation				3885
Attach to Form 100 or	Form 100W	FOR	м 199						
Corporation name					Californi				ion number
ANIMAL SAMARITANS SPCA, INC. 090								50	
			perty Under IRC S	ection 179					
			179 for California.						\$25,000
2 Total cost of IRC									
	Threshold cost of IRC Section 179 property before reduction in limitation								\$200,000
			from line 2. If zero					1	
			act line 4 from line					5	
6	(a) Descriptio	n of property		(b) Cost (busine	ss use only)	ed cost			
7 1:4-4	(-1 1 11DO	0 1: 1	701		7				
	•		79 cost) property. Add amou					3	
			of line 5 or line 8.					9	
			prior taxable year						
•			smaller of business						
			dd line 9 and line 1	•				2	
13 Carryover of dis	allowed dedu	action to 20	023. Add line 9 and	d line 10, less line	e 12	. 13	•		
Part II Depreciation	on and Election	on of Addit	ional First Year Dep	reciation Deducti	on Under R	RTC Section 24	356		_
14 (a)		b)	(c)	(d)	(e)	(f)	(g)	,	(h)
Description of property		acquired dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciat method		Depreciation this year		Additional first year
or property	(11111)	, w. y y y y y	other basis	allowable in	mounou	1410	lino you	*1	depreciation
	1 /0/	. / 0 0 4 0	4 4 9 4	earlier years		-	. 1		
IV PUMP		/2010	1,104.	1,104					
ROD KIT		/2010	717.						
IMAGING EQUIP		/2010	38,009.						
MEDICAL EQUIP		/2010	24,828.	24,828 9,993					
MEDICAL EQUIP		/2010	9,993.				9		
15 Add the amount	s in column	(g) and col	lumn (h). The total	of column (h) m	ay not exce	eed 15			
Part III Summary		ime 14, co	lumn (h)			15			
16 Total: If the corp		ectina:							
IRC Section 179	expense, ad	dd the amo	ount on line 12 and						
			R&TC Section 243					r 16	
17 Total depreciation			enter the amount fr					17	
							00 or		
18 Depreciation adj	le 1, line 6. l	f line 17 is	less than line 16,	enter the differer	nce here an	d on Form 100	or		
			nia depreciation an n 100W, no adjustr					18	
Part IV Amortizat			,		,,				<u> </u>
19 (a)		(b)	(c)		(d)	(e)	(f)		(g)
Descript of proper		ate acquire	d Cost o		ortization or allowabl	R&TC	Period or		Amortization
or proper	ity (ii	nm/dd/yyyy	v) other bas		rlier years	le Section (see instr)	percentage	;	for this year
20 Total. Add the a	mounts in co	olumn (a).)	

21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... 21 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. 22

> 7621224 CACA3501L 12/22/22 059 FTB 3885 2022

2022 Corporation Depreciation and Amortization

2 22 5	

Attach to Form 100 or Form 100W. FORM 199											
Corporation name California									alifornia corporation number		
AN]	ANIMAL SAMARITANS SPCA, INC. 09										
Part I Election To Expense Certain Property Under IRC Section 179											
1	Maximum deduction under IRC Section 179 for California.								\$25 , 000		
2	Total cost of IRC Section 179 property placed in service.							2			
3									\$200,000		
4											
5			act line 4 from line					5			
6	(a)	Description of property		(b) Cost (busin	(b) Cost (business use only) (c) Ele						
_			20 1)		1 -						
7	Listed property (elec					line 7		8			
8 9	Total elected cost of Tentative deduction.							9	_		
10	Carryover of disallow						-	10			
11	Business income lim						-	11			
12	IRC Section 179 exp			•			-	12			
13	Carryover of disallow	ed deduction to 20	23. Add line 9 and	l line 10, less lir	ne 12	13	1.				
Par	t II Depreciation an	d Election of Additi	onal First Year Dep	reciation Deduct	ion Under R&l	TC Section 243	356				
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciatio method	n Life or rate	Deprecia this y		Additional first year		
	or property	(mm/aa/yyyy)	otrici basis	allowable in		rate	uno y	Cui	depreciation		
				earlier years							
	DICAL EQUIPME	4/06/2010	5,337.	5,33		5					
	AGING EQUIPME	4/06/2010	28,009.	28,00	4	5					
	DICAL EQUIPME	4/06/2010	84.	8							
	DICAL EQUIPME	4/06/2010	116,858.	116,85	_	5					
	FICE EQUIPMEN	4/06/2010	9,418.	9,41		5					
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) r	nay not excee	ed					
Par	\$2,000. See instructi	ons for line 14, co	lumn (h)			15					
16	Total: If the corporat	ion is alacting:							<u> </u>		
10	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column	(g) or						
	Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or										
17	Total depreciation cla	•		•	107						
	Depreciation adjustm		•					·· •••			
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the differe	nce here and	on Form 100	or				
	Form 100W, Side 2, state adjustments on							18			
Par											
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)		
	Description of property	Date acquire			nortization d or allowable	R&TC Section	Period		Amortization		
	or property	(mm/dd/yyyy	Other bas		arlier years	(see instr)	percenta	ige	for this year		
					<u> </u>						
					-						
20	Total. Add the amou	nts in column (g).						20			
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form 4562,	line 44		[21			
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or										
	Form 100W, Side 1, Form 100W, Side 2,							22			
	TOTTI TOUVY, SILLE Z,	IIIIC 14									

2022 Corporation Depreciation and Amortization

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	ch to Form 100 or Fori	m 100W. FORI	1 199							
Corpo	ration name						Californ	nia corpo	oration num	nber
ANI	MAL SAMARITAN	IS SPCA, INC	•				0900	0650		
Parl	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179						
1	Maximum deduction	under IRC Section	179 for California.					1		\$25,000
2	Total cost of IRC Sec		•				-	2		
3	Threshold cost of IRO						-	3		\$200,000
4	Reduction in limitation							4		
5	Dollar limitation for t		act line 4 from line					5		
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	l cost			
			70 IV							
7 8	Listed property (electrotal elected cost of		•			ino 7		8		
9	Tentative deduction.							9		
10	Carryover of disallow						F	10		
11	Business income lim							11		
12	IRC Section 179 exp			•				12		
13	Carryover of disallow				_		L.			
Parl	t II Depreciation an	d Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	56			
14	(a)	(b)	(c)	(d)	(e)	(f)	_ (g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		or Ad	ditional first year
	or property	(mm/dd/yyyy)	Other basis	allowable in	metriou	rate	(1113)	Cai	de	epreciation
				earlier years		-				
	FICE EQUIPMEN	4/06/2010	397.	397.	S/L	5				
_	FICE EQUIPMEN	4/06/2010	3,451.	3,451.	S/L	5				
	FICE EQUIPMEN	4/06/2010	450.	450.	S/L	5				
	FICE EQUIPMEN	4/06/2010	51,867.	51,867.	S/L	5				
<u>SW</u>	IMAGING	9/16/2010	2,500.	2,500.	S/L	5				
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not exceed	1 4				
Parl	\$2,000. See instructi	ons for line 14, col	lumn (n)			15				
16	Total: If the corporat	ion is alacting:								
10	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g) or					
	Additional first year	depreciation under	R&TC Section 243	56, add the amour	nts on line 1					
17	Depreciation (if no el Total depreciation cla	•								
								··· -•	<u> </u>	
-	Depreciation adjustments of the second secon	line 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 100	or			
	Form 100W, Side 2, state adjustments on	line 12. (If Californ	iia depreciation am 100W no adjustn	nounts are used to	determine r	net income bi	efore	1	8	
Parl		11 01111 100 01 1 0111	1 10011, 110 dajastii	icht is necessary).						
19	(a)	(b)	(c)	(d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o	r Amort	ization r allowable	R&TC	Period		Amo	ortization
	of property	(mm/dd/yyyy	other bas		er years	Section (see instr)	percenta	ige	for	this year
20	Total. Add the amou	nts in column (a).						20		
21	Total amortization cla	107					F	21		
22	Amortization adjustm	nent. If line 21 is a	reater than line 20.	enter the differen	ce here and	on Form 10	o or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or			
	Form 100W, Side 2,	line 12						22		

	2022 Co	rporation Dep	oreciation a	nd Amortizat	tion	_			3885		
	ch to Form 100 or Fo	orm 100W. FORM	199								
Corpo	ration name						California	a corporati	ion number		
AN:	IMAL SAMARITA	NS SPCA, INC	•				0900	650			
Par	t I Election To E	xpense Certain Pro	perty Under IRC S	ection 179							
1								1	\$25,000		
2	Total cost of IRC Se							2			
3	Threshold cost of IF							3	\$200,000		
4		ion. Subtract line 3						5			
<u>5</u>	Dollar limitation for		act line 4 from line					3			
	(a) Description of property		(b) Cost (business	use only)	(c) Electe	ed cost				
							-				
7	Listed property (ele	cted IRC Section 17	9 cost)		7						
8	Total elected cost of					ne 7		8			
9	Tentative deduction							9			
10	Carryover of disallo	wed deduction from	prior taxable year	S				10			
11	Business income lin	mitation. Enter the s	maller of business	income (not less t	than zero) o	r line 5		11			
	IRC Section 179 ex	•						12			
	Carryover of disallo						050				
Par	<u>-</u>	and Election of Additi	·				1		T		
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciati	ion for	(h) Additional first		
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this ye		year		
				allowable in earlier years					depreciation		
OR	THEOPEDIC	6/14/2010	1,543.	1,543.	S/L	5					
	NNEL INSERTS	6/29/2010	1,356.	1,356.	S/L	5	The second secon				
	NNEL INSERTS	7/01/2010	1,640.	1,640.	S/L	5	1				
	FTWARE	4/06/2010	3,010.	3,010.	S/L	3					
	FTWARE	4/06/2010	781.	781.	S/L	3					
15	Add the amounts in	column (a) and col	ımn (h) The total	of column (h) may	not exceed						
	\$2,000. See instruc	ctions for line 14, col	umn (h)			15					
Par	t III Summary										
16	Total: If the corpora	ation is electing:		L. 15 L (
	Additional first year	pense, add the amo depreciation under	unt on line 1∠ and R&TC Section 243	iline 15, column (g 356. add the amour) or nts on line 1:	5. columns	(a) and (h)	or			
		election is made), e						. 16			
	Total depreciation of		•	,				. 17			
18	Depreciation adjust Form 100W, Side 1	ment. If line 17 is gr	eater than line 16	, enter the difference	ce here and	on Form 10	00 or				
	Form 100W, Side 2	, line 12. (If Californ	ia depreciation an	nounts are used to	determine n	iet income b	efore				
		on Form 100 or Form	100W, no adjustr	nent is necessary)				. 18			
	t IV Amortization	ZI.A	7-5		-1\	(-)	10	1	(4)		
19	(a) Description	(b) Date acquired	d (c) Cost o	r Amort	d) ization	(e) R&TC	(f) Period o	r	(g) Amortization		
	of property	(mm/dd/yyyy		sis allowed or	r allowable	Section	percentag		for this year		
				ın earli	er years	(see instr)					
						-					
						-					

20

Total. Add the amounts in column (g).....

	2022 Co	rporation Dep	reciation a	nd Amort	ization	1				3885
	ch to Form 100 or Fo	rm 100W. FORM	199							
Corpo	ration name							California co	rporati	on number
	IMAL SAMARITAI	NS SPCA, INC.						090065	0	
Par		xpense Certain Prop								
1										\$25 , 000
2	Total cost of IRC Se									2200 000
3 4	Threshold cost of IR Reduction in limitati									\$200,000
	Dollar limitation for									
6		Description of property		(b) Cost (bu			(c) Electe			
	(-/			(11)		,/	(0)			
7	Listed property (elec	cted IRC Section 179	ost)			7				
8	Total elected cost of	f IRC Section 179 pr	operty. Add amou	unts in columr	(c), line	6 and lir	ne 7	8		
9	Tentative deduction									
10	Carryover of disallov									
	Business income lin			•		,			-	
	IRC Section 179 exp							12		
Par	Carryover of disallov	nd Election of Addition					Section 243	256		
14	(a)	(b)	<u>.</u>	(d)	iction ond		(f)	(g)		(h)
14	Description	Date acquired	(c) Cost or	Depreciati	on De	(e) preciation	Life or	Depreciation	for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed of allowable		nethod	rate	this year		year depreciation
				earlier yea						depreciation
SOI	FTWARE	4/06/2010	2,292.	2,2	292.	S/L	3			
SOI	FTWARE	4/06/2010	1,701.			S/L	3			
SO	FTWARE	4/06/2010	7,336.	7,3	36.	\$/L	3			
SO	FTWARE	4/06/2010	12,405.	12,4	105.	S/L	3			
SO	FTWARE	4/06/2010	17,984.	17,9	84.	S/L	3			
15	Add the amounts in	column (a) and colu	ımn (h). The total	of column (h) mav not	exceed				
	\$2,000. See instruct						15			
Par	t III Summary									
16	Total: If the corpora IRC Section 179 exp	tion is electing:	unt on line 12 and	Llina 1E aaluu	mn (a) au					
	Additional first year	depreciation under l	R&TC Section 243	356, add the a	ımounts o	n line 15	5, columns	(g) and (h) or		
	Depreciation (if no	election is made), er	iter the amount fr	om line 15, co	olumn (g).				16	
	Total depreciation c								17	
18	Depreciation adjustr Form 100W, Side 1,	nent. If line 17 is gre line 6. If line 17 is l	eater than line 16 ess than line 16.	, enter the differenter the di	terence he erence her	ere and re and o	on Form 10 n Form 100	0 or or		
	Form 100W, Side 2,	line 12. (If Californi	a depreciation an	nounts are us	ed to dete	rmine n	et income b	efore		
D	state adjustments of	n Form 100 or Form	100W, no adjustr	ment is neces	sary)				18	
<u>Par</u> 19		(b)	(a)		(4)		(0)	(6)	1	(a)
19	(a) Description	(b) Date acquired	(c) Cost o	or ,	(d) Amortizati	on	(e) R&TC	(f) Period or		(g) Amortization
	of property	(mm/dd/yyyy)	other ba		ved or allo		Section	percentage		for this year
				l in	earlier ye	ears .	(see instr)			
									+	
									+	
									+	

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20

21

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FTB 3885 2022

20 Total. Add the amounts in column (g).....

CACA3501L 12/22/22

21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....

Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.

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2022 Corporation Depreciation and Amortization

2022	Corpo	ration D	epred	ciation a	nd An	nortizat	ion						3885
Attach to Form 100 or	r Form 10	00W. FC	RM 19	9									
Corporation name										Califor	nia co	rporatio	on number
ANIMAL SAMARI	TANS	SPCA, II	NC.							090	065	0	
				Under IRC S	ection 1	79							
1 Maximum deduc	ction und	er IRC Secti	on 179 f	or California.							1		\$25 , 000
2 Total cost of IRC											2		
3 Threshold cost of											3		\$200,000
4 Reduction in lim											5		
5 Dollar limitation 6				ie 4 from line							Э		
	(a) Desci	ription of prope	rty		(b) C	ost (business	use only)	(C) Ele	cted cost				
7 Listed property	(elected	IRC Section	179 cos	t)			7						
8 Total elected co								line 7			8		
9 Tentative deduc	tion. Ent	er the smal l	er of line	5 or line 8.							9		
10 Carryover of dis				-							10		
11 Business incom						•					11		
12 IRC Section 179											12		
13 Carryover of dis				irst Year Dep					24256				
·	on and Ei		ultional F		reciation		1		24336				(1.)
14 (a) Description	Da	(b) ate acquired		(c) Cost or	Depr	(d) reciation	(e) Depreciatio	n Life or	De	precia	g) ation	for	(h) Additional first
of property		nm/dd/yyyy)		her basis	allo	wed or	method	rate		this			year
						vable in er years							depreciation
SOFTWARE	4.	/06/2010)	1,401.		1,401.	S/L	111	3				
SOFTWARE		/06/2010		1,774.		1,774.	S/L		3				
KENNEL INSERT		/18/2010		752.		752.	S/L		5				
BUILDING IMPR		/01/2010		2,751.		1,610.	S/L		:0		1	38.	
SOFTWARE		/12/2010		8,789.		8,789.	S/L		3				
15 Add the amount	s in colu	mn (a) and	column (of colur	nn (h) mav	not excee	d					
\$2,000. See ins	tructions	for line 14,	column	(h)				15	5				
Part III Summary													
16 Total: If the corp				. lina 10 and	line 1F	a a lumana (a)	\						
Additional first y	expense ear depr	e, add the a reciation und	der R&TC	C Section 243	1111e 15,	the amour	its on line	15, column	s (g) a	nd (h) or		
Depreciation (if	no electi	on is made)	, enter tl	he amount fr	om line	15, column	(g)				L	16	
17 Total depreciation											٠	17	
18 Depreciation ad Form 100W, Sid	justment. le 1. line	. If line 1 / is 6. If line 17	greater is less t	than line 16,	, enter t enter th	he difference e difference	ce here and here and	d on Form on Form 1	100 or 00 or				
Form 100W, Sid	le 2, line	12. (If Calif	ornia de _l	oreciation am	iounts a	re used to	determine	net income	e before	9			
state adjustmen Part IV Amortizat		m 100 or Fo	orm 100V	V, no adjustn	nent is r	necessary).						18	
	ion	(b)		(c)		-	d)	(0)		(f)		1	(a)
19 (a) Descript	ion	Date acqu	ired	(c) Cost o	r		ization	(e) R&TC	F	(f) Period	lor		(g) Amortization
of prope		(mm/dd/y	ууу)	other bas	sis	allowed or		Section		rcent	age		for this year
						III eariie	er years	(see inst)				
												-	
												1	_
20 Total. Add the a	ımounts i	in column (c	1)								20		
21 Total amortization			•								21	1	
22 Amortization ad Form 100W, Sid	le 1, line	6. If line 21	is less t	han line 20,	enter th	e difference	here and	on Form 1	00 or				
Form 100W, Sid	ie ∠, line	12									22		

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TAXABLE YEAR

2022 Corporation Depreciation and Amortization

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• • •		10011	-									
	ch to Form 100 or For	m 100W. FOR	М 199						0-1:4	ia a	vatio-	a umala a r
	ration name									nia corpoi	ration i	iuriiber
AN	IMAL SAMARITAN	IS SPCA, INC							0900	650		
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service							2		
3	Threshold cost of IRO									3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zer	o or less, e	enter -0				5		
6	(a)	Description of property		(b) Co	st (business i	use only)	(c)	Elected	cost			
7	Listed property (elec	ted IRC Section 17	79 cost)			7						
8	Total elected cost of		•				ine 7			8		
9	Tentative deduction.									9		
10	Carryover of disallow								F	10		
11	Business income lim		,						H	11		
12	IRC Section 179 exp				-	-			F	12		
13	Carryover of disallow					_			<u> </u>			
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Sectio	n 2435	56			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)		(h)
	Description	Date acquired	Cost or		eciation	Depreciation	n Life	or	Deprecia	ition fo	r .	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or able in	method	rate	Э	this y	/ear		year depreciation
					er years							depreciation
OFI	FICE EQUIPMEN	5/12/2010	48,044.	4	18,044.	S/L	111	5				
	LDING IMPROV	5/26/2010	3,529.		2,039.	S/L	77	20		176	5.	
_	LDING IMPROV	6/29/2010	3,130.		1,805.	S/L		20		157		
	LDING IMPROV	8/05/2010	2,793.	4	1,598.	S/L		20		140		
	LDING IMPROV	9/30/2010	2,223.		$\frac{1,249}{1}$	S/L		20		111		
					_							
13	Add the amounts in \$2,000. See instructi							15				
Par												
16	Total: If the corporat	ion is electina:										
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15,	column (g)	or						
	Additional first year of Depreciation (if no e											
17	Total depreciation of	• •				,						
	Depreciation adjustm									·· '	-	
10	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the	e difference	e here and o	on Form	100 (or			
	Form 100W, Side 2,									1.0		
D	state adjustments or	Form 100 or Forn	n 100W, no adjustn	nent is n	ecessary).					18	5	
Par		4.5				N .	1 ,		- 40			
19	(a) Description	(b) Date acquire	d (c) Cost o	ır		d) ization	(e) R&T		(f) Period	or	۸	(g) mortization
	of property	(mm/dd/yyyy			allowed or		Secti		percenta			or this year
					in earlie	er years	(see in	str)				
20	Total. Add the amou	nts in column (a).								20		
21	Total amortization cl	(0)								21		
			•						F			
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100	or			
	Form 100W, Side 2,	line 12	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>			22		
	-											

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

- <	×	×	~

	ch to Form 100 or For	m 100W. FOR	M 199										_
Corpo	ration name								Califor	nia corp	oratio	n number	
AN]	MAL SAMARITAN	NS SPCA, INC							090	0650)		
Par	t Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79								
1	Maximum deduction									1		\$25,00	0
2	Total cost of IRC Se	ction 179 property	placed in service							2			
3	Threshold cost of IR		-							3		\$200,00	0
4	Reduction in limitation									4			
5	Dollar limitation for t		act line 4 from line							5			_
6	(a)	Description of property		(b) Co	st (business	use only)	(c) E	lected	cost				
7	Listed property (elec		•										
8	Total elected cost of									8			
9	Tentative deduction.									9			
10 11	Carryover of disallov Business income lim		,							10 11			_
12	IRC Section 179 exp				•	,				12			_
13	Carryover of disallov									12			
Par			ional First Year Dep					2435	6				_
14	(a)	(b)	(c)		(d)	(e)	(f)		((1)		(h)	_
17	Description	Date acquired	Cost or		eciation	Depreciation		or	Deprecia	ation 1	for	Additional first	
	of property	(mm/dd/yyyy)	other basis		wed or able in	method	rate		this	year		year	
					er years							depreciation	
BUI	LDING IMPROV	8/05/2010	2,417.		1,381.	S/L	. 11	20		12	1.		_
	LDING IMPROV	6/03/2010	139,426.	7	4,013.	S/L		20	(5 , 97			_
	LDING IMPROV	6/29/2010	500.		288.	S/L		20		_	5.		
	LDING IMPROV	7/20/2010	2,122.	4	1,210.	S/L		20			6.		_
	LDING IMPROV		817.	111	461.	S/L		20			1.		_
	Add the amounts in			of colum			1						_
13	\$2,000. See instruct							5					
Par		,					- I				-		_
	Total: If the corporat	tion is electing:											_
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)	or	E colum	na (a	\ and (h	\			
	Depreciation (if no e										16		
17	Total depreciation cl	* *			•	,				_	17		
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter th	e differenc	ce here and	on_Forn	100	or				
	Form 100W, Side 1, Form 100W, Side 2,												
	state adjustments or									1	8		
Par	t IV Amortization		·										
19	(a)	(b)	(c)			d)	(e)		(f)			(g)	
	Description of property	Date acquire (mm/dd/yyyy				ization allowable	R&T(Period percenta			Amortization	
	or property	(ITIITI/dd/yyy)	(i) Other bas	313		er years	(see ins		percent	age		for this year	
													_
													_
							1						
20	Total. Add the amou	ınts in column (a)								20			_
21	Total amortization cl	(0)								21			_
	Amortization adjustn	·	•										_
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	e here and o	on Form	100 c	r				
	Form 100W, Side 2,	line 12								22			

2022 Corporation Depreciation and Amortization

3885

	th to Form 100 or For	m 100W. FORI	М 199								
Corpor	ration name							Califo	rnia corp	oration i	number
ANI	MAL SAMARITAN	NS SPCA, INC	•					090	0650)	
Part	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction								1		\$25 , 000
2	Total cost of IRC Se		•						2		
3	Threshold cost of IR								3		\$200,000
4	Reduction in limitation								5		
<u>5</u>	Dollar limitation for t	Description of property	act line 4 from line						Э		
-	(a)	Description of property		(B) CC	ıst (business ı	ise only)	(c) Elect	eu cost	-		
									-		
									_		
									-		
7	Listed property (elec	ted IRC Section 17	79 cost)			7			-		
8	Total elected cost of		•				ne 7		8		
9	Tentative deduction.								9		
10	Carryover of disallov								10		
11	Business income lim								11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do	o not enter	more than	line 11		12		
	Carryover of disallov										
Part	Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&TC	Section 24	356			
14	(a)	(b)	(c)		(d)	(e)	(f)	Donroo (g)	for	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	Life or rate	Deprec	year	or	Additional first year
	. 1 .1 9	(11 33337			able in				,		depreciation
D	TRANS TURBOUT	10/00/0010	0.060	eariie	er years	0./7	100		1 4	2	
	LDING IMPROV		2,868.		1,573.	S/L	20		14		
	LDING IMPROV	7/31/2010	196.		114.	S/L	20	+		0.	
	LDING IMPROV	9/16/2010	9,900.		5,569.	S/L	20		49		
	LDING IMPROV	6/30/2010	94,164.		4,142.	S/L	20		4,70	8.	
	ULTS PLUS	8/15/2010	6,295.		6,295.	S/L	3	5			
15	Add the amounts in	column (g) and co	lumn (h). The total	of colum	nn (h) may	not exceed	15				
Parl	\$2,000. See instruct	ions for line 14, co	<u>ıumı (II)</u>				13				
	Total: If the corporat	tion is electina:									
. •	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15,	column (g)	or					
	Additional first year Depreciation (if no e									16	
17	Total depreciation cl	•								7	
									_	-	
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	difference	here and o	n Form 100	or or			
	Form 100W, Side 2, state adjustments or								1	18	
Part			,								
19	(a)	(b)	(c)		((d)	(e)	(f)			(g)
	Description of property	Date acquire (mm/dd/yyy)			Amorti allowed or		R&TC Section	Period		A	mortization
	or property	(IIIII/dd/yyy)	(i) Other bas	515	in earlie		(see instr)	percen	laye	TO	or this year
						-					
20	Total. Add the amou	ints in column (a).							20		
21	Total amortization cl	107							21		
22	Amortization adjustn		•		•						
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and o	n Form 100	or or			
	Form 100W, Side 2,	iine 12							22		

2022 Corporation Depreciation and Amortization

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7001	
3003	

	ch to Form 100 or For	m 100W. FORI	4 199							
Corpo	ration name						Califor	nia corp	oration i	number
AN:	MAL SAMARITAN	IS SPCA, INC	•				090	0650)	
Par			perty Under IRC S							
1	Maximum deduction							1		\$25,000
2	Total cost of IRC Sec		•					2		+000 000
3	Threshold cost of IR		-					3		\$200,000
4 5	Reduction in limitation Dollar limitation for t			*				5		
6		Description of property	act line 4 from line	(b) Cost (business		(c) Electe		J		
	(a)	Description of property		(n) Cost (nasiliess	use only)	(C) LIGUIG	u cost			
7	Listed property (elec	ted IRC Section 17	19 cost)		7					
8	Total elected cost of					ine 7		8		
9	Tentative deduction.	·						9		
10	Carryover of disallow							10		
11	Business income lim							11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11		12		
13	Carryover of disallow									
Par	Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356			
14	(a)	(b)	(c)	(d)	(e)	(f)	(0	g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		OI	Additional first year
	. 11 9	(1, 33337		allowable in				,		depreciation
<u> </u>		11 /20 /0010	600	earlier years	0 /7	11				
	HOPEDIC	11/30/2010	690.	690.	S/L	5 5				
	L COMPUTER R	1/06/2010	61.	61.	S/L					
	AL PLAN	5/01/2010	2,544.	2,544.	S/L					
	PACIFIC LIGH	5/01/2010	7,750.	7,750.	S/L	5				
	CURITY CAMERA	6/29/2010	26,851.	26,851.	S/L	<u> </u>				
15	Add the amounts in \$2,000. See instruct	column (g) and col	lumn (h). The total	of column (h) may	not exceed	d 15				
Par		ions for fine 14, co	ium (ii)			13				
	Total: If the corporat	ion is electina:								
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g)	or					
	Additional first year Depreciation (if no e								6	
17	Total depreciation cl	•							7	
	Depreciation adjustn	nent. If line 17 is a	reater than line 16.	enter the difference	e here and	d on Form 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,									
	state adjustments or							1	8	
Par	•			3,				1	1	
19	(a)	(b)	(c)		d)	(e)	(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		ization allowable	R&TC Section	Period percent			mortization or this year
	or property	(IIIIII aaryyy)) other bas		er years	(see instr)	porcont	ago		or triis year
20	Total. Add the amou	nts in column (g).						20		
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form 4562, line	44			21		
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter the difference	ce here and	d on_Form 10	0 or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and	on Form 100	or	22		
	Form 100W, Side 2,	IIIIC 12						~~		

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

300 E	

Attac	ch to Form 100 or For	m 100W. FOR	M 199									
Corpo	ration name								Califor	nia cor	poratio	n number
ANI	MAL SAMARITAN	NS SPCA, INC							090	065	0	
Parl	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR		-							3		\$200 , 000
4	Reduction in limitation									4		
5	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		(b) Co	ost (business u	use only)	(c) E	lected	cost			
7	Listed property (elec										1	
8	Total elected cost of									8		
9	Tentative deduction.									9		
10 11	Carryover of disallov Business income lim									10 11		
12	IRC Section 179 exp				•					12		
13	Carryover of disallov			-		_				12		
Parl			ional First Year Dep					1 2435	56			
14	(a)	(b)	(c)		(d)	(e)	(f)		(0	1)		(h)
• •	Description	Date acquired	Cost or	Depr	eciation	Depreciation		or	Deprecia	ation	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate	:	this	year		year depreciation
					er years							depreciation
TOT	AL PLAN	7/15/2010	792.		792.	S/L		5				
	MPUTER - ANGI			1,717.	S/L	77	5					
	TICE EQUIPMEN		1,717. 1,098.		1,098.	S/L		5				
	L COMPUTER	6/01/2010	773.		773.	S/L		5				
BUI	LDING REMODE	5/15/2011	121,738.		64,928.	S/L		20	(5,08	37.	
	Add the amounts in					•	4			•		
13	\$2,000. See instruct							15				
Parl		,					Į.					
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)) or ts on line 1	5 colun	nne (c	a) and (h)	\ 0"		
	Depreciation (if no e										16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form	4562, line	22				🗀	17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter tl	ne differenc	e here and	l on_Forr	n 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or										18	
Par	t IV Amortization											
19	(a)	(b)	(c)			d)	(e)		_ (f)			(g)
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		R&T(Period percenta			Amortization for this year
	or property	(11111111111111111111111111111111111111	outer but	515	in earlie		(see in		porcorna	ago		ioi tilis yeai
_										_		
20	Total. Add the amou	ints in column (a).								20		
21	Total amortization cl	(0)								21		
22	Amortization adjustn	nent. If line 21 is d	reater than line 20	. enter tl	he differenc	e here and	l on Forr	n 100	or or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100 (or			
	Form 100W, Side 2,	Ine 12								22		

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2022 Corporation Depreciation and Amortization

	ch to Form 100 or For	m 100W. FORM	1 199								
Corpo	ration name							Califor	rnia corp	oratio	n number
AN	MAL SAMARITAN	IS SPCA, INC	•					090	0650		
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction								1		\$25 , 000
2	Total cost of IRC Se	ction 179 property	placed in service						2		
3	Threshold cost of IR	C Section 179 prop	erty before reduct	ion in Iir	nitation				3		\$200 , 000
4	Reduction in limitation								4		
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0			5		
6	(a)	Description of property		(b) C	ost (business ι	use only)	(c) Elected	d cost			
7	Listed property (elec	ted IRC Section 17	'9 cost)			7					
8	Total elected cost of		•				ine 7		8		
9	Tentative deduction.	•							9		
10	Carryover of disallov	ved deduction from	prior taxable year	S					10		
11	Business income lim	nitation. Enter the s	smaller of business	income	(not less the	han zero) o	r line 5		11		
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	10, but c	lo not enter	more than	line 11		12		
13	Carryover of disallov	ved deduction to 20	23. Add line 9 and	d line 10	, less line 1	2	13				
Par	t II Depreciation ar	nd Election of Additi	ional First Year Dep	reciation	n Deduction	Under R&T	C Section 243	356			
14	(a)	(b)	(c)		(d)	(e)	(f)	((g)		(h)
	Description	Date acquired	Cost or		eciation wed or	Depreciation method		Depreci		or	Additional first
	of property	(mm/dd/yyyy)	other basis		vable in	IIIeulou	rate	UIIS	year		year depreciation
					er years		. •				
FLUID WARMER 1/12/2011 547. 547. S/L											
CAI	PNOGRAPH	2/28/2011	3,133.		3,133.	S/L	5				
FOI	D DOWN TABLE	6/03/2011	900.		900.	\$/1	5				
SUE	RGERY TABLE	1/12/2011	2,069.		2,069.	S/L	7				
SUE	RGERY TABLE	3/01/2011	2,615.		2,615.	S/L	7				
15	Add the amounts in										
Par	\$2,000. See instruct	ions for line 14, co	iumn (n)				15				
<u>16</u>	Total: If the corporat	ion is alacting:							<u> </u>		
10	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15	column (a)	or					
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1				_	
	Depreciation (if no e	• •				,				6	
	Total depreciation cl								1	7	
18	Depreciation adjustn Form 100W, Side 1,	1ent. If line 17 is gi line 6 If line 17 is	reater than line 16 Tess than line 16	, enter t enter th	ne aitterenc e difference	e nere and here and o	on Form 10 on Form 100	or or			
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	าounts a	re used to d	determine r	net income b	efore			
_	state adjustments or	n Form 100 or Form	n 100W, no adjustr	nent is r	necessary).				1	8	
Par		1 45	1			.	1 , 1				
19	(a) Description	(b) Date acquire	d (c) Cost o	\r	(c Amorti		(e) R&TC	(f) Period	lor		(g)
	of property	(mm/dd/yyyy			allowed or		Section	percent			Amortization for this year
					in earlie	er years	(see instr)				
20	Total. Add the amou	nts in column (g).							20		
21	Total amortization cl	aimed for federal p	ourposes from fede	eral Forn	n 4562, line	44			21		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is q	reater than line 20	, enter t	he differenc	e here and	l on Form 10	0 or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	on Form 100	or	20		
	Form 100W, Side 2,	III 12							22		

2022 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	1 199									
Corpo	ration name						Califor	nia cor	poratio	n number		
AN]	MAL SAMARITAN	IS SPCA, INC	•				090	0650)			
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179								
1	Maximum deduction	under IRC Section	179 for California.					1		\$25 , 000		
2	Total cost of IRC Sec	ction 179 property	placed in service					2				
3	Threshold cost of IRO		-					3		\$200 , 000		
4	Reduction in limitation			,				4				
5	Dollar limitation for t		act line 4 from line					5				
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	l cost					
	1:11		10 1)									
7	Listed property (elec					ina 7		8	П			
8 9	Total elected cost of Tentative deduction.							9				
10	Carryover of disallow							10				
11	Business income lim		'					11				
12	IRC Section 179 exp			·	-			12				
13	Carryover of disallow				_							
Par	art II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356											
14	(a)	(b)	(c)	(d)	(e)	(f)	((3)		(h)		
	Description	Date acquired	Cost or other basis	Depreciation allowed or	Depreciation method		Deprecia		for	Additional first		
	of property	(mm/dd/yyyy)	Other basis	allowable in	IIIeulou	rate	this	yeai		year depreciation		
				earlier years						'		
SUF	URGERY LIGHT 3/07/2011 3,908. 3,908. S/L 7											
CON	OMPUTER EQUIP 1/31/2011 637. 637. S/L 5											
TON	1 COMPUTER	6/30/2011	1,337.	1,337.		5						
MIC	CHELLE H COMP	7/31/2011	1,104.	1,104.		5						
BU]	LDING IMPROV	9/01/2011	38,398.	19,871.	S/L	20		1,92	20.			
15	Add the amounts in	column (g) and co	umn (h). The total	of column (h) may	not exceed	d						
_	\$2,000. See instructi	ons for line 14, co	lumn (h)			15						
Par									-			
16	Total: If the corporat IRC Section 179 exp		unt on line 12 and	line 15 column (a) or							
	Additional first year	depreciation under	R&TC Section 243	356, add the amour	its on line 1							
4-	Depreciation (if no e	•		•	107			_	16			
	Total depreciation cla		•					• • •	17			
10	Depreciation adjustments Form 100W, Side 1,	line 6. If line 17 is g	less than line 16,	enter the difference	e here and	on Form 100	or					
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income b	efore		10			
Par	state adjustments on t IV Amortization	Form 100 or Forn	n 100W, no adjustn	nent is necessary)					18			
19	(a)	(b)	(c)		'd)	(0)	(f)		I	(g)		
13	Description	(b) Date acquire	d (c) Cost o		d) ization	(e) R&TC	(f) Period	or		Amortization		
	of property	(mm/dd/yyyy	y) other bas		r allowable	Section	percenta	age		for this year		
				iii eariii	er years	(see instr)						
20	Total Add the small	nte in column (a)						20				
	Total. Add the amou	(0)						21	 			
21			•	•				4 1				
22	Amortization adjustments Form 100W, Side 1,	ient. If line 21 is g line 6. If line 21 is	reater than line 20, less than line 20.	, enter the difference enter the difference	ce nere and e here and	a on Form 10 on Form 100	or or					
	Form 100W, Side 2,							22				

	2022	Corpo	ration Dep	reciation ar	nd An	nortizat	ion		•			3885
	ch to Form 100 or	Form 1	00W. FORM	199								
Corpo	ration name								Califor	nia corp	oratio	n number
AN:	IMAL SAMARI	TANS	SPCA, INC.						090	0650)	
Par	t I Election T	o Expen	se Certain Prop	erty Under IRC S	ection 1	79						
1				179 for California.						1		\$25 , 000
2				laced in service						2		
3				erty before reducti						3		\$200,000
4				rom line 2. If zero						5		
<u>5</u>	Dollar limitation			ct line 4 from line						э		
0		(a) Desc	ription of property		(b) C	ost (business i	use only)	(c) Electe	a cost			
	Listed property ('alaatad	IDC Section 170) anath			7					
8	Listed property (-		operty. Add amou				no 7		8		
9				of line 5 or line 8.						9		
10				orior taxable year						10		
11				naller of business						11		
12				d line 9 and line 1		•				12		
13	Carryover of disa	allowed	deduction to 202	23. Add line 9 and	d line 10,	, less line 1	2	13				
Par	t II Depreciation	on and E	lection of Addition	nal First Year Dep	reciation	Deduction	Under R&TC	Section 243	356			
14	_ (a)		(b)	(c)		(d)	(e)	(f)	_ (9	g)		(h)
	Description of property		ate acquired nm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	Life or rate	Depreci	atıon f year	or	Additional first year
	or property	(1)	iliti/dd/yyyy)	Other basis	allow	vable in	motilou	Tate	uns	ycai		depreciation
					earlie	er years		- 1				
	NITORS		/31/2012	8,732.		8,732.	S/L	5				
	ELTER EXTER		/16/2012	4,500.		2,213.	S/L	20		22	5.	
	FICE EQUIPM		/29/2012	1,914.		1,914.	S/L	5				
	FICE EQUIPM		/31/2012	2,335.	. 1 (2,335.	S/L	5				
OF	FICE EQUIPM	EN 8	/31/2012	1,890.	M_{\perp}	1,890.	S/L	5				
15	Add the amounts				of colun	nn (h) may	not exceed					
_	\$2,000. See inst	ructions	for line 14, colu	ımn (h)				15				
Par												
16	Total: If the corp	oration	is electing: e add the amou	int on line 12 and	line 15	column (a)) or					
	Additional first y	ear depi	reciation under f	R&TC Section 243	356, add	the amoun	its on line 1					
4-				ter the amount from		•	107				16	
	Total depreciation		•	•						· · · <u> </u>	7	
10	Depreciation adj	e 1, line	6. If line 17 is gre	ess than line 16,	enter the	e difference	here and o	n Form 100	or			
	Form 100W, Side	e 2, line	12. (If Californi	a depreciation am	าounts aı	re used to o	determine n	et income b	efore	١,		
Dar	•		rm 100 or Form	100W, no adjustn	nent is n	ecessary).					8	
<u>Par</u> 19	t IV Amortizati (a)	UII	(b)	(c)	Ī		d)	(6)	(f)			(g)
13	Descripti	on	Date acquired		r	Amorti	ization	(e) R&TC	Period	lor		Amortization
	of proper		(mm/dd/yyyy)	other bas		allowed or	allowable	Section	percent			for this year
						ırı earlı	er years	(see instr)				
				+								
				+								

2022 Corporation Depreciation and Amortization										3885
Attach to Form 100	or Form 100W.	FORM	1 199							
Corporation name								California o	orporati	on number
ANIMAL SAMAR	ITANS SPC	A, INC	•					09006	50	
			perty Under IRC S	ection 179)					
			179 for California.							\$25 , 000
			placed in service							
			erty before reducti							\$200,000
			from line 2. If zero							
5 Dollar limitatio			act line 4 from line							
	(a) Description	or property		(0) Cost	(business	use only)	(c) Electe	u cost		
7 Listed property	(elected IRC	Section 17	9 cost)			7		_		
	•		roperty. Add amou				ne 7	8	:	
			of line 5 or line 8.						,	
10 Carryover of di	sallowed dedu	ction from	prior taxable year	S				10		
			maller of business						_	
	•		ld line 9 and line 1			_		12	<u>:</u>	
			23. Add line 9 and				13	NE 6		
· · · · · · · · · · · · · · · · · · ·			onal First Year Dep				1	1		
14 (a) Description) iation	(e) Depreciation	(f) Life or	(g) Depreciatio	n for	(h) Additional first
	of property (mm/dd/yyyy) other basis			allowe	ed or	method	rate	this yea		year
	(a,),,,,			allowal earlier						depreciation
DENTAL EQUIP	MEN 1/31	/2013	2,493.		2,493.	S/L	5			
OFFICE EQUIP		/2013	668.		668.	S/L	5			
MEDICAL EQUI		/2013	8,412.		,412.	S/L	5			
MODULAR BLDG		/2014	3,578.		,313.	S/L	20	:	179.	
CARD SYSTEM		/2014	2,303.		303.	S/L	5			
15 Add the amour	nts in column (a) and col	umn (h). The total	of column	(h) mav	not exceed				
\$2,000. See in	structions for I	ne 14, col	umn (h)				15			
Part III Summar	у									
16 Total: If the co	rporation is ele	ecting:		. C 15	-1					
Additional first	year deprecial	d the amo	unt on line 12 and R&TC Section 243	ine 15, co 356, add th	olumn (g _. le amoun) or Its on line 1!	5, columns	(g) and (h) or		
Depreciation (i	f no election is	made), ei	nter the amount fr	om line 15	, column	(g)			16	
17 Total depreciat			•						17	
18 Depreciation a	djustment. If li ide 1. line 6. If	าe 17 is gr Jine 17 is	reater than line 16, less than line 16,	, enter the	difference	ce here and	on Form 10	0 or		
Form 100W, Si	ide 2, line 12.	(If Californ	ia depreciation am	nounts are	used to	determine n	et income b	efore		
		00 or Form	n 100W, no adjustn	ment is ned	cessary).				18	
Part IV Amortiza	ation	4.5				IN.				
19 (a) Descrip	otion Da	(b) te acquired	d (c) Cost o	or		d) ization	(e) R&TC	(f) Period or		(g) Amortization
of prop		m/dd/yyyy)			llowed or	allowable	Section	percentage	:	for this year
					ın earlı	er years	(see instr)		_	
									+	
									+	
									+	
									_	
20 Total Add H	omounts is	lumn (~)	1					20	+	
20 Total. Add the	amounts in co	iullili (a)						1 20	/ 1	

7621224 FTB 3885 2022

21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....

Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.

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	ch to Form 100 or	Form 1	00W. FORM	1 199					Laur		
Corpo	ration name								California co		on number
	IMAL SAMARI								090065	50	
Par				perty Under IRC S					1	- 1	¢25 000
1				179 for California. placed in service							\$25,000
				erty before reducti							\$200,000
4				from line 2. If zero							12007000
5	Dollar limitation	for taxa	ble year. Subtra	act line 4 from line	1. If ze	ero or less, e	enter -0		5		
6		(a) Desc	cription of property		(b) (Cost (business i	use only)	(c) Electe	d cost		
_			1000 1: 17	0 1)			1 -				
8				9 cost) roperty. Add amou				no 7	8	Т	
9				of line 5 or line 8.							
10				prior taxable year					——		
11	Business income	e limitat	ion. Enter the s	maller of business	income	e (not less t	han zero) oı	r line 5	11		
				ld line 9 and line 1					12		
				23. Add line 9 and				13	250		
Par		on and E		onal First Year Dep	reciatio			1			1 43
14	(a) Description	D	(b) ate acquired	(c) Cost or	Den	(d) reciation	(e) Depreciation	(f) Life or	(g) Depreciation	n for	(h) Additional first
	of property		mm/dd/yyyy)	other basis	allo	owed or	method	rate	this year		year
						wable in ier years					depreciation
OFI	FICE EQUIPM	EN 1	/31/2014	2,750.		2,750.	S/L	5			
CRI	EDIT CARD M		/26/2014	884.		884.	S/L	5			
VE:	COMPUTERS	6	/30/2014	4,002.		4,002.	\$/L	5			
CAI	MERA		/08/2014	1,153.	. 1	1,153.	S/L	5			
OFI	FICE EQUIPM	EN 7	/31/2014	1,605.	M_{i}	1,605.	S/L	5			
15	Add the amounts	s in colu	ımn (g) and col	umn (h). The total	of colu	mn (h) may	not exceed				
	\$2,000. See inst	ructions	for line 14, col	umn (h)				15			
<u>16</u>	t III Summary Total: If the corp		ia alaatina.						:		
10	IRC Section 179	expens	e, add the amo	unt on line 12 and	line 15	, column (g)	or or				
	Additional first y	ear dep	reciation under	R&TC Section 243 nter the amount from	356, add	the amoun	ts on line 1!	5, columns	(g) and (h) or	16	
17				urposes from fede						17	
				eater than line 16 less than line 16,							
	Form 100W, Side	e 1, line	e 6. If line 17 is	less than line 16, ia depreciation an	enter th	e difference	here and o	on Form 100	or efore		
	state adjustment	ts on Fo	orm 100 or Form	i 100W, no adjustr	nent is	necessary).				18	
Par		ion					·				
19	(a) Descripti	on	(b) Date acquire	(c) Cost o	ır	Amorti	d) ization	(e) R&TC	(f) Period or		(g)
	of proper		(mm/dd/yyyy			allowed or	allowable	Section	percentage		Amortization for this year
						in earlie	er years	(see instr)		-	
						-					
										-	
						1					
				1		1		1		1	

20

21

22

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059

21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....

Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.

Total. Add the amounts in column (g).....

CACA3501L 12/22/22

2022 Corporation Depreciation and Amortization

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zxx-	

	ch to Form 100 or For	m 100W. FOR	M 199									
Corpo	ration name						Californ	nia corpo	oration number			
ANI	MAL SAMARITAN	IS SPCA, INC					0900	0650				
Parl	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179								
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,00	0		
2	Total cost of IRC Sec		•				-	2				
3	Threshold cost of IR						-	3	\$200 , 00	0		
4	Reduction in limitation							4				
5	Dollar limitation for t		act line 4 from line					5		_		
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	l cost					
	1:1.1		10 1)									
7	Listed property (elec		•			:na 7		8				
8 9	Total elected cost of Tentative deduction.							9		—		
10	Carryover of disallow						H	10		—		
11	Business income lim						-	11		—		
12	IRC Section 179 exp			•			F	12				
13	Carryover of disallow											
Parl	art II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356											
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)			
	Description	Date acquired (mm/dd/yyyy)	Cost or	Depreciation allowed or	Depreciation method	Life or	Deprecia	ition fo				
	of property	(ITIIT/dd/yyyy)	other basis	allowable in	IIIeulou	rate	this y	/eai	year depreciation			
				earlier years					'			
OFE	FICE EQUIPMEN	12/31/2014	1,622.	1,622.	S/L	5						
COM	COMPUTER SOFTWA 12/29/2014 2,829. 2,829. S/L 3											
MEI	DICAL EQUIPME	4/30/2014	1,126.	1,126.	S/L	5						
MEI	DICAL EQUIPME	6/02/2014	952.	952.	S/L	5						
MEI	DICAL EQUIPME	6/13/2014	3,060.	3,060.	S/L	5						
15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) may	not exceed	d						
	\$2,000. See instruct	ions for line 14, co	lumn (h)			15						
Parl								1				
16	Total: If the corporat IRC Section 179 exp	ion is electing:	unt on line 12 and	line 15 column (a) or							
	Additional first year	depreciation under	R&TC Section 243	56, add the amour	nts on line 1							
	Depreciation (if no e	•										
	Total depreciation cl							1	7			
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 1/ is g line 6. If line 17 is	reater than line 16, less than line 16.	, enter the difference enter the difference	ce here and e here and o	l on Form 100 on Form 100	or or					
	Form 100W, Side 2,	line 12. (If Californ	na depreciation am	ounts are used to	determine r	net income bi	etore					
<u> </u>	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is necessary).				1	8			
Part		4.5	(-)		-IN	(-)		1	(-)			
19	(a) Description	(b) Date acquire	d (c) Cost o	r Amort	d) ization	(e) R&TC	(f) Period	or	(g) Amortization			
	of property	(mm/dd/yyyy			allowable	Section	percenta	age	for this year			
				in earlie	er years	(see instr)				_		
						+				_		
						+				_		
						+		+		_		
						+		+		_		
20	Total Add the	nto in policier ()				1	1	20		_		
20	Total. Add the amou	(0)					F	20		_		
21	Total amortization cl		•	•			F	۷۱		_		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20, less than line 20	, enter the difference enter the difference	ce nere and e here and o	i on Form 10 on Form 100	or or					
	Form 100W, Side 2,							22				
										_		

2022 Corporation Depreciation and Amortization

	ch to Form 100 or For	m 100W. FORI	M 199								
Corpo	ration name						Californ	nia corpor	ation number		
AN]	MAL SAMARITAN	NS SPCA, INC	•				0900	650			
Par	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179							
1	Maximum deduction							1	\$25,000		
2	Total cost of IRC Se	ction 179 property	placed in service					2	<u> </u>		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitation			[3	\$200,000		
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0				4			
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or less,	enter -0			5			
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	l cost				
7	Listed property (elec	ted IRC Section 17	⁷ 9 cost)		7						
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ints in column (c),	line 6 and I	ine 7		8			
9	Tentative deduction.	Enter the smaller	of line 5 or line $8.$					9			
10	Carryover of disallov	ved deduction from	prior taxable years	S				10			
11	Business income lim			•				11			
12	IRC Section 179 exp				_			12			
13	Carryover of disallow			· · · · · · · · · · · · · · · · · · ·							
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	56				
14	(a)	(b)	(c) Cost or	(d)	(e)	(f)	(g) Deprecia) tion for	(h) r Additional first		
	Description of property	Date acquired (mm/dd/yyyy)	other basis	Depreciation allowed or	Depreciation method	Life or rate	this y		year		
	. 11 9	(11 33337		allowable in			,		depreciation		
		10/00/0014	1 505	earlier years	a /=	1 1 -					
	EDICAL EQUIPME 12/29/2014 1,595. 1,595. S/L 5										
	RGERY EQUIPME	1/01/2014	1,997.	1,997.	S/L	5					
	RGERY EQUIPME	3/03/2014	2,036.	2,036.	S/L	5					
_	FLURANCE VAP	3/10/2014	935.	935.	S/L	5					
ANE	ESTHESIA MACH	3/17/2014	3,800.	3,800.	S/L	5					
15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) may	not exceed	b					
	\$2,000. See instruct	ions for line 14, co	lumn (h)			15					
Par											
16	Total: If the corporat IRC Section 179 exp		unt on line 10 and	line 1E solumn (a	۱ ۵ ۳						
	Additional first year	depreciation under	R&TC Section 243	356, add the amour	nts on line 1	I5, columns (g) and (h)	or			
	Depreciation (if no e										
	Total depreciation cl		•					17			
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	, enter the difference	ce here and	l on Form 100	or or				
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income be	efore				
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necessary).				18			
Par	t IV Amortization										
19	(a)	(b)	(c)		d)	(e)	(f)		(g)		
	Description of property	Date acquire (mm/dd/yyy)	d Cost o		ization r allowable	R&TC Section	Period percenta		Amortization for this year		
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		er years	(see instr)	<u>'</u>	J			
20	Total. Add the amou	ints in column (g).						20			
21	Total amortization cl	107					-	21			
22	Amortization adjustn	nent. If line 21 is a	reater than line 20.	enter the difference	ce here and	d on Form 10	0 or				
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or				
	Form 100W, Side 2,	line 12						22			

1 / /	AADLL ILAN										Cr	ALII ORIVIA I ORIVI
	2022 Co	orpo	ration Depr	eciation ar	nd An	nortizat	ion					3885
Atta	ch to Form 100 or F	orm 1	00W. FORM	199								
Corpo	ration name								Califor	nia corp	oratio	n number
AN	IMAL SAMARITA	ANS	SPCA, INC.						090	0650		
Par	t I Election To I	Exper	se Certain Prope	rty Under IRC S	ection 1	179			•			
1	Maximum deduction	n und	ler IRC Section 17	9 for California.						1		\$25,000
2	Total cost of IRC S									2		
3	Threshold cost of I									3		\$200 , 000
4	Reduction in limita									4		
5	Dollar limitation fo			line 4 from line						5		
6	(a) Desc	ription of property		(b) C	ost (business i	use only)	(c) Electe	ed cost			
	Linkad myamawki (al	اء ماء ء	IDC Castian 170 a	t)			7					
7 8	Listed property (ele Total elected cost							no 7		8		
9	Tentative deductio									9		
10	Carryover of disalle									10		
11	Business income I									11		
12	IRC Section 179 ex	xpens	e deduction. Add	line 9 and line 1	0, but c	lo not enter	more than	line 11		12		
13	,							13				
Par	t II Depreciation	and E	lection of Addition	al First Year Dep	reciation	n Deduction	Under R&TC	Section 24	356			
14	(a) Description of property	D (r	(b) ate acquired mm/dd/yyyy)	(c) Cost or other basis	allo allo	(d) reciation wed or wable in er years	(e) Depreciation method	(f) Life or rate	Deprecia	g) ation f year	or	(h) Additional first year depreciation
BII	ILDING	R	/26/2015	344,385.		55 , 997.	S/L	39	,	8,83	n	
	MPUTERS		/26/2015	10,294.		10,294.	S/L		_	0,00	•	
	DICAL EQUIPME		/26/2015	72,060.		72,060.	S/L	5				
	GNAGE		/26/2015	10,396.		10,396.	S/L	5				
	FICE EQUIPMEN		/26/2015	1,461.		1,461.	S/L	5				
	Add the amounts i \$2,000. See instru	n colu	ımn (g) and colum	n (h). The total		mn (h) may	•	15				
Par	t III Summary		,					L.	Ш.			
16	IRC Section 179 ex Additional first yea Depreciation (if no	xpens ir dep elect	e, add the amoun reciation under R& ion is made), ente	ATC Section 243 or the amount fro	356, add om line	the amoun 15, column	its on line 1! (g)			<u>1</u>	6	
18	Total depreciation Depreciation adjus									···⊢ <u>'</u>	7	
10	Form 100W, Side form 100W, Side state adjustments	1, line 2, line	e 6. If line 17 is les e 12. (If California	ss than line 16, on the second second the depth of the second sec	enter th nounts a	e difference ire used to (e here and o determine n	on Form 100 et income l	or Defore	1	8	
Par	<u> </u>		ini ioo oi foiiil I	oovv, no aujustri	110111 15 1	iccessaly).				1	J	
19	(a)	-	(b)	(c)		((d)	(e)	(f)	I		(g)
	Description of property		Date acquired (mm/dd/yyyy)	Cost o other bas		Amorti allowed or	ization allowable er years	R&TC Section (see instr)	Period percent			Amortization for this year
			1	1		1		1	1			

20 Total. Add the amounts in column (g). 20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44. 21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. 22

Attach to Form 100 or Form 100W.

ANIMAL SAMARITANS SPCA, INC.

Corporation name

Part I

6

XABLE YEAR								CALIFORNIA FORM
2022 Cor	poration De	preciation ar	nd Amortizat	ion	_			3885
ch to Form 100 or For	m 100W. FORI	M 199						
ration name						Califor	nia corporati	ion number
IMAL SAMARITAN	IS SPCA, INC					090	0650	
t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
Maximum deduction	under IRC Section	179 for California.					1	\$25,000
Total cost of IRC Sec	ction 179 property	placed in service					2	
Threshold cost of IR							3	\$200 , 000
Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0				4	
Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zero or less, e	enter -0			5	
(a)	Description of property		(b) Cost (business (use only)	(c) Elected	l cost		
Listed property (elec	ted IRC Section 17	⁷ 9 cost)		7				
Total elected cost of	IRC Section 179 p	roperty. Add amou	ints in column (c), I	ine 6 and I	line 7		8	
Tentative deduction.	Enter the smaller	of line 5 or line 8 $\!.$					9	
Carryover of disallow	ved deduction from	prior taxable years	S				10	
Business income lim	itation. Enter the s	smaller of business	income (not less the	han zero) d	or line 5		11	
IRC Section 179 exp				_			12	
Carryover of disallow								
t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	56		T-
(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	n Life or rate	Deprecia this	ation for	(h) Additional first year depreciation
MPUTER SOFTWA	8/26/2015	12,892.	12,892.	S/L	3			
RGICAL EOUIPM	8/26/2015	38,735.	38,735.	S/L	5			

Part II Depreciation at	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TC	Section 243	56	
14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
COMPUTER SOFTWA	8/26/2015	12,892.	12,892.	S/L	3		
SURGICAL EQUIPM	8/26/2015	38 , 735.	38,735.	S/L	5		
SECURITY AND IT	8/26/2015	14,657.	14,657.	S/L	5		
OFFICE FURNITUR	8/26/2015	23,995.	21,711.	S/L	7	2,284.	
2015 FORD TRANS	5/01/2015	38,822.	38,822.	S/L	5		
15 Add the amounts in \$2,000. See instruct			of column (h) may	not exceed	15		

Part III

Summary Total: If the corporation is electing:
IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)..... 16 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17

Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)

18

Par	t IV Amortization							
19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	R&TC Period Percent		(g) Amortization for this year
20	Total. Add the amounts	in column (g)					20	
21								
22	Amortization adjustmen Form 100W, Side 1, line Form 100W, Side 2, line		22					

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2022 Corporation Depreciation and Amortization

TAXABLE YEAR

3885

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	ch to Form 100 or Ford ration name	m 100W. FORM	4 199				Califor	nia corn	oration number		
Corpor	ation name										
	MAL SAMARITAN	IS SPCA, INC	•				090	0650			
Part		pense Certain Pro									
1	Maximum deduction							1	\$25 , 000		
2	Total cost of IRC Sec	ction 179 property	placed in service					2			
3	Threshold cost of IRO	C Section 179 prop	erty before reducti	on in limitation				3	\$200 , 000		
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0-				4			
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zero or less,	, enter -0			5			
6	6 (a) Description of property (b) Cost (business use only) (c) Elected cost										
7	Listed property (elec	ted IRC Section 17	'9 cost)		7						
8	Total elected cost of		•			ine 7		8			
9	Tentative deduction.							9			
10	Carryover of disallow							10			
11	Business income lim		,					11			
12	IRC Section 179 exp			•	,			12			
13	Carryover of disallow			•	_						
Par		nd Election of Additi					56				
14	(a)	(b)	(c)	(d)	(e)	(f)		3)	(h)		
'-	Description	Date acquired	Cost or	Depreciation	Depreciation		Deprecia	ation f			
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this	year	year		
				allowable in earlier years					depreciation		
BIII	LDING REMODE	7/03/2015	65,173.	21,183	. S/L	20		3,25	a		
	OTA PRIUS C	5/27/2016	24,000.	24,000		5	<u> </u>	7,23	J.		
			·								
	LE - EXAM TA	8/16/2016	987.	987		5					
	ITAL EQUIPMEN	3/09/2016	2,587.	2,587		5					
SOU	INDBANK PLUS	9/01/2015	67 , 985.	67,985	. S/L	5					
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) ma	y not exceed						
	\$2,000. See instructi	ions for line 14, co	lumn (h)			15					
Part											
16	Total: If the corporat		10								
	IRC Section 179 exp Additional first year	ense, add the amo denreciation under	R&TC Section 243	ine 15, column (856 add the amou	g) or ints on line 1	5 columns (n) and (h) or			
	Depreciation (if no e								6		
17	Total depreciation cla	aimed for federal p	urposes from fede	ral Form 4562, lin	e 22			1	7		
18	Depreciation adjustm	nent. If line 17 is g	reater than line 16,	, enter the differer	nce here and	on Form 10	or or				
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments on							1	8		
Parl			,	3,				<u> </u>	Į.		
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)		
	Description	Date acquire	d Cost o	r Amoi	rtization	R&ŤC	Period		Amortization		
	of property	(mm/dd/yyyy	other bas		or allowable lier years	Section (see instr)	percent	age	for this year		
				iii can	,	(555 111511)					
						+		+			
20	Total. Add the amou	107						20			
21	Total amortization cl							21			
22	Amortization adjustm	nent. If line 21 is g	reater than line 20,	, enter the differer	nce here and	l on Form 10	0 or				
	Form 100W, Side 1,							22			
	Form 100W, Side 2,	IIIIC 14									

2022 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	М 199						
Corpo	ration name						California	a corporation	on number
ANI	MAL SAMARITAN	NS SPCA, INC	•				0900	650	
Part	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction							1	\$25 , 000
2	Total cost of IRC Sec		•					2	
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business)	use only)	(c) Elected	COST		
	1:1.1		70 15						
_	Listed property (elec		•					8	
8 9	Total elected cost of Tentative deduction.							9	
10	Carryover of disallow							10	
11	Business income lim		•					11	
12	IRC Section 179 exp			•	•			12	
13	Carryover of disallow						I		
Parl	Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TC	Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation allowed or	Depreciation	Life or	Depreciat		Additional first
	of property	(mm/dd/yyyy)	other basis	allowable in	method	rate	this ye	di	year depreciation
				earlier years					'
SOU	INDBANK PLUS	11/01/2015	67,039.	67,039.	S/L	5			
SON	NICWALL	5/05/2017	2,076.	1,937.	S/L	5	•	139.	
DEV	ELOPMENT COM	5/05/2017	701.	653.	\$/L	5 5		48.	
ELF	ELKE COMPUTER 5/08/2017 886. 826. S/L							60.	
TON	SNYDER COMP	9/05/2017	1,299.	1,127.	S/L	5		172.	
15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) may	not exceed				
	\$2,000. See instruct	ions for line 14, co	lumn (h)	· · · · · · · · · · · · · · · · · · ·		15			
Part									
16	Total: If the corporat		unt on line 12 and	Llina 1E. aalumn (a)	١. ٥.٣				
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	356, add the amoun	its on line 1!	5, columns (g) and (h)	or	
	Depreciation (if no e			•	107				
	Total depreciation cl							. 17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 1 / is g line 6 If line 17 is	reater than line 16	, enter the difference	ce here and o	on Form 100 on Form 100	or or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to (determine n	et income be	etore		
_	state adjustments or	n Form 100 or Form	n 100W, no adjustn	ment is necessary).				. 18	
Par		1	1	<u> </u>					
19	(a) Description	(b) Date acquire	d (c) Cost o	or Amorti	d) ization	(e) R&TC	(f) Period c	nr	(g) Amortization
	of property	(mm/dd/yyyy		sis allowed or	allowable	Section	percentag		for this year
				in earlie	er years	(see instr)			-
							<u> </u>		
	Total. Add the amou	107						20	
21	Total amortization cl	•	•	,			-	21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 100	O or		
	Form 100W, Side 1,							22	
	,								

2022 Corporation Depreciation and Amortization

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3885	

California cor ANIMAL SAMARITANS SPCA, INC. Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California. 2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0 6 (a) Description of property (b) Cost (business use only) (c) Elected cost	\$25,000 \$200,000
Part IElection To Expense Certain Property Under IRC Section 1791Maximum deduction under IRC Section 179 for California.12Total cost of IRC Section 179 property placed in service.23Threshold cost of IRC Section 179 property before reduction in limitation.34Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0.45Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0.5	\$25,000
1Maximum deduction under IRC Section 179 for California.12Total cost of IRC Section 179 property placed in service.23Threshold cost of IRC Section 179 property before reduction in limitation.34Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -045Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -05	
2Total cost of IRC Section 179 property placed in service.23Threshold cost of IRC Section 179 property before reduction in limitation.34Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -045Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -05	
Threshold cost of IRC Section 179 property before reduction in limitation. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0 5	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0	\$200,000
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0	
The second secon	
(a) Description of property (b) Cost (business use only) (c) Elected cost	
7 Listed property (elected IRC Section 179 cost)	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	T
9 Tentative deduction. Enter the smaller of line 5 or line 8	
10 Carryover of disallowed deduction from prior taxable years	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356	
14 (a) (b) (c) (d) (e) (f) (g) Description Date acquired Cost or Depreciation Depreciation	for Additional first
of property (mm/dd/yyyy) other basis allowed or method rate this year	year
allowable in earlier years	depreciation
	34.
	36.
	39.
	59.
	70.
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed	
\$2,000. See instructions for line 14, column (h)	
Part III Summary	•
16 Total: If the corporation is electing:	
IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or	
	16
13 Total depressation statistical parposes from todal and total statistics	17
Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or	
Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before	
	18
Part IV Amortization	T
19 (a) (b) (c) (d) (e) (f) Description Date acquired Cost or Amortization R&TC Period or	(g) Amortization
of property (mm/dd/yyyy) other basis allowed or allowable Section percentage	for this year
in earlier years (see instr)	
	+
	+
	+
20 Total. Add the amounts in column (g)	+
20 Total. Add the amounts in column (g)	
Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	
Form 100W, Side 2, line 12	

2022 Corporation Depreciation and Amortization

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		-	•						
	ch to Form 100 or For	m 100W. FORI	м 199						
Corpo	ration name						California	corporati	on number
AN:	IMAL SAMARITAN	NS SPCA, INC					09000	650	
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction							1	\$25 , 000
2	Total cost of IRC Se							2	
3	Threshold cost of IR		-					3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (busines	s use only)	(c) Electe	d cost		
7	Listed property (elec		•						
8	Total elected cost of							8	
9	Tentative deduction.						<u> </u>	9	
10	Carryover of disallow							0	
11	Business income lim			•				11	
12	IRC Section 179 exp			•	_			12	
13	· · · · · · · · · · · · · · · · · · ·		ional First Year Dep				DEC		
Par	•	1	•						4.5
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	n Life or	(g) Depreciati	on for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this ye		year
				allowable in earlier years					depreciation
ME	TCAT EQUIDAD	6/22/2017	2 201	†	C /T	5		229.	
	DICAL EQUIPME	6/23/2017	2,281.	2,052		5	1		
	CURITY NETWOR	2/07/2018	5,000.	3,917			⊥,	000.	
	O COMPUTER	2/08/2018	3,120.	2,444				624.	
	CROSOFT SQL 2		8,889.	8,889		3	_		
2 1	DENTAL X-RAYS	4/02/2018	28,125.	21,094	. S/L	5	5,	625.	
	Add the amounts in \$2,000. See instruct								
Par									
16	Total: If the corporat			U. 15 I	, ,				
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	i line 15, column (356, add the amol	(g) or Ints on line 1	15. columns i	(a) and (h) a	or	
	Depreciation (if no e								
	Total depreciation cl							. 17	
18	Depreciation adjustments form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the differen	nce here and	d on Form 10	0 or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts are used to	determine i	net income b	efore		
	state adjustments or	n Form 100 or Form	n 100W, no adjustr	ment is necessary)			. 18	
Par	t IV Amortization								
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyy)			rtization or allowable	R&TC Section	Period o percentag		Amortization for this year
	. 1 .1 . 3	(5555	,		lier years	(see instr)	1		ioi tino year
20	Total. Add the amou	ints in column (a)						20	
21	Total amortization cl	107						21	
22			•						
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the differen	ce here and	on Form 100	or		
	Form 100W, Side 2,	line 12					2	22	

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

3885

Attac	ch to Form 100 or For	m 100W. FOR	M 199										_
Corpo	ration name								Califor	nia corp	oration	n number	
AN]	MAL SAMARITAN	NS SPCA, INC							090	0650)		
Par	t Election To Ex	cpense Certain Pro	perty Under IRC S	ection 17	'9								
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000)
2	Total cost of IRC Se	ction 179 property	placed in service							2			
3		nreshold cost of IRC Section 179 property before reduction in limitation								3		\$200,000	J
4	Reduction in limitation									4	<u> </u>		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zer	o or less, e	enter -0				5	<u> </u>		_
6	(a)	Description of property		(b) Co:	st (business i	use only)	(c)	Elected	cost				
7	Listed property (elec		•										
8	Total elected cost of									8	<u> </u>		
9	Tentative deduction.									9			_
10	Carryover of disallov									10 11			_
11 12	Business income lim IRC Section 179 exp				•					12	-		_
13	Carryover of disallov									12			
Par			ional First Year Dep					n 243	56				
14	(a)	(b)	(c)		d)		1			٠,		(h)	_
14	Description	Date acquired	Cost or		ciation	(e) Depreciation	(f) Life		Deprecia	ition 1	for	Additional first	
	of property	(mm/dd/yyyy)	other basis		ed or	method	rat	е	this	year		year	
					able in r years							depreciation	
2 1	V PUMPS	11/01/2018	2,254.		1,428.	S/L		5		4.5	51.		_
	5 YEAR USE PERM 5/22/2019 9,651.				4,986.	S/L	77	5	•	L, 93			_
	BEX STATION A	9/10/2019	5,140.		600.	S/L		20		•	57.		_
	ELTER DOORS									9.		_	
	LING, FLOOR,		2,800.		280.	S/L		20			10.		_
	Add the amounts in			of colum		•	<u>, </u>						_
13	\$2,000. See instruct							15					
Par													_
	Total: If the corporat	tion is electing:											-
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15,	column (g)) or							
	Additional first year Depreciation (if no e										16		
17	Total depreciation cl	* *				107				_	17		_
	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter th	e differenc	e here and	l on For	m 100	or or				
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	difference	e here and o	on Form	100 (or				
	state adjustments or									-	18		
Par			, ,		, , , , , , , , , , , , , , , , , , , ,								_
19	(a)	(b)	(c)		((d)	(e))	(f)			(g)	_
	Description	Date acquire				ization	R&T		Period			Amortization	
	of property	(mm/dd/yyyy	/) other bas	515		allowable er vears	Secti (see ir		percenta	age		for this year	
						, , , , ,							_
													_
													_
							1						-
								+					_
20	Total. Add the amou	ints in column (a)	l				1	1		20	<u> </u>		-
21	Total amortization cl	(0)								21	<u> </u>		-
	Amortization adjustn	·	•								<u> </u>		-
~~	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and o	on Form	100 (or		1		
	Form 100W, Side 2,									22	Щ_		

2022 Corporation Depreciation and Amortization

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		-	-						
	ch to Form 100 or For	m 100W. FORI	М 199						
Corpo	ration name						Californ	nia corporat	ion number
AN:	IMAL SAMARITAN	NS SPCA, INC	•				0900	650	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction						<u> </u>	1	\$25 , 000
2	Total cost of IRC Se	ction 179 property	placed in service					2	
3	Threshold cost of IR							3	\$200 , 000
4	Reduction in limitation							4	
	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (busines	s use only)	(c) Electe	d cost		
_	Listed property (elec		•						
8	Total elected cost of							8	
9	Tentative deduction.						H	9	
10	Carryover of disallow		•				-	10	
11	Business income lim IRC Section 179 exp			•	,		<u> </u>	11 12	
12 13				•	_			12	
Par	,		ional First Year Dep				356		
14	•	(b)	•	(d)				`	(b)
14	(a) Description	Date acquired	(c) Cost or	Depreciation	(e) Depreciation	n Life or	(g Deprecia) tion for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this y		year
				allowable in earlier years					depreciation
ΔWI	NING AND BLIN	5/17/2019	6,710.	868	. S/L	20		336.	
	TIPLES 5050	3/25/2019	1,141.	1,045		3		96.	
	RRANTY - IMPR	7/15/2019	2,000.	1,667				333.	†
	TWORK UPGRADE	8/07/2019	15,629.	12,591		3		,038.	
	NDOWS LICENSE		1,118.	746		3		372.	
		•		14				312.	
15	Add the amounts in \$2,000. See instruct								
Par	t III Summary								
16	Total: If the corporat								
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	l line 15, column (356, add the amou	(g) or Ints on line (15 columns	(a) and (h)	or	
	Depreciation (if no e								
	Total depreciation cl							17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the differe	nce here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 12. (If Californ	niess man ime 16, nia depreciation am	enter the different nounts are used to	ce nere and o determine i	net income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	nent is necessary)			18	
Par	t IV Amortization								
19	(a)	(b)	(c)		(d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			rtization or allowable	R&TC Section	Period percenta	-	Amortization for this year
	o. p. op o. ty	(11111111111111111111111111111111111111	,		lier years	(see instr)	p 0: 00:10	.go	ioi tilis year
20	Total. Add the amou	ints in column (a).						20	
21	Total amortization cl	107					H	21	
22			•						
_	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the differen	ce here and	on Form 100	or		
	Form 100W, Side 2,	line 12						22	

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

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Attac	ch to Form 100 or For	m 100W. FORM	1 199								
Corpoi	ration name							Califo	ornia c	orporatio	n number
ANI	MAL SAMARITAN	NS SPCA, INC	•					090	0065	50	
Parl	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79			-			
1	Maximum deduction	under IRC Section	179 for California.						1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	nitation					_	\$200,000
4	Reduction in limitation										
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0			5		
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c) Elect	ed cost			
7	Listed property (elec		•								
8	Total elected cost of									_	
9	Tentative deduction.										
10	Carryover of disallov		,								
11	Business income lim				•				11 12		
12 13	IRC Section 179 exp								12		
Parl	Carryover of disallov	nd Election of Additi						1356			
	•	ı ı	•				1		(~\		(h)
14	(a) Description	(b) Date acquired	(c) Cost or		(d) reciation	(e) Depreciation	(f) Life or	Depred	(g) ciatior	n for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate		year		year
					vable in er years						depreciation
CAF	NOSTAT CO2 P	11/06/2019	2,264.	oarn	981.	S/L	111:	5	4	53.	
	RGICAL LIGHTS	7/01/2019	19,365.		6,915.	S/L		7		66.	
	C RENEWAL M1	3/06/2020	21,518.		7,890.	S/L		5	•	04.	
	FI SWITCH AN	3/31/2020	22,501.	4	7,875.	S/L		5		00.	
	EREDGE R540	3/31/2020	22,127.		7,744.	S/L	_	5		25.	
						•		1	-, -	20.	
13	Add the amounts in \$2,000. See instruct				nn (n) may 		4 -				
Parl	t III Summary	10113 101 11110 1 1, 00	unit (II) : X					L.			
		tion is electina:									
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	or					
	Additional first year Depreciation (if no e									16	
17	Total depreciation cl	•			•	,				17	
	Depreciation adjustn										
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or									18	
Parl			, ,		,					I.	
19	(a)	(b)	(c)		((d)	(e)	(f))		(g)
	Description	Date acquire	d Cost o		Amorti allowed or		R&TC	Perio			Amortization
	of property	(mm/dd/yyyy	other bas	515	in earlie		Section (see instr)	percen	itage		for this year
							, ,				
20	Total. Add the amou	ints in column (a)	I				1	<u>I</u>	20		
21	Total amortization cl	(0)							_	+	
	Amortization adjustn		•		*				<u> </u>		_
~~	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	on Form 10	0 or			
	Form 100W, Side 2,	line 12	· · · · · · · · · · · · · · · · · · ·						22		

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IΑ	KABLE YEAR											C.	ALIFORNIA FORM
	2022 Co	orpo	ration Depi	eciation ar	nd An	nortizat	ion						3885
	ch to Form 100 or F	orm 1	00W. FORM	199									
Corpo	ration name									Californ	ia corp	oratio	on number
AN	IMAL SAMARITA	ANS	SPCA, INC.							0900	650)	
Par	t I Election To I	Exper	se Certain Prope	rty Under IRC S	ection 1	79							
1	Maximum deductio	n und	der IRC Section 17	79 for California.							1		\$25 , 000
2	Total cost of IRC S	ectio	n 179 property pla	aced in service							2		
3	Threshold cost of I	RC S	ection 179 proper	ty before reducti	on in lin	nitation					3		\$200,000
4	Reduction in limita									_	4		
5	Dollar limitation for	' taxa	ble year. Subtrac	t line 4 from line	1. If zer	ro or less,	enter -0				5		
6	(;	a) Desc	cription of property		(b) Co	ost (business	use only)	(c)	Electe	d cost			
7	Listed property (ele	ected	IRC Section 179	cost)			7						
8	Total elected cost	of IRC	Section 179 pro	perty. Add amou	ints in co	olumn (c),	line 6 and li	ne 7			8		
9	Tentative deduction	n. En	ter the smaller of	line 5 or line 8 .							9		
10	Carryover of disalle	owed	deduction from pr	rior taxable year	S					_	10		
11	Business income li					•	-			-	11		
12	IRC Section 179 ex	•									12		
13	,												
Par	t II Depreciation	and E	lection of Addition	al First Year Dep	reciation	Deduction	Under R&TC	Secti	on 243	356			
14	(a) Description of property		(b) ate acquired nm/dd/yyyy)	(c) Cost or other basis	Depr allo allov	(d) eciation wed or vable in er years	(e) Depreciation method		f) e or te	(g) Deprecia this y	tion f	for	(h) Additional first year depreciation
OX	GEN COMPRESS	11	/25/2020	12,598.		2,730.	S/L		5	2	,52	n	
	RNETIC SURGER			13,449.		2,914.	S/L	1	5		, 69		
	MERAS AND INS		/31/2020	20,277.		7,097.	S/L		5		, 05		
	CURITY CAMERA		/15/2020	4,344.		1,231.	S/L		5		86		
	INT OF SALE S	_	/15/2020	3,659.	11/4	1,037.	S/L		<u>5</u>			2.	
	Add the amounts in	n colu	ımn (g) and colun	n (h). The total	of colur	nn (h) may	not exceed				,,,	2.	
	\$2,000. See instru	ctions	for line 14, colur	nn (h)					15				
Par												-	
16	Total: If the corpor IRC Section 179 ex Additional first yea Depreciation (if no	pens r dep elect	e, add the amour reciation under Ro ion is made), ento	&TC Section 243 er the amount fro	356, add om line	the amour 15, column	its on line 1 (g)				1	16	
	Total depreciation			•							[1	7	
18	Depreciation adjust Form 100W, Side 2 state adjustments	I, line 2, line	e 6. If line 17 is le e 12. (If California	ss than line 16, depreciation am	enter the lounts a	e difference re used to	e here and c determine n	n Forr et inco	n 100 me b	or efore	1	18	
Par				•							•		
19	(a) Description of property		(b) Date acquired (mm/dd/yyyy)	(c) Cost o other bas		Amort allowed or	d) ization allowable er years	R& Sect (see i	TC tion	(f) Period percenta			(g) Amortization for this year
			.	l .				.					

20 Total. Add the amounts in column (g)..... 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... 21 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. 22

> 7621224 CACA3501L 12/22/22 059 FTB 3885 2022

2022 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	M 199										
Corpo	ration name								Califor	nia cor	poratio	n number	
AN]	MAL SAMARITAN	IS SPCA, INC	•						090	0650	0		
Par			perty Under IRC S										
1	Maximum deduction									1		\$25 , 00	0(
2	Total cost of IRC Sec	ction 179 property	placed in service							2			
3	Threshold cost of IR		-							3		\$200,00	<u> 10</u>
4	Reduction in limitation									4			
5	Dollar limitation for t	-	act line 4 from line							5			_
6	(a)	Description of property		(b) Cos	st (business ı	use only)	(c)	Elected	l cost				
7	Listed property (elec		•								_		
8	Total elected cost of									8			
9	Tentative deduction.									9			
10	Carryover of disallov		,							10			
11	Business income lim									11			
12	IRC Section 179 exp									12			
13 Par	Carryover of disallow		ional First Year Dep					n 2/12	EC .				
			•		_	1	1	- 1				41.5	
14	(a) Description	(b) Date acquired	(c) Cost or		d) ciation	(e) Depreciation	(f Life		Deprecia	g) ation	for	(h) Additional first	
	of property	(mm/dd/yyyy)	other basis	allow	ed or	method	rat		this		101	year	
					able in r years							depreciation	
T E: 7	ASEHOLD IMPRO	8/15/2020	239,457.		6,962.	S/L	1	20	1 .	1,97	72		_
		8/15/2020	3,073.		622.	S/L	\wedge	7	<u> </u>	•	39.		
	NDOW TINT		•		4			5					
	DENTAL TABL	8/15/2020	11,917.		3,376.	\$/L			<u>'</u>	2,38			
	BLING	8/15/2020	3,997.		<u>1,132.</u>	S/L		5			99.		
	SNAGE	8/15/2020	10,002.		2,024.	S/L	1	7		1,42	29.		
	Add the amounts in \$2,000. See instruct							15					
Par													
16	Total: If the corporat IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15, d	column (g)	or							
	Additional first year										16		
17	Depreciation (if no e Total depreciation cl	• •			•	107				<u> </u>	17		
	Depreciation adjustn									···-	17		_
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	difference	here and o	on Forn	า 100	or				
	Form 100W, Side 2, state adjustments or										18		
Par		11 01111 100 01 1 0111	ir 100vv, no aujustii	HEHR IS HE	cessary).						10		
19	(a)	(b)	(c)			d)	(e	`	(f)			(g)	
13	Description	Date acquire		or	Amorti		R&T	C	Period	or		Amortization	
	of property	(mm/dd/yyyy	v) other bas	sis		allowable	Secti		percent	age		for this year	
					in earlie	u years	(see ir	isti)			1		_
							-				-		
							+				<u> </u>		
							1				1		
	T						1			00	1		
20	Total. Add the amou	107								20			
21	Total amortization cl		•							21	1		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the	e difference	e here and	on For	m 100	0 or				
	Form 100W, Side 1, Form 100W, Side 2,									22			
													_

2022	Corpo	oration Depr	eciation ar	nd An	nortizat	ion		•		3885
Attach to Form	100 or Form 1	00W. FORM	199							
Corporation name								Califor	nia corpo	oration number
ANIMAL SA	MARITANS	SPCA, INC.						090	0650	
		nse Certain Proper	rty Under IRC S	ection 1	79					
		der IRC Section 17							1	\$25,000
		n 179 property pla							2	
		ection 179 propert	•						3	\$200,000
		Subtract line 3 from							5	
5 Dollar lim		able year. Subtract	line 4 from line		ost (business i		(c) Electe		3	
	(a) Desi	cription of property		(b) C	ost (business t	use only)	(C) Electe	u cost		
7 Listed pro	nerty (elected	IRC Section 179 c	rost)			7				
•		C Section 179 prop	•				ne 7		8	
		ter the smaller of							9	
10 Carryove	of disallowed	deduction from pr	ior taxable year	S					10	
11 Business	income limitat	ion. Enter the sma	aller of business	income	(not less t	han zero) or	r line 5		11	
	•	se deduction. Add I							12	
		deduction to 2023						0=0		
		lection of Addition	al First Year Dep	reciation		Under R&TC	1			
14 (a Descr	ntion D	(b) Pate acquired	(c) Cost or	Denr	(d) reciation	(e) Depreciation	(f) Life or	Deprecia	g) ation fo	(h) or Additional first
of pro	perty (mm/dd/yyyy)	other basis	allo	wed or	method	rate		year	year
					vable in er years					depreciation
ENTRY DOC	R KEYP 8	3/15/2020	2,668.		540.	S/L	7		38:	1.
COMPUTER		5/14/2021	11,417.		1,522.	S/L	5		2,283	
COMMERCIA		/26/2021	11,578.		1,544.	S/L	5	1	2,316	
ANESTHESI		2/08/2021	5,404.		991.	S/L	5		1,08	
VET MONIT		/18/2021	7,956.		928.	S/L	5		1,59	
	•	umn (g) and colum		of colur					•	
		s for line 14, colum								
	nmary	·								•
16 Total: If t	ne corporation	is electing:								
IRC Secti	on 179 expens Lfirst vear den	se, add the amount reciation under R&	t on line 12 and CTC Section 243	line 15, 856. add	column (g)) or ts on line 1 ¹	5 columns	(a) and (h) or	
		tion is made), ente							10	6
		ned for federal purp							17	7
18 Depreciat	ion adjustmen	t. If line 17 is grea e 6. If line 17 is les	ter than line 16	, enter t	he difference	e here and	on Form 10	00 or		
Form 100	W, Side 1, IIII6 W, Side 2, Iine	e 12. (If California	depreciation an	nounts a	re used to	determine n	et income t	efore		
state adju	stments on Fo	orm 100 or Form 10	00W, no adjustn	nent is r	necessary).				18	8
Part IV Am	ortization									
19	(a)	(b)	(c)	_	() ^	d)	(e)	(f)	ا ما	(g)
	escription property	Date acquired (mm/dd/yyyy)	Cost o other bas		Amorti allowed or		R&TC Section	Period percent		Amortization for this year
	1 -1 9		2	-	in earlie		(see instr)	1	J -	ioi una yeai
_										

20 Total. Add the amounts in column (g).
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.
22 Expression 100W, Side 2, line 12.
23 Expression 100W, Side 2, line 12.
24 Expression 100W, Side 2, line 12.

2022 Corporation Depreciation and Amortization

	ch to Form 100 or For	m 100W. FORI	M 199						
Corpo	ration name						Califor	nia corpora	tion number
AN]	MAL SAMARITAN	IS SPCA, INC					090	0650	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.					1	\$25 , 000
2	Total cost of IRC Sec	ction 179 property	placed in service					2	
3	Threshold cost of IRO		-					3	\$200 , 000
4	Reduction in limitation			,				4	
	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost		
	1:11		70 1)						
7 8	Listed property (elec					in		8	
9	Total elected cost of Tentative deduction.							9	
10	Carryover of disallow							10	
11	Business income lim		'					11	
12	IRC Section 179 exp			•				12	
13	Carryover of disallow			·	_				
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(<u>ç</u>	g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		Additional first year
	or property	(ITIITI/dd/yyyy)	Other basis	allowable in	motilou	rate	u 113 .	ycai	depreciation
				earlier years					
	MONITOR	5/20/2021	7,956.	928.	S/L	5		L , 591.	
_	ICRETE PADS	6/23/2021	6,600.	165.	S/L	20		330	
	MPUTER MONITO	5/14/2021	1,738.	232.	S/L	5		348	
	PROVEMENTS	5/02/2022	5,654.	$+\Omega_{L}$	S/L	20		188	
	GNAGE	6/13/2022	5,880.	MO.	S/L	7		490	•
15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) may	not exceed	d			
D	\$2,000. See instructi	ions for line 14, co	<u>lumn (h)</u>			15			
Par		iam ia alaatima.							1
16	Total: If the corporat IRC Section 179 exp		ount on line 12 and	line 15. column (a)	or or				
	Additional first year	depreciation under	R&TC Section 243	56, add the amoun	ts on line 1				
17	Depreciation (if no e Total depreciation of	• •		•	,				
	Depreciation adjustm		'	,				17	
10	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	nia depreciation am	nounts are used to	determine i	net income b	efore	18	
Par		11 01111 100 01 1 0111	1 100vv, 110 aujustii	ient is necessary).				10	
19	(a)	(b)	(c)	(d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o	r Amorti	ization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	v) other bas	sis allowed or in earlie		Section (see instr)	percenta	age	for this year
				21.001110	, . 	(
20	Total. Add the amou	nts in column (a)		I				20	
21	Total amortization cl	(0)						21	
22	Amortization adjustn		•	•					
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and	on Form 100	or		
	Form 100W, Side 2,	line 12						22	_

TAXABLE YEAR

CALIFORNIA FORM

2022 Corporation Depreciation and Amortization

3885

		-	-									
	ch to Form 100 or For	m 100W. FORI	м 199									
Corpo	ration name							Califor	nia corp	oration	number	
	MAL SAMARITAN	NS SPCA, INC						090	0650			
Par			perty Under IRC S									_
1	Maximum deduction								1		\$25,00	<u>0</u>
2	Total cost of IRC Se								2		4000 00	_
3	Threshold cost of IR		-						3		\$200,00	U
4 5	Reduction in limitation Dollar limitation for t								5			_
6		Description of property	act line + nom line		t (business i		(c) Electe					
	(a)	Description of property		(6) 003	t (business t	asc only)	(C) LICCIO	u 6031				
7	Listed property (elec	ted IRC Section 17	79 cost)			7						
8	Total elected cost of		•				ine 7		8			_
9	Tentative deduction.								9			_
10	Carryover of disallov	ved deduction from	n prior taxable year	s					10			
11	Business income lim								11			
12	IRC Section 179 exp			•		_			12			_
13	Carryover of disallow											
Par	· · · · · · · · · · · · · · · · · · ·	ı	ional First Year Dep			1	C Section 243	1				
14	(a) Description	(b) Date acquired	(c) Cost or	Depre		(e) Depreciation	(f) Life or	Deprecia	j) ation f	or	(h) Additional first	
	of property	(mm/dd/yyyy)	other basis	allow	ed or	method	rate	this		OI	year	
				allowa earlier							depreciation	
MET	DICAL EQUIPME	10/05/2022	6,451.	Carrier	years	S/L	5		32	3		_
	GENT CARE KEN		1,659.			S/L	5		33			_
	DICAL EQUIPME	5/01/2022	20,281.			S/L	5	,	2,70			_
LILLI	DICAL LOCITAL	3/01/2022	20,201.		17	1974		-	_,,0	7.		_
				111) 					+		_
15	Add the amounts in		Luna (b) The state		, (h) , , , , , , , , , , , , , , , , , , ,							_
13	\$2,000. See instruct	ions for line 14, co	lumn (h). The total	OII COIUITII	i (ii) iiiay	not exceed	15					
Par		,					<u>I</u>	ı				_
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, c	olumn (g)	or	5 columns	(a) and (h	٠ ٥٢			
	Depreciation (if no e									6		
	Total depreciation cl								1	7		
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the	difference	e here and	on Form 10	0 or				
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	ness than line 16, nia depreciation am	enter the nounts are	ainerence used to a	nere and d determine n	on Form 100 net income b	or efore				
	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	nent is ne	cessary).				1	8		
Par	t IV Amortization						,		1			
19	(a) Description	(b) Date acquire	ed (c)		Amorti	d)	(e) R&TC	(f) Period	or		(g)	
	of property	(mm/dd/yyyy				allowable	Section	percenta	-		Amortization for this year	
			•		in earlie	er years	(see instr)					_
												_
								1				_
20	Total. Add the amou	107							20			
21	Total amortization cl		•						21			
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the	difference	e here and	on Form 10	0 or				
	Form 100W, Side 1, Form 100W, Side 2,	line 12				and (22			
	, ., -,											_

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CALIFORNIA STATEMENTS

PAGE 1

ANIMAL SAMARITANS SPCA, INC.

95-3171867

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

INCOME FROM SPECIAL EVENTS	\$ 334,600.
PROGRAM SERVICE REVENUE	6,632,798.
TOTAL	\$ 6,967,398.

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
FERA MOSTOW, ESQ 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	SECRETARY 1.00	\$ 0.	\$ 0.	\$ 0.
DEA FRANK, ESQ 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	DIRECTOR 1.00	0.	0.	0.
MARK DODGE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	VICE PRESIDENT 1.00	0.	0.	0.
PATRICK EVANS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	DIRECTOR 1.00	0.	0.	0.
SANDY BEAKEY 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	DIRECTOR 1.00	0.	0.	0.
BARBARA FLANAGAN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	DIRECTOR 1.00	0.	0.	0.
TOM SNYDER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	CEO 40.00	131,194.	0.	0.
MARCIA ERICKSON 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	DIRECTOR 1.00	0.	0.	0.
LANNY SEESE, MD 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	DIRECTOR 1.00	0.	0.	0.

95-3171867

STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER	
LEN BETZ 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	PRESIDENT 2.00	\$ 0.	\$ 0.	\$ 0.	
BERT GARLAND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	DIRECTOR 1.00	0.	0.	0.	
JOHN SCHOOLER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	TREASURER 2.00	0.	0.	0.	
CLARK HALLREN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	DIRECTOR 1.00	0.	0.	0.	
AURORA WILSON 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	DIRECTOR 1.00	1A10.	0.	0.	
	O NO TOTAL	<u>\$ 131,194.</u>	\$ 0.	\$ 0.	

STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES	\$ 58,246.
ADVERTISING AND PROMOTION	18,964.
ANIMAL SUPPLIES AND FOOD	44,370.
AUTO AND MILEAGE	13,587.
BAD DEBT EXPENSE	28,988.
BANK/CREDIT CARD FEES	171,564.
DUES & SUBSCRIPTIONS	10,404.
EQUIPMENT LEASE	35,674.
HOUSEKEEPING.	18,095.
INFORMATION TECHNOLOGY	39,878.
INSURANCE	69,566.
LABORATORY	263,811.
LEGAL FEES.	2,535.
LICENSES & PERMITS.	11,770.
MEDICAL SUPPLIES	433,077.
MEDICAL WASTE DISPOSAL	15,777.
MEDICINES	302,726.
MICROCHIPS	10,490.
MISCELLANEOUS	119,042.
OFFICE EXPENSES	44,944.
OTHER EMPLOYEE BENEFIT	219,371.
OTHER FEES.	482,733.
PAYROLL PROCESSING FEES	234,066.

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CALIFORNIA STATEMENTS

PAGE 3

ANIMAL SAMARITANS SPCA, INC.

95-3171867

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

PENSION PLAN CONTRIBUTIONS	\$ 119,204.
PRINTING AND PUBLICATIONS	24,989.
PROFESSIONAL FUNDRAISING FEES	46,328.
PROPERTY TAXES	1,743.
RENT	122,983.
REPAIRS & MAINTENANCE	155,700.
SECURITY	3,779.
SPECIAL EVENT EXPENSES	153,083.
TRAINING AND DEVELOPMENT	23,000.
UTILITIES	96,044.
TOTAL	\$ 3,396,531.

STATEMENT 4 FORM 199, SCHEDULE L, LINE 7 **INVESTMENTS IN STOCKS**

> 1,156,218. 1,156,218.

	TOTAL S	1,156,218.
	_	
STATEMENT 5 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS		
CONSTRUCTION IN PROGRESS		199,420. 211,578.
PREPAID EXPENSES AND DEFERRED CHARGES		31,719.
	TOTAL \$	442,717.

STATEMENT 6 FORM 199, SCHEDULE M-1, LINE 7 INCOME RECORDED ON BOOKS NOT ON RETURN

UNREALIZED LOSS	\$ -193,363.
TOTAL	\$ -193,363.

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT DEPARTMENT OF JUSTICE PAGE 1 of 5 (For Registry Use Only)

TO ATTORNEY GENERAL OF CALIFORNIA
Sections 12586 and 12587, California Government Code

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

11 Cal. Code Regs. sections 301-306, 309, 311, and 312

www.oag.ca.gov/charities	23/03	s, dovernment code sec	(1011 12300.1. IK3 (ionorea.			
ANTMAL CAMADIDANC CDCA INC				Check if:				
ANIMAL SAMARITANS SPCA, INC. Name of Organization				Change of address				
				Amended	report			
List all DBAs and names the organization u	ises or has used			State Charity	Registration Num	pher 37619		
72120 PETLAND PL Address (Number and Street)				State Charity	registration Num	1Del <u>37019</u>		
THOUSAND PALMS, CA 9 City or Town, State, and ZIP Code	2276-2950			Corporation o	r Organization No	o. <u>0900650</u>		
760-343-3477				Endoral Empl	oyer ID No. 95	_2171067		
Telephone Number	E-mail Add			,				
ANNUAL R	EGISTRATION R	RENEWAL FEE SCH Make Check Paya				11, and 312)		
Total Revenue	<u>Fee</u>	Total Revenue		Fee	Total Revenue		F	<u>ee</u>
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	·	Between \$250,001 Between \$1,000,00 Between \$5,000,00	01 and \$5 mill	ion \$200		0,001 and \$100 millio 00,001 and \$500 mill 0 million	ion \$1	300 1,000 1,200
PART A – ACTIVITIES								
For your most recent full a	ccounting perio	od (beginning	1/01/22	ending	12/31/22) list:		
Total Revenue \$ (including noncash contributions)	9,649,975	5. Noncash Con	tributions \$	36,	833 Total A	ssets \$ 8,15	5,54	14.
Program Ex	penses \$	7,179,102.	100	Total Expense	s \$ 8,13	9 <u>,103.</u>		
PART B – STATEMENTS	REGARDING	G ORGANIZATI	ON DURING	G THE PERI	OD OF THIS F	REPORT		
Note: All questions must be an providing an explanation	swered. If you a and details for	answer "yes" to any each "yes" respon	y of the quest se. Please rev	ions below, yo view RRF-1 ins	ou must attach a structions for info	separate page ormation required.	Yes	No
1 During this reporting period, w officer, director or trustee thereof, e	vere there any c either directly or	ontracts, loans, leases of with an entity in w	or other financial which any such	transactions betv n officer, director o	veen the organiza or trustee had any f	ation and any inancial interest?		X
2 During this reporting period, v	vas there any th	eft, embezzlement	, diversion or	misuse of the	organization's charita	ble property or funds?		Χ
3 During this reporting period, w	vere any organiz	zation funds used t	o pay any per	nalty, fine or ju	dgment?			Χ
During this reporting period, we coventurer used?	vere the service	s of a commercial fund	draiser, fundrai	sing counsel fo		s, or commercial STATEMENT 1	X	
5 During this reporting period, d	lid the organizat	tion receive any go	vernmental fu	inding?				Х
6 During this reporting period, d	lid the organizat	tion hold a raffle fo	r charitable p	urposes?				Х
7 Does the organization conduct a vehicle donation program?						Χ		
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?					X			
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						Х		
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.								
	LEN	BETZ		PRESIDENT	1			
Signature of Authorized Agent	Printed			Title		Date		

ANIMAL SAMARITANS SPCA, INC.

95-3171867

STATEMENT 1 FORM RRF-1, PART B, LINE 4 FUNDRAISERS USED

CHRISTINA LEWIS
72120 PETLAND PLACE
THOUSAND PALMS, CA 92276
760-343-3477



Form **990**

В

Return of Organization Exempt From Income Tax

, 2022, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2022 calendar year, or tax year beginning

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

, 20

D Employer identification number

	A	Address change ANIMAL SAMARITANS SPCA, INC.							95-3171867			
	N	Name change 72120 PETLAND PL						E	E Telephone number			
	In	THOUSAND PALMS, CA 92276-2950							760-343-3477			
	Fi	inal return/terminated										
	А	mended return						G	Gross receipt	s \$ 9,803,058.		
	A	pplication pending	F Name and add	ess of princip	al officer: LEN BET	יק		H(a) Is this a gro				
	ш '	.,	SAME AS C	ABOVE	TEN DEI	. 4		H(b) Are all sub-	ordinates inclu			
$\overline{}$	Tax-	exempt status:	X 501(c)(3)	501(c) () (insert no	.) 4947(a)(1) or	527	If "No," atta	ich a list. See	instructions.		
J			W.ANIMALS			., [] ((() (.))		H(c) Group exer	nntion number			
K		n of organization:	11	Trust	Association Othe	ar I	Year of formati			of legal domicile: CA		
Pa		Summa		Trust	Association	,	Tear or formati	OII. 1 <i>31</i> 0	W State (or legal dofficile. CA		
1 4	1	Briefly descr	ibe the organiza	tion's miss	sion or most signific	cant activities: cr	E CCUET	NITE O				
	•	210119 40001	ibo tho organiza			Sairt douvillos. St	rr 20uer	<u> </u>				
JCe												
rnal												
ve	2	Check this b	ox if the	organizatio	on discontinued its	operations or disp	osed of mo	re than 25%	of its net	assets.		
Ö	3				rning body (Part V					13		
Activities & Governance	4				rs of the governing					13		
/itie	5				n calendar year 20					0L		
cti	ъ 7-				necessary) Part VIII, column (244		
A					from Form 990-T,					<u> </u>		
		Tiet difficiate	a basiness taxai	ole illedille	1101111 01111 330 1,	Taren, mile Trans			r Year	Current Year		
	8	Contribution	s and grants (Pa	art VIII. line	e 1h)		. d. D		228,171			
ıue	9				e 2g)				16,585			
Revenue	10				A), lines 3, 4, and				17,423			
Re	11				nes 5, 6d, 8c, 9c,			. 1	31,706			
	12				(must equal Part				93,885			
	13	Grants and	similar amounts	paid (Part	IX, column (A), line	es 1-3)			<u>, </u>	, ,		
	14	Benefits paid	d to or for memb	ers (Part	X, column (A), line	: 4)						
	15	Salaries, oth	er compensation	n, employe	e benefits (Part IX	, column (A), lines	s 5-10)	. 3,9	76,070	. 4,912,358.		
ses	16a	Professional	fundraising fees	(Part IX,	column (A), line 11	e)			60,060			
Expenses	h	Total fundra	sing expenses (Part IX. co	lumn (D), line 25)	Λ.	64,158.					
EX	17				ines 11a-11d, 11f-2			2.5	511,407	2 027 224		
	18				equal Part IX, colu				547,537			
	19				18 from line 12				346,348			
- s	13	rtevenue les	s expenses. Jul	niaci iiile	10 110111 111110 12			Beginning of	•			
its or ances	20	Total assets	(Part X line 16))					47,213			
Assets I Balanc	21		•					• , .	382,694			
Net / Fund	22		•	•	ine 21 from line 20							
	rt II		re Block	Subtract	ille 21 Holli lille 20	'		. 0,3	864,519	. 7,835,111.		
				unional thin rai	ure including cocomogn	ing ashadulas and atota		the best of my lin	audadaa aad h	police it is true porroat and		
comp	olete. D	eclaration of prep	arer (other than office	er) is based or	all information of which	preparer has any knowle	edge.	the best of my ki	lowledge and t	pelief, it is true, correct, and		
Sig	ın	Signature o	f officer					Date				
He		LEN B	ETZ				Р	RESIDENT	1			
			nt name and title					TUBUIDANI	•			
		Print/Type	preparer's name		Preparer's signature		Date	Che	eck if	PTIN		
Pai	id	STEPH	EN DAWSON,	CPA					f-employed	P01548299		
	epar			NOV MAD	SEN GORDON C	CAMPBELL						
Us	e Or	ily Firm's add		K 1826				Firr	n's EIN 9	5-3178278		
				SPRINGS	, CA 92263					60) 320-6642		
Mav	/ the	IRS discuss t			r shown above? Se	e instructions				X Yes No		
					the senerate instru				_	Form 000 (2022)		

Parl	: III	Statement of Program Service Accomplishments		37
1	Driofly	Check if Schedule O contains a response or note to any line in this Part III		X
•	-	POVING THE LIVES OF ANIMALS AND DEODLE		
	IME	ROVING THE LIVES OF ANIMALS AND PROPER.		
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior		
		990 or 990-EZ?	X N	lo
		s," describe these new services on Schedule O.		
		ne organization cease conducting, or make significant changes in how it conducts, any program services?	X N	lo
		s," describe these changes on Schedule O.		
4	Descr Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured by e on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	xpense	S.
	and re	evenue, if any, for each program service reported.	фольс	,
4a	(Code	e:) (Expenses \$7,179,102. including grants of \$) (Revenue \$)
	<u>SEE</u>	SCHEDULE O		
				. — –
				. — –
				· — –
4h	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$)
-15	(0000			—′
4c	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$))
				. — –
				. — –
				· — –
				· — –
				· — –
4d	Other	program services (Describe on Schedule O.)		
	(Expe	enses \$ including grants of \$) (Revenue \$)	
4e	Total	program service expenses 7,179,102.		

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

Form 990 (2022) ANIMAL SAMARITANS SPCA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
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>	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		· · · · · ·	. [
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Χ	
ВΛΛ	TFFA0104L 09/01/22		990 ((0000)

Form 990 (2022) ANIMAL SAMARITANS SPCA, INC.

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

			res	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 82						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	a 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?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х			
	If "Yes," indicate the number of Forms 8282 filed during the year	_		X			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ			
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring						
	organization have excess business holdings at any time during the year?.\	8					
	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-					
	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
	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						
	Enter the amount of reserves on hand	1.0		X			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
-	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would						
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
BAA	TEEA0105L 09/01/22	Form	990	2022)			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13..... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

ORGANIZATION 72120 PETLAND PL THOUSAND PALMS CA 92276-2950 760-601-3989

Form	990 (2022)	ANTMAT.	SAMARITANS	SPCA	INC

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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

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

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

Check this box if neither the organization nor any relate	ed organiz	ation	com	npen	sate	d an <u>y</u>	y cu	rrent officer, direct	or, or trustee.	
	(C)									
(A) Name and title	(B) Average hours	thar	Position (do not ch than one box, unler is both an office director/trust				on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) CATHERINE GILABERT	40									
VETERINARIAN, DVM	0					Χ		402,156.	0.	0.
(2) ARTHUR KLOMHAUS	40						. 1	N DIV	•	
VETERINARIAN, DVM	0			-		X	\overline{Z}	335,923.	0.	0.
	$-\frac{40}{0}$	1			1	, X		225,786.	0.	0.
(4) ROBERT MILLS	40									
VETERINARIAN, DVM	- 					Χ		134,591.	0.	0.
(5) TOM SNYDER	40							,		
CEO	0			Χ				131,194.	0.	0.
(6) KEVIN LEISKE	40							,		
VETERINARIAN, DVM	0					Χ		111,557.	0.	0.
(7) FERA MOSTOW, ESQ	1									
SECRETARY	0	Х		Χ				0.	0.	0.
(8) DEA FRANK, ESQ	11									
DIRECTOR	0	Χ						0.	0.	0.
(9) MARK DODGE	1									
VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
(10) PATRICK EVANS	1									
DIRECTOR	0	Х						0.	0.	0.
(11) SANDY BEAKEY	1									
DIRECTOR	0	Χ						0.	0.	0.
(12) BARBARA FLANAGAN	1									
DIRECTOR	0	Χ						0.	0.	0.
(13) MARCIA ERICKSON	1									
DIRECTOR	0	Χ						0.	0.	0.
(14) LANNY SEESE, MD	1							_	_	_
DIRECTOR	0	Χ						0.	0.	0.

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Part V	II Section A. Officers, Directors, Tru		Key	Em	_		es,	and	d Highest Com	pensated Empl	oyees	S (conti	nued)
		(B)			((•							
	(A) Name and title	Average hours per week (list any	box, unless person is both officer and a director/truste					h an tee)	(D) Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	compe	(F) ated am of other ensation organizat	from
		hours for related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	d related anization	d
	EN_BETZRESIDENT	2	Х		Х				0.	0.			0.
	ERT GARLAND RECTOR	1	Х						0.	0.			0.
	DHN SCHOOLER REASURER	2	Х		Х				0.	0.			0.
(18) CI	LARK HALLREN IRECTOR	1	Х						0.	0.			0.
(19) AU	JRORA WILSON IRECTOR	1	X						0.	0.			0.
(20)									0.	· ·			
(21)													
(22)													
(23)										h			
(24)						1			1				
(25)		_ -1	N			1							
	btotal)							1,341,207.	0.			0.
	tal from continuation sheets to Part VII, Section								0.	0.			0.
	tal (add lines 1b and 1c)al number of individuals (including but not limited								1,341,207. more than \$100.00	0. 0 of reportable comp	ensatio	n	0.
	m the organization 6				-,					,			
3 Did	I the organization list any former officer, direct	tor, truste	e, ke	ev er	mple	ovee	e, or	high	nest compensated	employee		Yes	No
on	line 1a? If "Yes,"complete Schedule J for such any individual listed on line 1a, is the sum of	h individu	ıal								3		Х
the	organization and related organizations greate	er than \$1	50,0	00?	If "	Yes,	" con	nple	ete Schedule J for		4	X	
for	any person listed on line 1a receive or accrue services rendered to the organization? If "Yes	e comper s," comple	satic ete S	on fro Sched	om dule	any • <i>J f</i> o	unre or su	late ch p	ed organization or person	individual	5		X
1 Co.	n B. Independent Contractors mplete this table for your five highest compens	sated ind	epen	dent	COI	ntra	ctors	tha	at received more the	nan \$100,000 of			
COII	npensation from the organization. Report compens (A) Name and business addr		trie c	alerio	uar	year	enan	ng v	(B) Description of		(C)	
	ivalile allu busilless auul	C33							Describitor (OI SCIVICES	Compe	iisaliC	711
3 Tal	al number of independent contractors (including the	ut not liz-	itod t	0 +b -		icto	1 06 0	\(c\	who received man-	than			
	al number of independent contractors (including b 00,000 of compensation from the organization	out not iim 0	neu (o ti10	ise I	เรเย(ı au0'	ve)	who received more	uiali			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue s, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b 4,695 c Fundraising events..... 1c Gifts, d Related organizations 1d e Government grants (contributions) 1e Contributions, f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 2,806,680. Noncash contributions included in 1g 36,883 h Total. Add lines 1a-1f...... 2,811,375 Business Code Program Service Revenue 2a CLINIC INCOME 6,632,798 6,632,798 All other program service revenue. . . g Total. Add lines 2a-2f 6,632,798 Investment income (including dividends, interest, and 24,285 24,285 Income from investment of tax-exempt bond proceeds Royalties..... I MAI (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7c **d** Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a 334,600 **b** Less: direct expenses..... 8b 153,083 c Net income or (loss) from fundraising events 181,517 181,517. 9a Gross income from gaming activities. See Part IV, line 19...... 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue All other revenue... Total. Add lines 11a-11d. Total revenue. See instructions..... 12 649 975 6,657,083 0 181 ,517

Part IX **Statement of Functional Expenses**

SOP 98-2 (ASC 958-720).....

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. (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 6,560. 131,194. 111,515 13,119 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. 4,106,356 3,702,639 146,782 256,935. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 119,204 104,338 5,398 9,468. 219,371 190,112 13,078 16,181. 10 291,151 22,578 22,504. 336,233 Fees for services (nonemployees): 2,535 1,690 845 c Accounting..... 58,246 41,604 8,321 8,321. **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... 46,328 46,328. Other. (If line 11g amount exceeds 10% of line 25, column 466,846 785 15,102. 482,733. (A), amount, list line 11g expenses on Schedule 0.) 18,964. 12 Advertising and promotion..... 546. 18,418. 13 44,944. 34,484 7,759 2,701. 1,351. 39,878. 1,863. 14 Information technology..... 36,664. 15 Royalties 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 21 Payments to affiliates..... Depreciation, depletion, and amortization. . . . 168,789. 151,911. 8,439. 8,439. 23 69,566. 49,690. 9,938. 9,938. 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.)..... MEDICAL SUPPLIES 433,077 433,077 b 302,726 302,726 <u>MEDICINES</u> 263,811 LABORATORY 263,811 PAYROLL PROCESSING FEES 234,066 198,956. 11.703. 23,407 e All other expenses...SEE SCH...O... 907,999 797,342. 80,448 30,209. 25 Total functional expenses. Add lines 1 through 24e. . . 7,179,102. 7,986,020 342,760 464,158. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			975,583.	1	1,444,734.
	2	Savings and temporary cash investments			1,257,161.	2	2,371,277.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			32,030.	4	40,961.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contribursons	r, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified p		-			
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net	` ' '	` ´ ` ´		7	
Ø	8	Inventories for sale or use		<u> </u>	186,891.	8	260,258.
Assets	9	Prepaid expenses and deferred charges		<u> </u>	25,606.	9	31,719.
As	-		1 1		25,000.		31,719.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		5,038,634.			
	b	Less: accumulated depreciation		2,599,255.	2,568,243.	10c	2,439,379.
	11	Investments — publicly traded securities		-	1,333,340.	11	1,156,218.
	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	368,359.	15	410,998.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		6,747,213.	16	8,155,544.
	17	Accounts payable and accrued expenses			382,694.	17	320,433.
	18	Grants payable	4 11	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete Part I	V of Sch	nedule D		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ficer, direction, or 3	ector, trustee, 35%		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela plete Pa	ated third parties, art X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			382,694.	26	320,433.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X			
ar	27	Net assets without donor restrictions			5,701,671.	27	5,888,324.
Ba	28	Net assets with donor restrictions			662,848.	28	1,946,787.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.				=,0=0,1000	
ក	29	Capital stock or trust principal, or current funds				29	
इं	30	Paid-in or capital surplus, or land, building, or equipm		_		30	
SS	31	Retained earnings, endowment, accumulated income,		_		31	
ţ,	32	Total net assets or fund balances		<u> </u>	6,364,519.	32	7,835,111.
Ne	33	Total liabilities and net assets/fund balances		<u> </u>	6,747,213.	33	8,155,544.

BAA TEEA0111L 09/01/22 Form **990** (2022)

	() Intiling blanktilling blotty like:	0 1 7 1 0	, , ,		
Par	TXI 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).		9,	649,	975.
2	Total expenses (must equal Part IX, column (A), line 25).	2	7,	986,	020.
3	Revenue less expenses. Subtract line 2 from line 1	_	1,	663,	955.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,	364,	519.
5	Net unrealized gains (losses) on investments.	5			363.
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	7,	835,	111.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain				
	on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ved on a	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:	rate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
_					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?.	ıt,	2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain			1.	
	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	Uniforn	n ,	_	v
	Guidance, 2 C.F.R Part 200, Subpart F?		3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required at	udít	_		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			~	1 (2225)
BAA	IEEAUTIZL 09/01/22		Fo	rm 99 0	(2022)

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

2022

Open to Public Inspection

Sche	edule A (Form 990) 2022	ANTMAT, S	SAMARITANS S	SPCA. INC.		95-3171867	Page 2
	t II Support Schedule for				(b)(1)(A)(iv) an		
	(Complete only if you checked organization fails to qualify	the box on line 5, under the tests list	7, or 8 of Part I or sted below, please	if the organization complete Part II	failed to qualify und	der Part III. If the	•
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		•			•	
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			- W	AIL		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		JNO), ,			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	V					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizat stop here	ion's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support I	Percentage				<u> </u>
	Public support percentage for 20			ne 11, column (f))	14	%
15	Public support percentage from	2021 Schedule A	, Part II, line 14			15	%
16a	33-1/3% support test—2022. If t and stop here. The organization	he organization o qualifies as a pu	lid not check the b	ox on line 13, an	d line 14 is 33-1/3	% or more, check th	nis box
b	33-1/3% support test—2021. If the and stop here. The organization						

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... BAA

Schedule A (Form 990) 2022

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization......

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

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

Sec	tion A. Public Support	osto iistod solovi,	p.0000 00p.010				_
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Cifte grante contributions	(0) = 1 10	(0) = 110	. ,	(0) ===:	(*/===	(-)
	and membership fees received. (Do not include any "unusual grants.")	1,418,503.	2,720,086.	3.508.960.	2,016,167.	2.811.375.	12,475,091.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	<u> </u>		0,000,000			
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	2 200 000	2 425 470	2 555 220	F 016 F06	6 622 700	20 020 001
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	3,300,000.	3,423,470.	2,333,339.	3,010,380.	0,032,798.	20,939,081.
4	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.
	Total. Add lines 1 through 5	4,727,391.	6,145,556.	6,064,299.	7,032,753.	9,444,173.	33,414,172.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0					0
h	Amounts included on lines 2	0.	0.	0.	0.	0.	0.
	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.
-	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)				Air		33,414,172.
	tion B. Total Support	(-) 0010	(1-) 0010	(1)0000	(-I) 0001	(-) 0000	(6 T-1-1
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	4,727,391	6,143,356.	6,064,299.	7,032,753.	9,444,173.	33,414,172.
	similar sources	14,536.	12,965.	17,560.	17,423.	24,285.	86,769.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	14,536.	12,965.	17,560.	17,423.	24,285.	86,769.
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	04.065	60. 110	50.051	101 506	101 515	
13	Total support. (Add lines 9,	24,867.	69,449.	53,951.	131,706.	181,517.	461,490.
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	7,181,882. ifth tax year as a	section 501(c)(3)	33,962,431.
Sec	tion C. Computation of Pul	•					····
	Public support percentage for 20			ne 13. column (f))	15	98.39 %
	Public support percentage from 2	•			•		98.41 %
	tion D. Computation of Inv						30112
17	Investment income percentage for				umn (f))		0.26 %
18	Investment income percentage fi	•	• • •	-			0.25 %
19a	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	the organization d	id not check the I	box on line 14, ar	nd line 15 is more	than 33-1/3%, an	nd line 17
	33-1/3% support tests—2021. If t line 18 is not more than 33-1/3%	the organization does, check this box a	id not check a bo and stop here. Th	x on line 14 or lir le organization qu	ne 19a, and line 1 lalifies as a public	6 is more than 33 ly supported orga	-1/3%, and nization
∠0	Private foundation. If the organize	zation did not che	ck a box on line	14, 19a, or 19b, c	TIECK THIS DOX and	see instructions.	

Page 4

Schedule A (Form 990) 2022 ANI Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	22 Pro 2 3 32 22 22 2		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	1	162	NO
2	the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section	1		
	509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Sche	edule /	A (Form 990) 2022 ANIMAL SAMARITANS SPCA, INC. 95-317186	7	F	Page 5
Par	t IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?			
а	the g	son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, overning body of a supported organization?	11a		
b	A far	nily member of a person described on line 11a above?	11b		
С	A 35%	s 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		
Sec	tion	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					
		g the tax year.	1		
2	that	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such			
		fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion	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			
		ch of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations	•	1	1
				Yes	No
1	orgai year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orga	nization'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 nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).			
			2		
3	voice	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played			
		is regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	_	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	一	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	\equiv	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instr	uction	s).
`	- Ш '	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			-/-
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
	n Did e	ubstantially all of the organization's activities during the tay year directly further the event nurnoses of the			

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

0011	ANTHAL SAMAKITANS SICA, INC.			71007 rage
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	lov. 20, 1970 (explain in est complete Sections A	Part VI). See through E.
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 1	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting org	ganization

BAA Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	tion 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 2022 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

Line o amount divided by line 3 amount		1.0	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount		11	
i Carryover from 2017 not applied (see instructions)	1 WIT		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	71		
4 Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

95-3171867

Page 8

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

NATURE AND SOURCE	 2022	 2021		2020	 2019	 2018
FUNDRAISING EVENTS TOTAL	\$ 181,517.	\$ 131,706.	<u>\$</u>	53,951.	\$ 69,449.	\$ 24,867.
	\$ 181,517.	\$ 131,706.	\$	53,951.	\$ 69,449.	\$ 24,867.



Schedule B (Form 990)

Schedule of Contributors

2022

Employer identification number

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ANIMAL SAMARITANS SPCA, INC. 95-3171867 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year. ontributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

ANIMAL SAMARITANS SPCA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY BROAD FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DUNLAP FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>10,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SARAH DI TANA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5 <u>,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THORNTON GLIDE JR 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GLORIA SCOBY 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MANILOW FUND FOR HEALTH & HOPE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>40,338.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

raiti	Contributors (see instructions). Ose duplicate copies of Part I if additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LYNDSY TOELKES		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CARL JUD FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$30,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BRANDON BOSWELL		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	72120 PETLAND PLACE THOUSAND PALMS, CA 92276	P	(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	J. SQUIRE JUNGER		Person X
	72120 PETLAND PLACE	\$ <u>5,000.</u>	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u> _	INLAND EMPIRE COMMUNITY FDN		Person X
	72120 PETLAND PLACE	\$20,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	KALLI CRAWFORD		Person X
	72120 PETLAND PLACE	\$10,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)

3 10 Employer identification number

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> _	ANNENBERG FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$ <u>_70,000.</u>	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _	HOUSTON FAMILY FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$40,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	LANNY SEESE		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	GRETE COX		Person X
	72120 PETLAND PLACE	\$5,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _	ANDERSON CHILDREN'S FOUNDATION		Person X
	72120 PETLAND PLACE	\$ <u>9,538.</u>	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> _	BARBARA ROGERS		Person X Payroll
	72120_PETLAND_PLACE	\$10,700.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
DAA	TFFA07021 07/22/22	<u> </u>	chadula P (Form 990) (2022)

Employer identification number

	Contributors (see instructions). Ose duplicate copies of Part Fit additional s	T	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	DIANE JOHNSON		Person X
	72120 PETLAND PLACE	\$ 5,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	AUEN FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$5,000.	Noncash
	THOUSAND PALMS, CA 92276	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _	LISA PARK		Person X
	72120 PETLAND PLACE	\$5 <u>5,000</u> .	Payroll Noncash
	72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\P\'	(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>22</u> _	BLANCHARD LIVING TRUST		Person X
	72120 PETLAND PLACE	\$8 <u>,</u> 159.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_	JAMES STEVENS ESTATE		Person X
	72120 PETLAND PLACE	\$ <u>10,000.</u>	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_	EISENHOWER MEDICAL CENTER	_	Person X
	72120 PETLAND PLACE	\$ 10,000.	Payroll Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	ANNETTE YOUNG LEWIS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	RICHARD BROOKE FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$825,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	ALBERT & ANNA HERDINA MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$39,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_	ROBERT RICHTER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>29</u> _	PATRICIA THORNBERG MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$30,073.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>30</u> _	JANET SALTA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll

ANIMAI	L SAMARITANS SPCA, INC.			171867
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
31_	MICHAEL NOLL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>20,</u>	.000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
32_	ROBERT BARNES 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>5</u> ,	.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
<u>33</u> _	CLARK HALLREN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>10,</u>	.049.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
34_	HEYSON LEACH 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>10,</u>	.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
<u>35</u> _	JOSEPH HAYDEN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>63,</u>	.148.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
<u>36</u> _	JOHN AND MARTHA WILSON CHRTBL FUND 72120 PETLAND PLACE	\$ 89,	204.	Person X Payroll Noncash

THOUSAND PALMS, CA 92276

(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u> _	RON FLETCHER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>38</u> _	CHRISTOPHER MCGOUGHRAN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>39</u> _	MARJORIE SALTER TRUST 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$172 <u>,652.</u>	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40_	BARBARA NAPPA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41_	PAIGE ROBBINS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>42</u> _	RICHARD AND DOREEN YAEGER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$15,000.	Person X Payroll

Name of organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43_	ROBERT STURTEVANT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$70,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>44</u> _	BIGHORN GOLF CLUB 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u> _	CADE MORROW 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$260,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46_	TODD BARAJAS MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u> _	GARY KIEF 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u> _	DAVID ROOT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$42,631.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u> _	MARY SHINN		Person X Payroll
	72120 PETLAND PLACE	\$ <u>10,000</u> .	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>50</u> _	TOM BELL		Person X
	72120 PETLAND PLACE	\$ 25,000.	Payroll
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>51</u> _	SUPPLE FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$5,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>52</u> _	GALEN FAMILY FOUNDATION		Person X Payroll
	72120 PETLAND PLACE	\$10,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>53</u> _	SANDRA PISTER		Person X Payroll
	72120 PETLAND PLACE	\$5,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u> _	JOEL DOUGLAS		Person X Payroll
	72120 PETLAND PLACE	\$5,000.	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u> _	LINDA VON RHINE 72120 PETLAND PLACE	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for
	THOUSAND PALMS, CA 92276		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u> _	TODD BURGESS		Person X Payroll
	72120 PETLAND PLACE	\$ <u>5,000</u> .	Noncash
	THOUSAND PALMS, CA 92276		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>57</u> _	BEN ROSENTHAL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$5,000 <u>.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

ANIMAL SAMARITANS SPCA, INC.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	Ś	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	90.77	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	TEEA0703L 07/22/22	Schedule I	B (Form 990) (2022)

Name of organization Employer identification number 95-3171867 ANIMAL SAMARITANS SPCA, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

BAA

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

ANIMAL SAMARITANS SPCA, INC.		95-3171867
Part I Organizations Maintaining I	Donor Advised Funds or Other Simil	
Complete if the organization answer	ed "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		
	donor advisors in writing that the assets held the organization's exclusive legal control?	
6 Did the organization inform all grantees, do for charitable purposes and not for the ben	onors, and donor advisors in writing that grant efit of the donor or donor advisor, or for any o	t funds can be used only other purpose conferring
		Yes No
Part II Conservation Easements.	and IlVanii an Farma 000 Part IV Lina 7	
•	ed "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held	<u></u>	swiption of a historically immediate land are
Preservation of land for public use (for ex-		ervation of a historically important land area
Protection of natural habitat	Prese	ervation of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution in th	e torm 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 ea		2 b
c Number of conservation easements on a co		20
d Number of conservation easements include historic structure listed in the National Reg	ed in (c) acquired after July 25, 2006 and not exister	on a 2 d
3 Number of conservation easements modified.		
tax year		a sy the organization during the
4 Number of states where property subject to	conservation easement is located	
	regarding the periodic monitoring, inspection	n. handling of violations.
	ments it holds?	
6 Staff and volunteer hours devoted to monitoring	ng, inspecting, handling of violations, and enforcing	ng conservation easements during the year
7 Amount of expenses incurred in monitoring, in	especting, handling of violations, and enforcing co	onservation easements during the year
8 Does each conservation easement reported	d on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
include, if applicable, the text of the footno	reports conservation easements in its revenu- te to the organization's financial statements t	e and expense statement and balance sheet, and hat describes the organization's accounting for
conservation easements.	Collections of Art Historical Transum	voc or Other Similar Accets
Organizations Maintaining Complete if the organization answer	Collections of Art, Historical Treasur ed "Yes" on Form 990, Part IV, line 8.	es, or Other Sillilar Assets.
1 a If the organization elected, as permitted un historical treasures, or other similar assets Part XIII the text of the footnote to its finan	nder FASB ASC 958, not to report in its reven- held for public exhibition, education, or resea ncial statements that describes these items.	ue statement and balance sheet works of art, arch in furtherance of public service, provide in
historical treasures, or other similar assets hel following amounts relating to these items:	nder FASB ASC 958, to report in its revenue s ld for public exhibition, education, or research in	furtherance of public service, provide the
	'III, line 1	
2 If the organization received or held works of a amounts required to be reported under FAS	rt, historical treasures, or other similar assets for SB ASC 958 relating to these items:	financial gain, provide the following
a Revenue included on Form 990, Part VIII, I	ine 1	\$
h Accots included in Form 990 Part Y		Ġ

Part III	Organizations Main	taining Collection	ons of Art, Hist	torical 1	reasures, or	Other Similar As	ssets	(contir	nued)
3 Using items	the organization's acquisition (check all that apply):	, accession, and othe	r records, check an	y of the fo	ollowing that make	e significant use of its	collectio	n	
a P	ublic exhibition		d Loan o	r exchanç	ge program				
b S	cholarly research		e Other						
c P	reservation for future gener	ations							
Part >			,		-				
to be	g the year, did the organiza sold to raise funds rather th	nan to be maintained	d as part of the or	ganizatio	n's collection?		Yes		No
Part IV	Escrow and Custod reported an amount on Fo	ial Arrangement orm 990, Part X, line	t s. Complete it the 21.	e organiza	ition answered "Y	es" on Form 990, Par	t IV, lin	e 9, or	
1 a Is the	organization an agent, trus	stee, custodian or ot	her intermediary f	or contrib	outions or other a	assets not included		F	٦
	rm 990, Part X?						Yes		No
b IT "Yes	s," explain the arrangement in	n Part XIII and comple	te the following tac	oie:			Amoun	+	
c Regin	ning balance					1 c	Amoun		
•	ons during the year								
	outions during the year					1 e			
	g balance					1f			
	e organization include an a						Yes		No
	s," explain the arrangemen					, ,		<u> </u>	⊣"
5 11 10	o, explain the arrangement	enri die Am. onook	noro ir the explai	iation nas	s soon provided	on raic / m		· · · · · L	_
Part V	Endowment Funds.	Complete if the orga	nization answered	"Yes" on	Form 990. Part I	V. line 10.			
		(a) Current year	(b) Prior year) Two years back	(d) Three years back	(e)	Four years	s back
1 a Begin	ning of year balance	306,947.			266,111.	236,677.			0.
b Contri	butions	000,011			200,1111	8,115.		250.	000.
c Not in	vestment cornings, gains				- 1	3,3.			
	vestment earnings, gains,	-37,934.	16,74	48.	24,088.	21,319.		-11,	397.
d Grant	s or scholarships	·			111				
e Other	expenditures for facilities			1	Mi	_			
•	rograms		-1()			0.			
	nistrative expenses	2,922.	NO						926.
-	f year balance	266,091.	306,94		290,199.	266,111.		236,	677.
	de the estimated percentage	,	•	e 1g, colu	ımn (a)) held as:				
	designated or quasi-endov	wment 10	<u>0.00</u> %						
-	anent endowment								
	endowment		00/						
rne pe	ercentages on lines 2a, 2b, a	na 2c should equal 10	0%.						
3 a Are th	ere endowment funds not in t	he possession of the	organization that ar	re held and	d administered for	r the	ſ	Yes	No
9	ization by: nrelated organizations						20(1)	X	No
• • •	elated organizations						3a(i) 3a(ii)	Λ	Х
, ,	s" on line 3a(ii), are the rel						3b		
	ibe in Part XIII the intended	•					30		
Part VI	Land, Buildings, an		ation's chaowine	nt lunus.	JEE FARI	VIII			
I alt VI	Complete if the organizati	• •	n Form 990 Part I	V line 11	a See Form 990	Part Y line 10			
	<u> </u>								
	Description of property	(a) Cos	st or other basis nvestment)		st or other s (other)	(c) Accumulated depreciation	(a) I	Book va	ilue
1 a Land.		,		24310	49,573.			49	,573.
	ngs			2	570,918.	792,737.	1		,181.
	hold improvements				021,769.	548,637.			,132.
	ment				136,786.	1,021,369.			,417.
e Other					259,588.	236,512.			,076.
Total. Add I	ines 1a through 1e. (Colum	nn (d) must equal Fo	rm 990, Part X, c				2		,379.

BAA Schedule D (Form 990) 2022

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV ling	N/A 11h See Form 990 Part Y line 12	
(a) Descr	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-vear market value
	al derivatives	(0)	(O) III CAIRCA CAIR CAIR CAIR CAIR CAIR CAI	. , , , , , , , , , , , , , , , , , , ,
` '	held equity interests.			
(3) Other				
(A) (B) (C) (D) (E)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII	Investments - Program Related.		N/A	
	Complete if the organization answered "Yes" or			
	(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)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	01	W	
	Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	
(1) 0017		escription		(b) Book value
(1) CONS (2) ERC	STRUCTION IN PROGRESS	, , -		199,420.
(3) ERC				211,578.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, column (́В) line 15.)		410,998.
Part X	Other Liabilities.	- Faure 000 David IV line	11 11f C F 000 P V Line 0	ır
	Complete if the organization answered lifes of		11e or 11f. See Form 990, Part X, line 2	
1				(b) Book value
1. (1) Feder	(a) Desc	ription of liability		
(1) Feder		ription of liability		
(1) Feder (2)	(a) Desc	ription of liability		
(1) Feder (2) (3)	(a) Desc	ription of liability		
(1) Feder (2) (3) (4)	(a) Desc	ription of liability		
(1) Feder (2) (3)	(a) Desc	ription of liability		
(1) Feder (2) (3) (4) (5) (6) (7)	(a) Desc	ription of liability		
(1) Feder (2) (3) (4) (5) (6) (7) (8)	(a) Desc	ription of liability		
(1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	(a) Desc	ription of liability		
(1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) Desc	ription of liability		
(1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(a) Desc			
(1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column	(a) Desc			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r 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	9,456,612.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	3.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	-193,363.
3 Subtract line 2e from line 1.	3	9,649,975.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,649,975.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	er Return	
	CI INCLUII	l.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ci itetari	! -
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		7,986,020.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 2 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 5 Donated Services and Use of facilities. 6 Donated Services and Use of facilities. 6 Donated Services and Use of facilities. 8 Donated Services and Use of facilities. 9 Donated Services and Use of facilities. 9 Donated Services and Use of facilities.	1	7,986,020.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	1	7,986,020.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	7,986,020.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	1	7,986,020.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	1 2e 3	7,986,020.

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 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

Schedule D (Form 990) 2022

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.



SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2022

Open to Public Inspection

Employer identification number

AN:	IMAL SAMARITANS SPCA,					95-317186	7
Pai	Fundraising Activities. Complete Form 990-EZ filers are not re	ete if the organiza	ation answer	ered "Yes" art.	on Form 990, Part IV, lin	ie 17.	
i i	Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations Inperson solicitations Did the organization have a written of	raised funds th	rough any t with any i	of the folloge f	X Solicitation of non- Solicitation of gove X Special fundraising	government grants ernment grants gevents	X Yes
ŀ	employees listed in Form 990, Pa of "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the	viduals or entities	s (fundraise	•	-		
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(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
	CHRISTINA LEWIS		Yes	No			
1	72120 PETLAND PL THOUSAND PALMS CA 92276	GRANT WRITING		Х	293,361.	45,623.	247,738.
2							
3							
4					TMA		
5		D'	0 1	110			
6							
7							
8							
9							
10							
Tota							247,738.
3	List all states in which the organizati or licensing. CA				ontributions or has been		

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
			DESERT FASHION	OTHER EVENTS	NONE	through column (c)
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	292,640.	41,960.		334,600.
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	292,640.	41,960.		334,600.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses	153,083.			153,083.
	10	Direct expense summary. Add lines 4 thr				
	11	Net income summary. Subtract line 10 fro				
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	tion answered "Ye e 6a.	s" on Form 990, Pa	art IV, line 19, or re	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ř	1	Gross revenue	.10	7 141		
ses	2	Cash prizes.	ONC			
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor		Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		
	ls th	er the state(s) in which the organization cone organization licensed to conduct gaming No," explain:	g activities in each of th	nese states?		
		e any of the organization's gaming license	s revoked, suspended,	or terminated during th		

Sch	edule G (Form 990) 2022	ANIMAL SAMA	ARITANS SPC	A, INC.	95	3-3171	.867	Page 3
11	Does the organization conduct ga						Yes	No
12	Is the organization a grantor, benefined administer charitable gaming?						Yes	No
13	Indicate the percentage of gaming	activity conducted in:				1 1		
	a The organization's facility					13 a		%
	b An outside facility							્ર
14	Enter the name and address of the	person who prepares	the organization's	gaming/special events	books and records	,		
	Name							
	Address							
	a Does the organization have a co b If "Yes," enter the amount of gar of gaming revenue retained by th c If "Yes," enter name and address of	ming revenue receivne third party \$	ed by the organiz	ation \$		e? e amour		No
	Name							. — — — ¬
	Address							i
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$			11			
	Description of services provided			AAP				
	Director/officer	Employee	NO	ndependent contract	or			
	Mandatory distributions:	nC) ' -					
	a Is the organization required under s state gaming license?	state law to make cha	ritable distributions	from the gaming proc	eeds to retain the		Yes	□No
	b Enter the amount of distributions re organization's own exempt activities	equired under state la	w to be distributed					
Pa	rt IV Supplemental Inform	nation. Provide t	he explanation	s required by Pa	rt I, line 2b, col	umns (iii) and (v	<i>/</i>);
	and Part III, lines 9, 9		c, 16, and 17b	, as applicable. A	also provide any	/ additi	onal	

F information. See instructions.

Schedule G (Form 990) 2022 BAA TEEA3703L 0705/22

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ANIMAL SAMARITANS SPCA, INC.

Employer identification number 95-3171867

Par	art I Questions Regarding Compensation			
			Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	Form 990, Part		
	First-class or charter travel Housing allowance or residence	for personal use		
	Travel for companions Payments for business use of pe	rsonal residence		
	Tax indemnification and gross-up payments Health or social club dues or initi	ation fees		
	Discretionary spending account Personal services (such as maid	, chauffeur, chef)		
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment reimbursement or provision of all of the expenses described above? If "No," complete Part III to expense the complete of the expense of			
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization used to establish the compensation of the organization because the center of the celebrated or establish compensation of the CEO/Executive Director, but explain in Part III.	ition's CEO/ ganization to		
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or comper	nsation committee		
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the organization or a related organization: a Receive a severance payment or change-of-control payment?	e filing 4a		Х
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	c Participate in or receive payment from an equity-based compensation arrangement?	4c		Χ
	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 comprontingent on the revenues of:	ensation		
а	a The organization?	5a		X
	b Any related organization?	5b		X
	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 compression on the net earnings of:	ensation		
	a The organization?			X
b	b Any related organization?	6b		X
	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 nonf payments not described on lines 5 and 6? If "Yes," describe in Part III	ixed 7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	·		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regusection 53.4958-6(c)?	ulations 9		

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

Schedule J (Form 990) 2022

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.

	((B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensation		(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ELIZABETH FOGEL	(i)	225,786.	0.	0.	0.	0.	225,786.	0.
	(ii)	0.	0.	0.	$\frac{1}{0}$.	0.	0.	0.
	(i)	402,156.	0.	0.	0.	0.	402,156.	0.
	(ii)	0.	0.	0.	$\frac{1}{0}$.	0.	0.	0.
	(i)	335,923.	0.	0.	0.	0.	335,923.	0.
	(ii)		0.	0.	$\frac{1}{0}$.	0.	0.	0.
	(i)							
4	(ii)						Τ]
	(i)							
	(ii)							
	(i)		L	11	L			
	(ii)							
	(i)			[]]] [] [] [] [] [] [] [] []				
	(ii)		~10					
	(i)		J 1/2					
	(ii)							
	(i)							
	(ii)							
	(i)		 				 	
	(ii)							
	(i)							
	(ii)							_
	(i)							
	(ii)							
	(i)						 	
	(ii) (i)							
								
	(ii) (i)							
	(i) (ii)		 		 		 	
	(i)							
	(i) (ii)		 				 	
10	(II)							

BAA

TEEA4102L 07/25/22

Schedule J (Form 990) 2022

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 M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

Par	tΙ	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	od of c contrib	determir	ning mounts
1	Art	- Works of art							
2	Art	- Historical treasures							
3	Art	– Fractional interests							
4	Boo	ks and publications							
5	Clot	hing and household goods							
6	Cars	s and other vehicles							
7		ts and planes							
8		llectual property							
9		urities – Publicly traded							
10		urities - Closely held stock							
11		urities – Partnership, LLC, or trust interests.							
12		urities — Miscellaneous							
13		lified conservation contribution – oric structures							
14	Qua	lified conservation contribution — Other							
15	Rea	I estate – Residential			. 11				
16	Rea	I estate — Commercial							
17		I estate — Other							
18		ectibles							
19		d inventory							
20		gs and medical supplies							
21		dermy.	J -						
22		orical artifacts.							
23		entific specimens							
24		neological artifacts			04.404				
25	Oth	***************************************			24,404.				
26	Oth	` <u>`</u>			12,479.				
27	Oth	````							
28	Oth	<u> </u>			1				
29		aber of Forms 8283 received by the organization d Anization completed Form 8283, Part V, Done				29			
	orge	inization completed Form 0200, Fait V, Donet	Acknowled	gement		23		Yes	No
								103	110
30a		ng the year, did the organization receive by contri ust hold for at least 3 years from the date of t							
		exempt purposes for the entire holding period					30 a		Х
h		es," describe the arrangement in Part II.							71
		s the organization have a gift acceptance poli	cy that requi	ires the review of any r	nonstandard contributio	ns?	31		Х
		s the organization hire or use third parties or							
JEA		ributions?					32 a		Х
b	lf "Y	'es," describe in Part II.							
33		e organization didn't report an amount in colu cribe in Part II.	mn (c) for a	type of property for w	hich column (a) is chec	ked,			

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

Schedule M (Form 990) 2022

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



SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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 AN EMPHASIS ON DOGS, CATS, AND THE PEOPLE WHO LOVE THEM. WE VIEW DOGS AND CATS NOT AS MERE ANIMALS, BUT AS FAMILY MEMBERS. AS THEIR GUARDIANS AND CUSTODIANS, IT IS OUR OBJECTIVE TO REDUCE THE OVERPOPULATION AND SUFFERING OF ABANDONED AND UNWANTED WE BELIEVE SPAYING AND NEUTERING OUR PETS AND HOMELESS HOMELESS DOGS AND CATS. POPULATIONS OF DOGS AND CATS IS AN EFFECTIVE WAY TO ACHIEVE THIS END AND WE ARE COMMITTED TO PROVIDING QUALITY, AFFORDABLE SPAY/NEUTER SERVICES. 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 WE BELIEVE THE BOND BETWEEN PEOPLE AND PETS IS HEALING, BOTH EMOTIONALLY AND PHYSICALLY, AND WE PROVIDE ANIMAL COMPANION THERAPY (PET THERAPY) 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. WE PROVIDE QUALITY, AFFORDABLE FULL-SERVICE VETERINARY CARE, SAME DAY OR NEXT DAY URGENT CARE, PET ONCOLOGY AND PET OPHTHALMOLOGY FOR THESE SERVICES WE OFFER FINANCIAL AID ASSISTANCE TO QUALIFYING PET SERVICES. OWNERS TO MITIGATE THE CHANCES THEY DECLINE CRITICAL HEALTH CARE TO THEIR PETS, OR SURRENDER THEIR DOGS AND CATS TO A SHELTER, OR PREMATURELY EUTHANIZE THEIR ANIMALS BECAUSE THEY CAN'T AFFORD TO CARE FOR A TREATABLE ILLNESS OR INJURY.

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

VETERINARY CLINICS:

IN 2022, WE SAW APPROXIMATELY 18,206 ANIMAL PATIENTS, WHICH INCREASED OUR AGGREGATE NUMBER OF PATIENTS TO APPROXIMATELY 293,000.

Employer identification number

95-3171867

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

5,970 SPAY & NEUTER SURGERIES; 6,203 NON-SPAY & NEUTER SURGERIES; 1,727 DENTAL

SERVICES (INCLUDING DENTAL SURGERIES); 1,216 X-RAYS; 15,544 VACCINATIONS, AND 12,140

NON-EXAM PROCEDURES (EAR CLEANINGS, 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 2022, WE ADOPTED 147 DOGS AND 137 CATS, UP 41 PETS FROM 2021

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, WE MADE 121 EDUCATIONAL PRESENTATIONS TO AREA CLASSROOM AND SCHOOL ASSEMBLIES AND REACHED AN ESTIMATED 4,700 SCHOOL STUDENTS, AN INCREASE OF 3,290 OVER THE PANDEMIC YEAR OF 2021. ADDITIONALLY, WE HOSTED EIGHT SUMMER CRITTER CAMPS, PRIMARILY FOR FINANCIALLY DISADVANTAGED STUDENTS. FIVE CAMPS WERE HELD IN DESERT HOT SPRINGS, TWO IN MECCA, AND ONE IN THERMAL.

Employer identification number

95-3171867

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

THE HUMANE EDUCATION PROGRAM ALSO PRESENTED AT CAREER DAY EVENTS AND COMMUNITY RESOURCE FAIRS, INFORMING YOUNG ANIMAL LOVERS ON THE MANY CAREER OPPORTUNITIES AVAILABLE IN THE FIELD OF ANIMAL WELFARE. STUDENTS WERE ESPECIALLY INTERESTED TO LEARN WHAT IT TAKES TO BECOME AN ANIMAL RESCUER, VETERINARY TECHNICIAN, AND A VETERINARIAN.

ANIMAL COMPANION THERAPY:

LAST YEAR ACT VOLUNTEERS LOGGED 462 HOURS OF VOLUNTEER SERVICES AT 53 PARTICIPATING ORGANIZATIONS AND/OR EVENTS, AN INCREASE OF 255 HOURS OVER 2021. 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. DO NO

ANIMAL RESCUE:

LAST YEAR MARKED THE 12TH YEAR OF OUR ADOPTION ALLIANCE ANIMAL RESCUE PROGRAM. IN 2022 WE RESCUED 876 ADOPTABLE, AT-RISK ANIMALS FROM PUBLIC ANIMAL SHELTERS, AN AVERAGE OF 73 PER MONTH. THIS BROUGHT OUR RESCUE PROGRAM'S TOTAL NUMBER OF ANIMALS RESCUED AT THE END OF LAST YEAR TO MORE THAN 15,000 ANIMALS.

SPECIFICALLY, THE NUMBERS FOR 2022 SHOW WE RESCUED 495 DOGS, 275 PUPPIES, 35 ADULT CATS, AND 55 KITTENS. ADDITIONALLY, WE SAVED ANOTHER 17 PETS, INCLUDING: RABBITS, TURTLES AND TORTOISES, DOMESTICATED CHICKENS, GUINEA PIGS AND HAMSTERS, A BALL PYTHON, AND A PEACOCK.

Employer identification number

95-3171867

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.

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

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

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

THE COMPENSATION COMMITTEE OR POSITION REVIEW COMMITTEE (SHOULD IT BE ESTABLISHED)
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)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ANIMAL SUPPLIES AND FOOD AUTO AND MILEAGE BAD DEBT EXPENSE	44,370. 13,587. 28,988.	44,370. 11,323. 28,988.	1,214.	1,050.
BANK/CREDIT CARD FEES DUES & SUBSCRIPTIONS EOUIPMENT LEASE	171,564. 10,404. 35,674.	163,355. 35,674.	1,488. 2,847.	6,721. 7,557.
HÕUSEKEEPING LICENSES & PERMITS MEDICAL WASTE DISPOSAL MICROCHIPS	18,095. 11,770. 15,777. 10,490.	16,905. 11,770. 15,777. 10,490.	1,190.	

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number
95-3171867

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

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
		TOTAL	SERVICES	& GENERAL	FUNDRAISING
MISCELLANEOUS		119,042.	101,269.	11,946.	5,827.
PRINTING AND PUBLICATIONS		24,989.	18,941.	5,325.	723.
PROPERTY TAXES		1,743.	1,215.	528.	
RENT		122,983.	102,152.	20,831.	
REPAIRS & MAINTENANCE		155,700.	126,490.	21,074.	8,136.
SECURITY		3,779.	2,245.	1,534.	
TRAINING AND DEVELOPMENT		23,000.	21,550.	1,450.	
UTILITIES		96,044.	84,828.	11,021.	195.
	TOTAL \$	907,999.	\$ 797,342.	\$ 80,448.	\$ 30,209.



TAXABLE \	YEAR Califor	rnia e-file Re	turn Autho	rization for	1		FORM
2022		ot Organizat					8453-EO
Exempt Organi		ot Organizat	10113			Identify	ing number
ANIMAL	SAMARITANS SPO	CA, INC.				95-3	3171867
	Electronic Return		dollars only)			<u> </u>	
	gross receipts (Form 1	•					9,803,058.
	gross income (Form 1	•					
	expenses and disburs	•	-			3	8,139,103.
Part II	Settle Your Accor	unt Electronically	for Taxable Ye	ar 2022			
4	lectronic funds withdra	awal 4a Amount		4b Withdra	wal date (mm/do	d/yyyy)	
	Banking Informat	tion (Have you verifie	ed the exempt orgar	nization's banking ir	nformation?)		
	ng number						
	unt number	-		7 Type of account:	Checking		Savings
	Declaration of Of			. 5	5		
	the exempt organization of the amount listed of		ttled as designated	in Part II. If I check	Part II, box 4, I	authorize	an electronic funds
return origing correspond organization Tax Board for the fee statements I	tities of perjury, I declare nator (ERO), transmitt ing lines of the exemp 's return is true, correct (FTB) does not receive liability and all applicable transmitted to the FT efund is delayed, I auti	ter, or intermediate sent organization's 2022, and complete. If the entire full and timely paymete interest and penare by the ERO, transmit	ervice provider and the California electronic exempt organization is the exempt of the	the amounts in Part c return. To the bes s filing a balance due organization's fee lia e exempt organization service provider. If the	I above agree was to of my knowled to return, I understability, the exemon return and acceprocessing of the state of the s	with the ar ge and be and that if pt organiz companyi he exempt	nounts on the lief, the exempt the Franchise ration will remain liable ng schedules and organization's
Here	Signature of officer		Date	e Title			
Part V	Declaration of Ele	ectronic Return C	riginator (ERO)	and Paid Prepa	arer. See instru	ctions.	
I declare the the best of organization officer's sig forms and in Authorized exempt organization of the the thickness of the the thickness of the	at I have reviewed the my knowledge. (If I a n's return. I declare, h nature on form FTB & information that I will fe-file Providers. I will anization return is filed, alties of perjury, I declare.	e above exempt organ im only an intermed a lowever, that form FTI 453-EO before transn file with the FTB, and keep form FTB 8453- whichever is later, and are that I have examin	nization's return and the service provider, as 8453-EO accurate hitting this return to I have followed all the EO on file for four your will make a copy awared the above exempted.	that the entries on I understand that I ely reflects the data the FTB; I have proother requirements years from the due vailable to the FTB up opt organization's re	form FTB 8453- am not respons on the return.) I ovided the organ described in FTB date of the retur on request. If I a turn and accom	EO are co ible for re- have obta ization off 3 Pub. 134 in or four y m also the panying so	viewing the exempt ained the organization icer with a copy of all 45, 2022 Handbook for years from the date the paid preparer,
	ERO's			Date	also paid \mathbf{y} s	heck if	ERO'S PTIN P01548299
ERO	signature	MARYANOV MAD	SEN GORDON CA	I AMPBELL	preparer 21 e	mployed Firm's F	•
Must Sign	Firm's name (or yours if self-employed)	PO BOX 1826	OHN CONDON C				95-3178278
	and address	PALM SPRINGS				ZIP cod	^e 92263
	s of perjury, I declare that I h				d statements, and to	the best of m	y knowledge and belief, they
are true, corre	ct, and complete. I make this	s ueciaranon dased on all II	mormation of which I hav	ve knowledge. Date	ĺ		Deidama L DTT:
Paid	Paid preparer's signature			Date	Check if self-empl	oyed	Paid preparer's PTIN
Preparer Must				•	, · · · · · · · · · · · · · · · · · · ·	Firm's F	FEIN
Sign	Firm's name (or yours if self-employed) and address					ZIP cod	e

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ANIMAL SAMARITANS SPCA, INC.

NO DESCR	IPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	DEC	IOR . BAL .PR.	SALVA /BASI REDUC	IS	DEPR. BASIS	PRIOR DEPR.	METHOD .	LIFE <u>RATE</u>	CURRENT DEPR.
ORM 199																	
INDIO CLINIC - BUILDI	NG																
145 BUILDING		8/26/15		344,385									344,385	55,997	S/L	39	8,8
146 COMPUTERS		8/26/15		10,294									10,294	10,294	S/L	5	
207 LEASEHOLD IMPRO	OVEMENTS	8/15/20		239,457									239,457	16,962	S/L	20	11,9
208 WINDOW TINT		8/15/20		3,073									3,073	622	S/L	7	4
TOTAL INDIO CLIN	IC - BUILDING			597,209		0	0		0	0		0	597,209	83,875			21,2
INDIO CLINIC - COMPL	ITER EQUIPMENT						NC			. 11							
206 POINT OF SALE SY	STEM	8/15/20		3,659				1	W	71			3,659	1,037	S/L	5	
210 CABLING		8/15/20		3,997			NIC),					3,997	1,132	S/L	5	
213 COMPUTER MONIT	ORS (17)	5/14/21		11,417	•	$\mathbf{a}\mathbf{O}$	14						11,417	1,522	S/L	5	2,
220 COMPUTER MONIT	ORS (4)	5/14/21		1,738	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								1,738	232	S/L	5	
TOTAL INDIO CLIN	IC - COMPUTER			20,811		0	0		0	0		0	20,811	3,923			4,
INDIO CLINIC - COMPL	ITER SOFTWARE																
150 COMPUTER SOFTW	/ARE	8/26/15		12,892									12,892	12,892	S/L	3	
TOTAL INDIO CLIN	IC - COMPUTER			12,892		0	0		0	0		0	12,892	12,892			
INDIO CLINIC - MEDICA	AL EQUIPMENT																
147 MEDICAL EQUIPME	NT	8/26/15		72,060									72,060	72,060	S/L	5	
161 DENTAL EQUIPMEN	NT	3/09/16		2,587									2,587	2,587	S/L	5	
171 DENTAL EQUIPMEN	NT	5/24/17		4,310									4,310	3,951	S/L	5	

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ANIMAL SAMARITANS SPCA, INC.

NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIO DEC. <u>De</u> p	OR BAL 'R	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	<u>METHOD</u>	LIFE RATE	CURRENT DEPR.
209 WET DENTAL TABLE	8/15/20		11,917								11,917	3,376	S/L	5	2,38
216 VET MONITOR	5/18/21		7,956								7,956	928	S/L	5	1,59
TOTAL INDIO CLINIC - MEDICAL	EQ		98,830		0	0		0	0	0	98,830	82,902			4,33
INDIO CLINIC - OFFICE EQUIPMENT															
149 OFFICE EQUIPMENT	8/26/15		1,461								1,461	1,461	S/L	5	
154 OFFICE FURNITURE	8/26/15		23,995								23,995	21,711	S/L	7	2,28
TOTAL INDIO CLINIC - OFFICE E	QUI		25,456		0	0		0	0	0	25,456	23,172			2,2
INDIO CLINIC - SECURITY AND IT							TO	4 N	11						
152 SECURITY AND IT	8/26/15		14,657				17	N.F			14,657	14,657	S/L	5	
205 SECURITY CAMERA SYSTEM	8/15/20		4,344			N	"				4,344	1,231	S/L	5	8
212 ENTRY DOOR KEYPAD	8/15/20		2,668		<u> </u>						2,668	540	S/L	7	3
TOTAL INDIO CLINIC - SECURITY	/ A		21,669		0	0		0	0	0	21,669	16,428			1,25
INDIO CLINIC - SIGNAGE															
148 SIGNAGE	8/26/15		10,396								10,396	10,396	S/L	5	
211 SIGNAGE	8/15/20		10,002								10,002	2,024	S/L	7	1,42
222 SIGNAGE	6/13/22		5,880								5,880		S/L	7	4
TOTAL INDIO CLINIC - SIGNAGE			26,278		0	0		0	0	0	26,278	12,420			1,9

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ANIMAL SAMARITANS SPCA, INC.

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.
151	SURGICAL EQUIPMENT	8/26/15		38,735							38,735	38,735	S/L	5	(
163	SOUNDBANK PLUS 8528	11/01/15		67,039							67,039	67,039	S/L	5	(
	TOTAL INDIO CLINIC - SURGICAL E			105,774		0	0	0	0	(105,774	105,774			(
LAI	ND														
6	LAND - PETLAND PL	1/15/84		49,573							49,573				
	TOTAL LAND			49,573		0	0	0	0	(49,573	0			
PRO	OGRAM SERVICES								. 1	١					
1	BUILDING IMPROVEMENTS	1/15/84		178,232				TN	IAI		178,232	178,232	S/L	20	
2	BUILDING REMODELING	2/28/99		12,704				TIV			12,704	12,490	S/L	20	
3	BUILDING REMODELING	3/31/99		321			NC	, ,			321	321	S/L	20	
4	BUILDING REMODELING	6/30/99		302	1	70					302	302	S/L	20	
5	BUILDING IMPROVEMENTS	2/14/00		2,000							2,000	1,609	150DB	20	
11	BUILDING IMPROV - SEWER	5/24/06		18,037							18,037	18,037	S/L	15	(
20	BUILDING IMPROVEMENT	9/30/08		1,780							1,780	1,202	S/L	20	89
41	CLINIC BUILDING	4/06/10		2,226,533							2,226,533	670,819	S/L	39	57,09
79	BUILDING IMPROVEMENT	5/01/10		2,751							2,751	1,610	S/L	20	138
82	BUILDING IMPROVEMENTS	5/26/10		3,529							3,529	2,039	S/L	20	170
83	BUILDING IMPROVEMENTS	6/29/10		3,130							3,130	1,805	S/L	20	157
84	BUILDING IMPROVEMENTS	8/05/10		2,793							2,793	1,598	S/L	20	140
85	BUILDING IMPROVEMENTS	9/30/10		2,223							2,223	1,249	S/L	20	111
86	BUILDING IMPROVEMENTS	8/05/10		2,417							2,417	1,381	S/L	20	121
87	BUILDING IMPROVEMENTS	6/03/10		139,426							139,426	74,013	S/L	20	6,971
88	BUILDING IMPROVEMENTS	6/29/10		500							500	288	S/L	20	25

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ANIMAL SAMARITANS SPCA, INC.

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.	SALV /BAS <u>REDU</u>	SIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RA	CURRENT TE DEPR.
89	BUILDING IMPROVEMENTS	7/20/10		2,122								2,122	1,210	S/L	20	10
90	BUILDING IMPROVEMENTS	10/14/10		817								817	461	S/L	20	4
91	BUILDING IMPROVEMENTS	12/20/10		2,868								2,868	1,573	S/L	20	14
92	BUILDING IMPROVEMENTS	7/31/10		196								196	114	S/L	20	1
93	BUILDING IMPROVEMENTS	9/16/10		9,900								9,900	5,569	S/L	20	49
94	BUILDING IMPROVEMENTS	6/30/10		94,164								94,164	54,142	S/L	20	4,70
105	BUILDING REMODELING	5/15/11		121,738								121,738	64,928	S/L	20	6,08
115	BUILDING IMPROVEMENT	9/01/11		38,398								38,398	19,871	S/L	20	1,92
117	SHELTER EXTERIOR	2/16/12		4,500								4,500	2,213	S/L	20	22
128	MODULAR BLDG WORK	9/10/14		3,578								3,578	1,313	S/L	20	17
157	BUILDING REMODEL	7/03/15		65,173				TN	- 1			65,173	21,183	S/L	20	3,25
181	5 YEAR USE PERMIT	5/22/19		9,651			_	- N	V P.			9,651	4,986	S/L	5	1,93
182	CUBEX STATION ADAPTATIONS	9/10/19		5,140			210),,				5,140	600	S/L	20	25
183	SHELTER DOORS	10/10/19		3,570		\sim	14.					3,570	403	S/L	20	17
184	CEILING, FLOOR, PARKING	12/23/19		2,800			,					2,800	280	S/L	20	14
185	AWNING AND BLINDS	5/17/19		6,710								6,710	868	S/L	20	33
219	CONCRETE PADS	6/23/21		6,600								6,600	165	S/L	20	33
221	IMPROVEMENTS	5/02/22	_	5,654				-				5,654		S/L	20	18
	TOTAL PROGRAM SERVICES OGRAM SERVICES - EQUIPMENT			2,980,257		0	0		0 ()	0	2,980,257	1,146,874			85,55
	MICDOSCODE	2/24/00		coa								c02	602	20000	Е	
	MICROSCOPE	2/24/98		602								602 996	602	200DB	5	
	SAFE SURGERY EQUIPMENT	11/17/04 10/12/04		996 2,389								2,389	996 2,389	S/L S/L	7 5	
		5/05/06										,	,	S/L	5 5	
	COMPUTER/EQUIPMENT			3,263								3,263	3,263			
13	SCALE	10/10/06		650								650	650	S/L	7	

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE COST/ SOLD 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.
14	AUTOCLAVE ULTRACLAVE M11	11/21/06	3,765							3,765	3,765	S/L	7	(
15	SURGERY EQUIPMENT	4/30/06	3,411							3,411	3,411	S/L	5	(
16	SURGERY EQUIPMENT	12/31/06	4,143							4,143	4,143	S/L	5	(
17	MEDICAL EQUIPMENT	2/22/07	974							974	974	S/L	7	(
18	SURGERY EQUIPMENT	1/25/07	3,774							3,774	3,751	S/L	7	(
19	MEDICAL EQUIPMENT	10/18/07	982							982	975	S/L	7	(
21	ST00L	4/14/08	1,135							1,135	1,094	S/L	7	(
22	EXAM TABLE	5/06/08	3,051							3,051	2,979	S/L	7	(
23	KENNELS	5/13/08	9,137							9,137	8,918	S/L	7	(
24	MEDICAL EQUIPMENT	6/16/08	11,842				T N	- 1		11,842	11,842	S/L	7	(
25	GENERATOR	10/01/08	6,050				- 1	· //		6,050	6,050	S/L	7	(
26	SURGERY EQUIPMENT	6/10/08	3,306				7	11		3,306	3,265	S/L	7	(
27	PORTABLE CART	6/11/08	5,545			MIC	" "			5,545	5,478	S/L	7	(
30	5 TON AIR COMPRESSOR	10/08/09	3,665		~ 0	14.				3,665	2,242	S/L	20	183
31	FENCE	10/13/09	750	,	V					750	465	S/L	20	38
32	IMAGING EQUIPMENT	8/07/09	3,884							3,884	3,884	S/L	7	(
33	MULTIPARAMETER MONITOR	8/12/09	3,391							3,391	3,391	S/L	7	(
34	MEDICAL EQUIPMENT	9/28/09	1,793							1,793	1,793	S/L	7	(
35	LOBBY SCALE	11/25/09	907							907	907	S/L	7	(
36	SURGERY EQUIPMENT	4/20/09	4,588							4,588	4,588	S/L	7	(
37	SURGERY TABLE	4/28/09	3,170							3,170	3,170	S/L	7	(
38	ANESTHESIA MACHINE STAND	5/01/09	2,060							2,060	2,060	S/L	7	(
39	STOOL AND TRAY	5/05/09	510							510	510	S/L	7	(
40	TABLE LIFT	5/14/09	1,222							1,222	1,222	S/L	7	(
42	OFFICE EQUIPMENT	4/06/10	1,542							1,542	1,542	S/L	7	(
43	OFFICE EQUIPMENT	4/06/10	33,738							33,738	33,738	S/L	7	(
44	OFFICE EQUIPMENT	4/06/10	299							299	299	S/L	7	(

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ANIMAL SAMARITANS SPCA, INC.

						CUR	SPECIAL	PRIOR 179/	PRIOR	SALVAG					
<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	179 BONUS	DEPR. ALLOW.	BONUS/ SP. DEPR.	DEC. BAL DEPR.		DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
45	OFFICE EQUIPMENT	4/06/10		884	1						884	884	S/L	7	0
46	OFFICE EQUIPMENT	4/06/10		636	6						636	636	S/L	7	0
47	OFFICE EQUIPMENT	4/06/10		3,478	3						3,478	3,478	S/L	7	0
48	OFFICE EQUIPMENT	4/06/10		1,834	1						1,834	1,834	S/L	7	0
49	COMPUTERS AND PRINTERS	4/09/10		1,284	1						1,284	1,284	S/L	5	0
50	MEDICAL EQUIPMENT	4/06/10		9,993	3						9,993	9,993	S/L	5	0
51	IV PUMP	4/06/10		1,104	1						1,104	1,104	S/L	5	0
52	ROD KIT	4/06/10		717	7						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	3			OT N	- 1		24,828	24,828	S/L	5	0
55	MEDICAL EQUIPMENT	4/06/10		9,993	3				- N		9,993	9,993	S/L	5	0
56	MEDICAL EQUIPMENT	4/06/10		5,337	7			7			5,337	5,337	S/L	5	0
57	IMAGING EQUIPMENT	4/06/10		28,009	9		MIC),,			28,009	28,009	S/L	5	0
58	MEDICAL EQUIPMENT	4/06/10		84	1	~ 0	14.				84	84	S/L	5	0
59	MEDICAL EQUIPMENT	4/06/10		116,858	3	D					116,858	116,858	S/L	5	0
60	OFFICE EQUIPMENT	4/06/10		9,418	3						9,418	9,418	S/L	5	0
61	OFFICE EQUIPMENT	4/06/10		397	7						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	7						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	ORTHEOPEDIC	6/14/10		1,543	3						1,543	1,543	S/L	5	0
67	KENNEL INSERTS	6/29/10		1,356	6						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	2						752	752	S/L	5	0
81	OFFICE EQUIPMENT	5/12/10		48,044	1						48,044	48,044	S/L	5	0
96	ORTHOPEDIC	11/30/10		690)						690	690	S/L	5	0

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ANIMAL SAMARITANS SPCA, INC.

NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE COST.	′ BU		SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_	LIFE_RATE_	CURRENT DEPR.
97 DE	LL COMPUTER RELATED	1/06/10		61						61	61	S/L	5	0
98 TO	TAL PLAN	5/01/10		,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 SE	CURITY CAMERAS	6/29/10	26	,851						26,851	26,851	S/L	5	0
101 TO	TAL PLAN	7/15/10		792						792	792	S/L	5	0
102 CO	MPUTER - ANGIE	11/04/10	1	,717						1,717	1,717	S/L	5	0
103 OF	FICE EQUIPMENT	11/30/10	1	,098						1,098	1,098	S/L	5	0
104 DE	LL COMPUTER	6/01/10		773						773	773	S/L	5	0
106 FLU	UID WARMER	1/12/11		547						547	547	S/L	5	0
107 CA	PNOGRAPH	2/28/11	3	,133			n Tc			3,133	3,133	S/L	5	0
108 FO	LD DOWN TABLE	6/03/11		900				- N		900	900	S/L	5	0
109 SU	RGERY TABLE	1/12/11	2	,069			7	112,		2,069	2,069	S/L	7	0
110 SU	RGERY TABLE	3/01/11	2	,615		MIC),,			2,615	2,615	S/L	7	0
111 SU	RGERY LIGHT	3/07/11	3	,908	0	la				3,908	3,908	S/L	7	0
112 CO	MPUTER EQUIP	1/31/11		637	V					637	637	S/L	5	0
113 TO	M COMPUTER	6/30/11	1	,337						1,337	1,337	S/L	5	0
114 MI	CHELLE H COMPUTER	7/31/11	1	,104						1,104	1,104	S/L	5	0
116 MC	ONITORS	5/31/12	8	,732						8,732	8,732	S/L	5	0
119 OF	FICE EQUIPMENT	2/29/12	1	,914						1,914	1,914	S/L	5	0
120 OF	FICE EQUIPMENT	5/31/12	2	,335						2,335	2,335	S/L	5	0
121 OF	FICE EQUIPMENT	8/31/12	1	,890						1,890	1,890	S/L	5	0
125 DE	NTAL EQUIPMENT	1/31/13	2	,493						2,493	2,493	S/L	5	0
126 OF	FICE EQUIPMENT	7/31/13		668						668	668	S/L	5	0
127 ME	EDICAL EQUIPMENT	3/07/13	8	,412						8,412	8,412	S/L	5	0
129 CA	RD SYSTEM	1/31/14	2	,303						2,303	2,303	S/L	5	0
130 OF	FICE EQUIPMENT	1/31/14	2	,750						2,750	2,750	S/L	5	0
131 CR	EDIT CARD MACHING	2/26/14		884						884	884	S/L	5	0

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ANIMAL SAMARITANS SPCA, INC.

NO. DESCRIPTION	DATE ACQUIRED _	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS <u>REDUCT</u>	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RAT	CURRENT E DEPR.
132 VET COMPUTERS	6/30/14	4,00	2						4,002	4,002	S/L	5	(
133 CAMERA	7/08/14	1,15	3						1,153	1,153	S/L	5	(
134 OFFICE EQUIPMENT	7/31/14	1,60	5						1,605	1,605	S/L	5	(
135 OFFICE EQUIPMENT	12/31/14	1,62	2						1,622	1,622	S/L	5	(
137 MEDICAL EQUIPMENT	4/30/14	1,12	6						1,126	1,126	S/L	5	(
138 MEDICAL EQUIPMENT	6/02/14	95	2						952	952	S/L	5	(
139 MEDICAL EQUIPMENT	6/13/14	3,06	0						3,060	3,060	S/L	5	(
140 MEDICAL EQUIPMENT	12/29/14	1,59	5						1,595	1,595	S/L	5	(
141 SURGERY EQUIPMENT	1/01/14	1,99							1,997	1,997	S/L	5	(
142 SURGERY EQUIPMENT	3/03/14	2,03	6			DT N	- 1		2,036	2,036	S/L	5	(
143 ISOFLURANCE VAPORIZER	3/10/14	93	5				4 V /		935	935	S/L	5	(
144 ANESTHESIA MACHINE	3/17/14	3,80	0			7	112.		3,800	3,800	S/L	5	(
159 SCALE - EXAM TABLE INDIO	8/16/16	98	7		NIC),,			987	987	S/L	5	(
162 SOUNDBANK PLUS 9234	9/01/15	67,98	5	~ 0	14.				67,985	67,985	S/L	5	(
164 SONICWALL	5/05/17	2,07	6	V					2,076	1,937	S/L	5	139
165 DEVELOPMENT COMPUTER	5/05/17	70	1						701	653	S/L	5	48
166 ELKE COMPUTER	5/08/17	88	6						886	826	S/L	5	60
167 TOM SNYDER COMPUTER	9/05/17	1,29	9						1,299	1,127	S/L	5	172
168 DOCTOR'S COMPUTERS	10/10/17	2,23	4						2,234	1,900	S/L	5	334
169 2 SERVERS	10/26/17	5,01	5						5,015	4,179	S/L	5	836
170 CAPNOGRAPH	4/25/17	3,56	2						3,562	3,323	S/L	5	239
172 ULTRASOUND MACHINE	6/02/17	2,04	4						2,044	1,874	S/L	5	170
173 MEDICAL EQUIPMENT	6/23/17	2,28	1						2,281	2,052	S/L	5	229
176 SECURITY NETWORK UPGRADE	2/07/18	5,00	0						5,000	3,917	S/L	5	1,000
177 MGO COMPUTER	2/08/18	3,12	0						3,120	2,444	S/L	5	624
179 2 DENTAL X-RAYS	4/02/18	28,12	5						28,125	21,094	S/L	5	5,625
180 2 IV PUMPS	11/01/18	2,25	4						2,254	1,428	S/L	5	451

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u> _	DESCRIPTION	DATE ACQUIRED		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.
191 C/	APNOSTAT CO2 PROBE	11/06/19		2,264							2,264	981	S/L	5	453
192 SI	URGICAL LIGHTS	7/01/19		19,365							19,365	6,915	S/L	7	2,76
198 UI	NIFI SWITCH AND SONICWALL	3/31/20		22,501							22,501	7,875	S/L	5	4,50
199 PC	OWEREDGE R540 SERVER	3/31/20		22,127							22,127	7,744	S/L	5	4,42
202 02	XYGEN COMPRESSOR/CONCENTR	11/25/20		12,598							12,598	2,730	S/L	5	2,52
203 AI	IRNETIC SURGERY EQUIPMENT	11/30/20		13,449							13,449	2,914	S/L	5	2,69
204 C/	AMERAS AND INSTALLATION	3/31/20		20,277							20,277	7,097	S/L	5	4,05
214 CC	OMMERCIAL WASHER	4/26/21		11,578							11,578	1,544	S/L	5	2,310
215 Af	NESTHESIA MONITOR	2/08/21		5,404							5,404	991	S/L	5	1,08
217 VE	ET MONITOR	5/20/21		7,956					. •		7,956	928	S/L	5	1,59
223 M	IEDICAL EQUIPMENT	10/05/22		6,451					- ~ 1		6,451		S/L	5	323
	OTAL PROGRAM SERVICES - EQU			877,329		0	- 0	7 10	0	0	877,329	759,057			36,86
T(OTAL PROGRAM SERVICES - EQU GRAM SERVICES - SOFTWARE			877,329	7	00	NC	7 10	0	0 0	877,329	759,057			36,868
PROG		12/02/05		877,329	7	00	NC	7 18	0	0 0	877,329	759,057	S/L	3	
PROG ————————10 QI	RAM SERVICES - SOFTWARE	12/02/05 4/06/10	_	877,329 1,292 3,010	1	00	NC	7 %	0	0 0			S/L S/L	3 3	(
PROG ————————————————————————————————————	GRAM SERVICES - SOFTWARE UICKBOOKS SOFTWARE		_	.,202	7	00	NC	JT 18	0) 0	1,292	1,292			(
PROG 	GRAM SERVICES - SOFTWARE UICKBOOKS SOFTWARE OFTWARE	4/06/10		3,010	7	000	NC)T 18	0	0 0	1,292 3,010	1,292 3,010	S/L	3	(
PROG ————————————————————————————————————	GRAM SERVICES - SOFTWARE UICKBOOKS SOFTWARE OFTWARE	4/06/10 4/06/10		3,010 781	1	000	NC	JT 18	0) 0	1,292 3,010 781	1,292 3,010 781	S/L S/L	3	(
PROG 10 QI 69 SO 70 SO 71 SO 72 SO	UICKBOOKS SOFTWARE OFTWARE OFTWARE OFTWARE	4/06/10 4/06/10 4/06/10		3,010 781 2,292	1	000	NC)T 18	0	0 0	1,292 3,010 781 2,292	1,292 3,010 781 2,292	S/L S/L S/L	3 3 3	(
PROG 10 QI 69 SG 70 SG 71 SG 72 SG 73 SG	GRAM SERVICES - SOFTWARE UICKBOOKS SOFTWARE OFTWARE OFTWARE OFTWARE OFTWARE	4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701	1	000	NC	7 18	0	0 0	1,292 3,010 781 2,292 1,701	1,292 3,010 781 2,292 1,701	S/L S/L S/L S/L	3 3 3 3	
PROG 	GRAM SERVICES - SOFTWARE UICKBOOKS SOFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336	7	000	NC	7 18	0	0 0	1,292 3,010 781 2,292 1,701 7,336	1,292 3,010 781 2,292 1,701 7,336	S/L S/L S/L S/L S/L	3 3 3 3	
70 PROG 	GRAM SERVICES - SOFTWARE UICKBOOKS SOFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336 12,405	•	0	NC	7 18	0	0 0	1,292 3,010 781 2,292 1,701 7,336 12,405	1,292 3,010 781 2,292 1,701 7,336 12,405	\$/L \$/L \$/L \$/L \$/L \$/L	3 3 3 3 3 3	
PROG 	UICKBOOKS SOFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336 12,405 17,984	•	000	NC	7 %	0	0 0	1,292 3,010 781 2,292 1,701 7,336 12,405 17,984	1,292 3,010 781 2,292 1,701 7,336 12,405 17,984	\$/L \$/L \$/L \$/L \$/L \$/L	3 3 3 3 3 3 3	
PROG 	GRAM SERVICES - SOFTWARE UICKBOOKS SOFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336 12,405 17,984 1,401	•	000	NC		0		1,292 3,010 781 2,292 1,701 7,336 12,405 17,984 1,401	1,292 3,010 781 2,292 1,701 7,336 12,405 17,984 1,401	\$/L \$/L \$/L \$/L \$/L \$/L \$/L	3 3 3 3 3 3 3 3	36,868

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ANIMAL SAMARITANS SPCA, INC.

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BA DEPR.	SALVA - /BAS - REDUC	IS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE.	RATE	CURRENT DEPR.
136	COMPUTER SOFTWARE	12/29/14		2,829								2,829	2,829	S/L	3		
178	MICROSOFT SQL 2017	12/08/18		8,889								8,889	8,889	S/L	3		
186	OPTIPLES 5050	3/25/19		1,141								1,141	1,045	S/L	3		9
187	WARRANTY - IMPROMED SRVR	7/15/19		2,000								2,000	1,667	S/L	3		3
188	NETWORK UPGRADE	8/07/19		15,629								15,629	12,591	S/L	3		3,0
189	WINDOWS LICENSES	12/19/19	·=	1,118								1,118	746	S/L	3	-	3
	TOTAL PROGRAM SERVICES - SOF			96,666		0	0	()	0	0	96,666	92,827				3,8
PR	OGRAM SERVICES - VEHICLES																
28	2003 FORD CUTAWAY VAN	9/01/09		16,926			NC		1	1		16,926	16,926	S/L	5		
29	VEHICLE SIGNAGE	11/30/09		2,684				- 1				2,684	2,684	S/L	5		
155	2015 FORD TRANSIT	5/01/15		38,822			-10	11 "				38,822	38,822	S/L	5		
158	TOYOTA PRIUS C	5/27/16	·=	24,000	•	Ω	No					24,000	24,000	S/L	5	-	
	TOTAL PROGRAM SERVICES - VEH			82,432		0	0	()	0	0	82,432	82,432				
TP	SHELTER - EQUIPMENT																
224	URGENT CARE KENNELS	1/12/22		1,659								1,659		S/L	5		3
225	MEDICAL EQUIPMENT	5/01/22	-	20,281								20,281		S/L	5	-	2,7
	TOTAL TP SHELTER - EQUIPMENT			21,940		0	0	()	0	0	21,940	0				3,0
TP	SHELTER - IMPROVEMENTS																
193	HVAC RENEWAL M120 SERIES	3/06/20	_	21,518	ı							21,518	7,890	S/L	5	_	4,3
	TOTAL TP SHELTER - IMPROVEM		•	21,518		0	0			0	0	21,518	7,890			-	4,3

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ANIMAL SAMARITANS SPCA, INC.

95-3171867

<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	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.
TO	ITAL DEPRECIATION			5,038,634		0	0	0	0	0	5,038,634	2,430,466			168,789
GR	AND TOTAL DEPRECIATION			5,038,634		0	0	0	0	0	5,038,634	2,430,466			168,789

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ANIMAL SAMARITANS SPCA, INC.

NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS SP. DE	S/ D	PRIOR DEC. BAL DEPR.	SALV/ /BAS <u>REDU</u>	SIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
ORM 199																
INDIO CLINIC - BUILDING																
145 BUILDING	8/26/15		344,385									344,385	64,827	S/L	39	8,
146 COMPUTERS	8/26/15		10,294									10,294	10,294	S/L	5	
207 LEASEHOLD IMPROVEMENTS	8/15/20		239,457									239,457	28,935	S/L	20	11,
208 WINDOW TINT	8/15/20		3,073	_								3,073	1,061	S/L	7	
TOTAL INDIO CLINIC - BUILDING			597,209		0	0		0	0)	0	597,209	105,117			21
INDIO CLINIC - COMPUTER EQUIPMENT						NC			A 1	_						
206 POINT OF SALE SYSTEM	8/15/20		3,659				1	M	H			3,659	1,769	S/L	5	
210 CABLING	8/15/20		3,997			NIC) \					3,997	1,931	S/L	5	
213 COMPUTER MONITORS (17)	5/14/21		11,417		70	14						11,417	3,805	S/L	5	2
220 COMPUTER MONITORS (4)	5/14/21		1,738	1								1,738	580	S/L	5	
TOTAL INDIO CLINIC - COMPUTER			20,811		0	0		0	0)	0	20,811	8,085			4
INDIO CLINIC - COMPUTER SOFTWARE																
150 COMPUTER SOFTWARE	8/26/15		12,892	_								12,892	12,892	S/L	3	
TOTAL INDIO CLINIC - COMPUTER			12,892		0	0		0	0)	0	12,892	12,892			
INDIO CLINIC - MEDICAL EQUIPMENT																
147 MEDICAL EQUIPMENT	8/26/15		72,060									72,060	72,060	S/L	5	
161 DENTAL EQUIPMENT	3/09/16		2,587									2,587	2,587	S/L	5	
171 DENTAL EQUIPMENT	5/24/17		4,310									4,310	4,310	S/L	5	
171 DENTAL EQUIPMENT	5/24/17		4,310									4,310	4,310	S/L	5	

1	2	121	123
		.51	1/5

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ANIMAL SAMARITANS SPCA, INC.

NODESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PR 17 BON SP. [9/	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
209 WET DENTAL TABLE	8/15/20		11,917								11,917	5,759	S/L	5	2,3
216 VET MONITOR	5/18/21		7,956								7,956	2,519	S/L	5	1,5
TOTAL INDIO CLINIC - MEDICAL I	EQ		98,830		0	()	0	0	(98,830	87,235			3,9
INDIO CLINIC - OFFICE EQUIPMENT															
149 OFFICE EQUIPMENT	8/26/15		1,461								1,461	1,461	S/L	5	
154 OFFICE FURNITURE	8/26/15		23,995								23,995	23,995	S/L	7	
TOTAL INDIO CLINIC - OFFICE EQ	UI		25,456		0	()	0	0	(25,456	25,456			
INDIO CLINIC - SECURITY AND IT						NO		_	1						
152 SECURITY AND IT	8/26/15		14,657			. (1	N	\P.		14,657	14,657	S/L	5	
205 SECURITY CAMERA SYSTEM	8/15/20		4,344			N	"				4,344	2,100	S/L	5	8
212 ENTRY DOOR KEYPAD	8/15/20		2,668		<u> </u>		_				2,668	921	S/L	7	
TOTAL INDIO CLINIC - SECURITY	А		21,669		0)	0	0			17,678			1,2
INDIO CLINIC - SIGNAGE															
148 SIGNAGE	8/26/15		10,396								10,396	10,396	S/L	5	
211 SIGNAGE	8/15/20		10,002								10,002	3,453	S/L	7	1,4
222 SIGNAGE	6/13/22		5,880								5,880	490	S/L	7	8
TOTAL INDIO CLINIC - SIGNAGE			26,278		0	()	0	0	(26,278	14,339			2,2

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ANIMAL SAMARITANS SPCA, INC.

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.	SALVAO /BASIS REDUC	DEPR.	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
151	SURGICAL EQUIPMENT	8/26/15		38,735							38,73	5 38,735	S/L	5	(
163	SOUNDBANK PLUS 8528	11/01/15		67,039							67,03	9 67,039	S/L	5	
	TOTAL INDIO CLINIC - SURGICAL E			105,774		0	0	0	0		0 105,77	4 105,774			
LAN	ND														
6	LAND - PETLAND PL	1/15/84		49,573							49,57	3			
	TOTAL LAND			49,573		0	0	0	0)	0 49,57	3 0			
PRO	OGRAM SERVICES														
1	BUILDING IMPROVEMENTS	1/15/84		178,232)T N	IAI		178,23	2 178,232	S/L	20	
2	BUILDING REMODELING	2/28/99		12,704			10	TI	141		12,70	4 12,490	S/L	20	
3	BUILDING REMODELING	3/31/99		321			N	<i>)</i> '			32	1 321	S/L	20	
4	BUILDING REMODELING	6/30/99		302	1	\mathbf{a}					30	2 302	S/L	20	
5	BUILDING IMPROVEMENTS	2/14/00		2,000	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						2,00	0 1,609	150DB	20	
11	BUILDING IMPROV - SEWER	5/24/06		18,037							18,03	7 18,037	S/L	15	
20	BUILDING IMPROVEMENT	9/30/08		1,780							1,78	0 1,291	S/L	20	8
41	CLINIC BUILDING	4/06/10		2,226,533							2,226,53	3 727,910	S/L	39	57,09
79	BUILDING IMPROVEMENT	5/01/10		2,751							2,75	1,748	S/L	20	13
82	BUILDING IMPROVEMENTS	5/26/10		3,529							3,52	9 2,215	S/L	20	17
83	BUILDING IMPROVEMENTS	6/29/10		3,130							3,13	0 1,962	S/L	20	15
84	BUILDING IMPROVEMENTS	8/05/10		2,793							2,79	3 1,738	S/L	20	14
85	BUILDING IMPROVEMENTS	9/30/10		2,223							2,22	3 1,360	S/L	20	11
86	BUILDING IMPROVEMENTS	8/05/10		2,417							2,41	7 1,502	S/L	20	12
87	BUILDING IMPROVEMENTS	6/03/10		139,426							139,42	80,984	S/L	20	6,97
88	BUILDING IMPROVEMENTS	6/29/10		500							50	313	S/L	20	2

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ANIMAL SAMARITANS SPCA, INC.

						CUR	SPECIAL	PRIOR 179/	PRIOR	SALV	ΔΩ						
<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	179 BONUS	DEPR. ALLOW.	BONUS/ SP. DEPR.	DEC. BAL DEPR.		SIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE.	RATE	CURRENT DEPR.
89	BUILDING IMPROVEMENTS	7/20/10		2,122								2,122	1,316	S/L	20		106
90	BUILDING IMPROVEMENTS	10/14/10		817								817	502	S/L	20		41
91	BUILDING IMPROVEMENTS	12/20/10		2,868								2,868	1,716	S/L	20		143
92	BUILDING IMPROVEMENTS	7/31/10		196								196	124	S/L	20		10
93	BUILDING IMPROVEMENTS	9/16/10		9,900								9,900	6,064	S/L	20		495
94	BUILDING IMPROVEMENTS	6/30/10		94,164								94,164	58,850	S/L	20		4,708
105	BUILDING REMODELING	5/15/11		121,738								121,738	71,015	S/L	20		6,087
115	BUILDING IMPROVEMENT	9/01/11		38,398								38,398	21,791	S/L	20		1,920
117	SHELTER EXTERIOR	2/16/12		4,500								4,500	2,438	S/L	20		225
128	MODULAR BLDG WORK	9/10/14		3,578								3,578	1,492	S/L	20		179
157	BUILDING REMODEL	7/03/15		65,173				n To	- 11			65,173	24,442	S/L	20		3,259
181	5 YEAR USE PERMIT	5/22/19		9,651				7	NP.			9,651	6,916	S/L	5		1,930
182	CUBEX STATION ADAPTATIONS	9/10/19		5,140			210),,				5,140	857	S/L	20		257
183	SHELTER DOORS	10/10/19		3,570		\sim 0	la					3,570	582	S/L	20		179
184	CEILING, FLOOR, PARKING	12/23/19		2,800	\ \	D	,					2,800	420	S/L	20		140
185	AWNING AND BLINDS	5/17/19		6,710								6,710	1,204	S/L	20		336
219	CONCRETE PADS	6/23/21		6,600								6,600	495	S/L	20		330
221	IMPROVEMENTS	5/02/22		5,654	<u>-</u>							5,654	188	S/L	20		283
	TOTAL PROGRAM SERVICES			2,980,257		0	0) (0	0	0	2,980,257	1,232,426				85,647
PF	ROGRAM 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

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ANIMAL SAMARITANS SPCA, INC.

_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	LIEE DATI	CURRENT DEPR.
	AUTOCLAVE ULTRACLAVE M11	11/21/06	SOLD	3,765		BUNUS	ALLUW.	SF. DEFR.	UEFK	<u>KEDUUT</u>	3,765	3,765	S/L	7	
	SURGERY EQUIPMENT	4/30/06		3,411							3,411	3,411	3/L S/L	5	0
	SURGERY EQUIPMENT	12/31/06		4,143							4,143	4,143	3/L S/L	5	0
	MEDICAL EQUIPMENT	2/22/07		974							974	974	S/L	7	0
	SURGERY EQUIPMENT	1/25/07		3,774							3,774	3,751	S/L	7	0
	MEDICAL EQUIPMENT	10/18/07		982							982	975	S/L	7	0
	STOOL	4/14/08		1,135							1,135	1,094	S/L	7	0
	EXAM TABLE	5/06/08		3,051							3,051	2,979	S/L	, 7	0
	KENNELS	5/13/08		9,137							9,137	8,918	S/L	7	0
	MEDICAL EQUIPMENT	6/16/08		11,842							11,842	11,842	S/L	7	0
25	GENERATOR	10/01/08		6,050					- ~ 1	1_	6,050	6,050	S/L	7	0
26	SURGERY EQUIPMENT	6/10/08		3,306				DT N	יאו		3,306	3,265	S/L	7	0
27	PORTABLE CART	6/11/08		5,545			-10	J_{II} I_{II}			5,545	5,478	S/L	7	0
30	5 TON AIR COMPRESSOR	10/08/09		3,665		20	la.				3,665	2,425	S/L	20	183
31	FENCE	10/13/09		750							750	503	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

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ANIMAL SAMARITANS SPCA, INC.

NO.	DESCRIPTION	DATE ACQUIRED	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.
	OFFICE EQUIPMENT	4/06/10	 884	101.		TILLOW.	OI . DEI IX.			884	884	S/L	7	0
	OFFICE EQUIPMENT	4/06/10	636							636	636	S/L	7	0
47		4/06/10	3,478							3,478	3,478	S/L	, 7	0
	OFFICE EQUIPMENT	4/06/10	1,834							1,834	1,834	S/L	7	0
	COMPUTERS AND PRINTERS	4/09/10	1,284							1,284	1,284	S/L	5	0
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					- ~ 1		9,993	9,993	S/L	5	0
56	MEDICAL EQUIPMENT	4/06/10	5,337				- N	יאו		5,337	5,337	S/L	5	0
57	IMAGING EQUIPMENT	4/06/10	28,009			210	DT N			28,009	28,009	S/L	5	0
58	MEDICAL EQUIPMENT	4/06/10	84		\sim	la				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	ORTHEOPEDIC	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

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ANIMAL SAMARITANS SPCA, INC.

NO.	DESCRIPTION	DATE ACQUIRED	DATE COSTA			SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
	DELL COMPUTER RELATED	1/06/10	JOED DAGIO	61	. DONOS	ALLOW.	<u> </u>	DEI IV.		61	61	S/L	5	0
	TOTAL PLAN	5/01/10	2	544						2,544	2,544	3/L S/L	5	0
	IT PACIFIC LIGHTWARE	5/01/10		750						7,750	7,750	3/L S/L	5	0
	SECURITY CAMERAS	6/29/10		851						26,851	26,851	S/L	5	0
	TOTAL PLAN	7/15/10	20	792						792	792	S/L	5	0
	COMPUTER - ANGIE	11/04/10	1	717						1,717	1,717	S/L	5	0
	OFFICE EQUIPMENT	11/30/10		098						1,098	1,098	S/L	5	0
	DELL COMPUTER	6/01/10		773						773	773	S/L	5	0
	FLUID WARMER	1/12/11		547						547	547	S/L	5	0
	CAPNOGRAPH	2/28/11	3							3,133	3,133	S/L	5	0
	FOLD DOWN TABLE	6/03/11		900				- 1	1	900	900	S/L	5	0
109	SURGERY TABLE	1/12/11	2	069			- 1	1/2/		2,069	2,069	S/L	7	0
110	SURGERY TABLE	3/01/11		615		-10	ot N			2,615	2,615	S/L	7	0
111	SURGERY LIGHT	3/07/11		908	-0	IA.				3,908	3,908	S/L	7	0
112	COMPUTER EQUIP	1/31/11		637	DO					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

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE COST/ SOLD 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.
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
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					- 1		935	935	S/L	5	0
144	ANESTHESIA MACHINE	3/17/14	3,800				7	112,		3,800	3,800	S/L	5	0
159	SCALE - EXAM TABLE INDIO	8/16/16	987			110	TN			987	987	S/L	5	0
162	SOUNDBANK PLUS 9234	9/01/15	67,985		\sim 0	14.				67,985	67,985	S/L	5	0
164	SONICWALL	5/05/17	2,076	١ ١	V					2,076	2,076	S/L	5	0
165	DEVELOPMENT COMPUTER	5/05/17	701							701	701	S/L	5	0
166	ELKE COMPUTER	5/08/17	886							886	886	S/L	5	0
167	TOM SNYDER COMPUTER	9/05/17	1,299							1,299	1,299	S/L	5	0
168	DOCTOR'S COMPUTERS	10/10/17	2,234							2,234	2,234	S/L	5	0
169	2 SERVERS	10/26/17	5,015							5,015	5,015	S/L	5	0
170	CAPNOGRAPH	4/25/17	3,562							3,562	3,562	S/L	5	0
172	ULTRASOUND MACHINE	6/02/17	2,044							2,044	2,044	S/L	5	0
173	MEDICAL EQUIPMENT	6/23/17	2,281							2,281	2,281	S/L	5	0
176	SECURITY NETWORK UPGRADE	2/07/18	5,000							5,000	4,917	S/L	5	83
177	MGO COMPUTER	2/08/18	3,120							3,120	3,068	S/L	5	52
179	2 DENTAL X-RAYS	4/02/18	28,125							28,125	26,719	S/L	5	1,406
180	2 IV PUMPS	11/01/18	2,254							2,254	1,879	S/L	5	375

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u> _	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD .	LIFE _I	CURRENT RATE DEPR.
191 C	CAPNOSTAT CO2 PROBE	11/06/19		2,264							2,264	1,434	S/L	5	4
192 S	SURGICAL LIGHTS	7/01/19		19,365							19,365	9,681	S/L	7	2,7
198 U	INIFI SWITCH AND SONICWALL	3/31/20		22,501							22,501	12,375	S/L	5	4,5
199 P	POWEREDGE R540 SERVER	3/31/20		22,127							22,127	12,169	S/L	5	4,4
202 C	OXYGEN COMPRESSOR/CONCENTR	11/25/20		12,598							12,598	5,250	S/L	5	2,5
203 A	AIRNETIC SURGERY EQUIPMENT	11/30/20		13,449							13,449	5,604	S/L	5	2,6
204 C	CAMERAS AND INSTALLATION	3/31/20		20,277							20,277	11,152	S/L	5	4,0
214 C	COMMERCIAL WASHER	4/26/21		11,578							11,578	3,860	S/L	5	2,3
215 A	NESTHESIA MONITOR	2/08/21		5,404							5,404	2,072	S/L	5	1,0
217 V	ET MONITOR	5/20/21		7,956					- 1		7,956	2,519	S/L	5	1,5
223 N	MEDICAL EQUIPMENT	10/05/22		6,451							6,451	323	S/L	5	1,2
	OTAL PROGRAM SERVICES - EQU GRAM SERVICES - SOFTWARE			877,329	1	0	NO	TN	0	0	877,329	795,925			29,8
	QUICKBOOKS SOFTWARE				1										
10 Q	ROTONDOONS SOLT WAILE	12/02/05		1,292							1,292	1,292	S/L	3	
	SOFTWARE	12/02/05 4/06/10		1,292 3,010							1,292 3,010	1,292 3,010	S/L S/L	3	
69 S				1,202							,	,			
69 S 70 S	SOFTWARE	4/06/10		3,010							3,010	3,010	S/L	3	
69 S 70 S 71 S	SOFTWARE SOFTWARE	4/06/10 4/06/10		3,010 781							3,010 781	3,010 781	S/L S/L	3	
69 S 70 S 71 S 72 S	COFTWARE COFTWARE COFTWARE	4/06/10 4/06/10 4/06/10		3,010 781 2,292							3,010 781 2,292	3,010 781 2,292	S/L S/L S/L	3 3 3	
69 S 70 S 71 S 72 S 73 S	SOFTWARE SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701							3,010 781 2,292 1,701	3,010 781 2,292 1,701	S/L S/L S/L S/L	3 3 3	
69 S 70 S 71 S 72 S 73 S 74 S	SOFTWARE SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336							3,010 781 2,292 1,701 7,336	3,010 781 2,292 1,701 7,336	S/L S/L S/L S/L S/L	3 3 3 3	
69 S 70 S 71 S 72 S 73 S 74 S 75 S	SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336 12,405							3,010 781 2,292 1,701 7,336 12,405	3,010 781 2,292 1,701 7,336 12,405	S/L S/L S/L S/L S/L S/L	3 3 3 3 3	
69 S 70 S 71 S 72 S 73 S 74 S 75 S 76 S	SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336 12,405							3,010 781 2,292 1,701 7,336 12,405 17,984	3,010 781 2,292 1,701 7,336 12,405 17,984	S/L S/L S/L S/L S/L S/L S/L	3 3 3 3 3 3	
69 S 70 S 71 S 72 S 73 S 74 S 75 S 76 S 77 S	SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE SOFTWARE	4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10 4/06/10		3,010 781 2,292 1,701 7,336 12,405 17,984 1,401							3,010 781 2,292 1,701 7,336 12,405 17,984 1,401	3,010 781 2,292 1,701 7,336 12,405 17,984 1,401	S/L S/L S/L S/L S/L S/L S/L S/L	3 3 3 3 3 3 3	

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ANIMAL SAMARITANS SPCA, INC.

<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BA DEPR.		SIS	DEPR. BASIS	PRIOR DEPR.	METHOD	<u>LIFE RATE</u>	CURRENT DEPR.
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	8,889	S/L	3	0
186	OPTIPLES 5050	3/25/19		1,141								1,141	1,141	S/L	3	0
187	WARRANTY - IMPROMED SRVR	7/15/19		2,000								2,000	2,000	S/L	3	0
188	NETWORK UPGRADE	8/07/19		15,629								15,629	15,629	S/L	3	0
189	WINDOWS LICENSES	12/19/19		1,118	<u>.</u>							1,118	1,118	S/L	3	0
	TOTAL PROGRAM SERVICES - SOF			96,666		0	0		0	0	0	96,666	96,666			0
PRO	OGRAM SERVICES - VEHICLES															
28	2003 FORD CUTAWAY VAN	9/01/09		16,926			NC			1		16,926	16,926	S/L	5	0
29	VEHICLE SIGNAGE	11/30/09		2,684				- 1				2,684	2,684	S/L	5	0
155	2015 FORD TRANSIT	5/01/15		38,822			-10	II_{I}				38,822	38,822	S/L	5	0
158	TOYOTA PRIUS C	5/27/16		24,000		Ω	Vic					24,000	24,000	S/L	5	0
	TOTAL PROGRAM SERVICES - VEH			82,432		0	0		0	0	0	82,432	82,432			0
TP	SHELTER - EQUIPMENT															
224	URGENT CARE KENNELS	1/12/22		1,659								1,659	332	S/L	5	332
225	MEDICAL EQUIPMENT	5/01/22		20,281	<u>.</u>							20,281	2,704	S/L	5	4,056
	TOTAL TP SHELTER - EQUIPMENT			21,940		0	0		0	0	0	21,940	3,036			4,388
TP	SHELTER - IMPROVEMENTS															
193	HVAC RENEWAL M120 SERIES	3/06/20	-	21,518								21,518	12,194	S/L	5	4,304
	TOTAL TP SHELTER - IMPROVEM		·	21,518		0	0		0	0	0	21,518	12,194			4,304

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TOTAL DEPRECIATION			5,038,634		0	0	0	0	0	5,038,634	2,599,255			157,060
GRAND TOTAL DEPRECIATION			5,038,634		0	0	0	0	0	5,038,634	2,599,255			157,060

DO NOT MAIL