

ANIMAL SAMARITANS SPCA, INC.

95-3171867

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

DO NOT MAIL

ANIMAL SAMARITANS SPCA, INC.

95-3171867

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

DO NOT MAIL

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

DO NOT MAIL

2022

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.

DO NOT MAIL

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

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

2022

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.**

Name of filer

EIN or SSN

ANIMAL SAMARITANS SPCA, INC.

95-3171867

Name and title of officer or person subject to tax

LEN BETZ PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>9,649,975.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here. <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MARYANOV MADSEN GORDON CAMPBELL to enter my PIN 40490 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33116253410

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , **2022**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ANIMAL SAMARITANS SPCA, INC. 72120 PETLAND PL THOUSAND PALMS, CA 92276-2950	D Employer identification number 95-3171867	E Telephone number 760-343-3477
F Name and address of principal officer: LEN BETZ SAME AS C ABOVE		G Gross receipts \$ 9,803,058. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions.</small>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.ANIMALSAMARITANS.ORG		L Year of formation: 1978	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: CA	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	82
	6 Total number of volunteers (estimate if necessary)	6	244
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,228,171.	2,811,375.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,016,585.	6,632,798.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,423.	24,285.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	131,706.	181,517.
		7,393,885.	9,649,975.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,976,070.	4,912,358.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	60,060.	46,328.
	b Total fundraising expenses (Part IX, column (D), line 25)	464,158.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,511,407.	3,027,334.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,547,537.	7,986,020.	
19 Revenue less expenses. Subtract line 18 from line 12	846,348.	1,663,955.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,747,213.	8,155,544.
	22 Net assets or fund balances. Subtract line 21 from line 20	382,694.	320,433.
		6,364,519.	7,835,111.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LEN BETZ	Date	
	Type or print name and title PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name STEPHEN DAWSON, CPA	Preparer's signature	Date
	Firm's name MARYANOV MADSEN GORDON CAMPBELL	Check <input type="checkbox"/> self-employed <input type="checkbox"/> if PTIN P01548299	
	Firm's address PO BOX 1826 PALM SPRINGS, CA 92263	Firm's EIN 95-3178278	Phone no. (760) 320-6642

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

IMPROVING THE LIVES OF ANIMALS AND PEOPLE.

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

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

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

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

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

4a (Code:) (Expenses \$ 7,179,102. including grants of \$) (Revenue \$)

SEE SCHEDULE O

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

DO NOT MAIL

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

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

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

4e Total program service expenses 7,179,102.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-13 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-16b regarding local chapters, policies, conflict of interest, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHERINE GILABERT VETERINARIAN, DVM	40 0					X	402,156.	0.	0.	
(2) ARTHUR KLOMHAUS VETERINARIAN, DVM	40 0					X	335,923.	0.	0.	
(3) ELIZABETH FOGEL VETERINARIAN, DVM	40 0					X	225,786.	0.	0.	
(4) ROBERT MILLS VETERINARIAN, DVM	40 0					X	134,591.	0.	0.	
(5) TOM SNYDER CEO	40 0			X			131,194.	0.	0.	
(6) KEVIN LEISKE VETERINARIAN, DVM	40 0					X	111,557.	0.	0.	
(7) FERA MOSTOW, ESQ SECRETARY	1 0	X		X			0.	0.	0.	
(8) DEA FRANK, ESQ DIRECTOR	1 0	X					0.	0.	0.	
(9) MARK DODGE VICE PRESIDENT	1 0	X		X			0.	0.	0.	
(10) PATRICK EVANS DIRECTOR	1 0	X					0.	0.	0.	
(11) SANDY BEAKEY DIRECTOR	1 0	X					0.	0.	0.	
(12) BARBARA FLANAGAN DIRECTOR	1 0	X					0.	0.	0.	
(13) MARCIA ERICKSON DIRECTOR	1 0	X					0.	0.	0.	
(14) LANNY SEESE, MD DIRECTOR	1 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) LEN BETZ PRESIDENT	2 0	X		X			0.	0.	0.
(16) BERT GARLAND DIRECTOR	1 0	X					0.	0.	0.
(17) JOHN SCHOOLER TREASURER	2 0	X		X			0.	0.	0.
(18) CLARK HALLREN DIRECTOR	1 0	X					0.	0.	0.
(19) AURORA WILSON DIRECTOR	1 0	X					0.	0.	0.
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

DO NOT MAIL

1b Subtotal	1,341,207.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	1,341,207.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b 4,695.				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,806,680.				
	g Noncash contributions included in lines 1a-1f	1g 36,883.				
	h Total. Add lines 1a-1f	2,811,375.				
	Program Service Revenue	2a CLINIC INCOME		6,632,798.	6,632,798.	
b -----						
c -----						
d -----						
e -----						
f All other program service revenue						
g Total. Add lines 2a-2f		6,632,798.				
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		24,285.	24,285.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	Other Revenue	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		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		10a				
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		11a -----				
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		9,649,975.	6,657,083.	0.	181,517.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,194.	111,515.	13,119.	6,560.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	4,106,356.	3,702,639.	146,782.	256,935.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,204.	104,338.	5,398.	9,468.
9 Other employee benefits	219,371.	190,112.	13,078.	16,181.
10 Payroll taxes	336,233.	291,151.	22,578.	22,504.
11 Fees for services (nonemployees):				
a Management				
b Legal	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.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	482,733.	466,846.	785.	15,102.
12 Advertising and promotion	18,964.	546.		18,418.
13 Office expenses	44,944.	34,484.	7,759.	2,701.
14 Information technology	39,878.	36,664.	1,863.	1,351.
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	168,789.	151,911.	8,439.	8,439.
23 Insurance	69,566.	49,690.	9,938.	9,938.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL SUPPLIES</u>	433,077.	433,077.		
b <u>MEDICINES</u>	302,726.	302,726.		
c <u>LABORATORY</u>	263,811.	263,811.		
d <u>PAYROLL PROCESSING FEES</u>	234,066.	198,956.	23,407.	11,703.
e All other expenses. SEE SCH. O.	907,999.	797,342.	80,448.	30,209.
25 Total functional expenses. Add lines 1 through 24e.	7,986,020.	7,179,102.	342,760.	464,158.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash – non-interest-bearing	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	186,891.	8	260,258.	
	9	Prepaid expenses and deferred charges	25,606.	9	31,719.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,038,634.		
	b	Less: accumulated depreciation	10b	2,599,255.	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.		
Liabilities	17	Accounts payable and accrued expenses	382,694.	17	320,433.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	382,694.	26	320,433.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>					
	27	Net assets without donor restrictions	5,701,671.	27	5,888,324.	
	28	Net assets with donor restrictions	662,848.	28	1,946,787.	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances.	6,364,519.	32	7,835,111.	
33	Total liabilities and net assets/fund balances.	6,747,213.	33	8,155,544.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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	3	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	-193,363.
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.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

DO NOT MAIL

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Unit (%). Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14.

16a 33-1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

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.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	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 furnished in any activity that is related to the organization's tax-exempt purpose.	3,308,888.	3,425,470.	2,555,339.	5,016,586.	6,632,798.	20,939,081.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	4,727,391.	6,145,556.	6,064,299.	7,032,753.	9,444,173.	33,414,172.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						33,414,172.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	4,727,391.	6,145,556.	6,064,299.	7,032,753.	9,444,173.	33,414,172.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	14,536.	12,965.	17,560.	17,423.	24,285.	86,769.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c 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.)	24,867.	69,449.	53,951.	131,706.	181,517.	461,490.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,766,794.	6,227,970.	6,135,810.	7,181,882.	9,649,975.	33,962,431.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	15	98.39 %
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	98.41 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	0.26 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	0.25 %
19a 33-1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	<input type="checkbox"/>	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

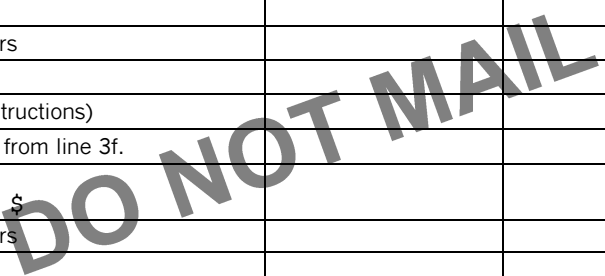
Section C – Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 – explain in Part VI). 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			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
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			



Part VI

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

PART III, LINE 12 - OTHER INCOME

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

DO NOT MAIL

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY BROAD FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DUNLAP FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SARAH DI TANA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THORNTON GLIDE JR 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GLORIA SCOBY 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MANILOW FUND FOR HEALTH & HOPE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 40,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LYNSY TOELKES 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CARL JUD FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BRANDON BOSWELL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	J. SQUIRE JUNGER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	INLAND EMPIRE COMMUNITY FDN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	KALLI CRAWFORD 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ANNENBERG FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	HOUSTON FAMILY FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	LANNY SEESE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GRETE COX 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	ANDERSON CHILDREN'S FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 9,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	BARBARA ROGERS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DIANE JOHNSON 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	AUEN FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	LISA PARK 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BLANCHARD LIVING TRUST 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 8,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	JAMES STEVENS ESTATE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	EISENHOWER MEDICAL CENTER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ANNETTE YOUNG LEWIS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	RICHARD BROOKE FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 825,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	ALBERT & ANNA HERDINA MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ROBERT RICHTER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	PATRICIA THORNBERG MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 30,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	JANET SALTA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MICHAEL NOLL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	ROBERT BARNES 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	CLARK HALLREN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	HEYSON LEACH 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	JOSEPH HAYDEN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 63,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	JOHN AND MARTHA WILSON CHRTBL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 89,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

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

DO NOT MAIL

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ROBERT STURTEVANT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 70,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	BIGHORN GOLF CLUB 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	CADE MORROW 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	TODD BARAJAS MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	GARY KIEF 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	DAVID ROOT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 42,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

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

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	LINDA VON RHINE ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	TODD BURGESS ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	BEN ROSENTHAL ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

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

DO NOT MAIL

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

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

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

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

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

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

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

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

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

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

DO NOT MAIL

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

ANIMAL SAMARITANS SPCA, INC.

95-3171867

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____
- 4 Number of states where property subject to conservation easement is located _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1. \$ _____
- (ii) Assets included in Form 990, Part X. \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1. \$ _____
- b Assets included in Form 990, Part X. \$ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	306,947.	290,199.	266,111.	236,677.	0.
b Contributions				8,115.	250,000.
c Net investment earnings, gains, and losses	-37,934.	16,748.	24,088.	21,319.	-11,397.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	2,922.				1,926.
g End of year balance	266,091.	306,947.	290,199.	266,111.	236,677.

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

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

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

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

	Yes	No
(i) Unrelated organizations	X	
(ii) Related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		49,573.		49,573.
b Buildings		2,570,918.	792,737.	1,778,181.
c Leasehold improvements		1,021,769.	548,637.	473,132.
d Equipment		1,136,786.	1,021,369.	115,417.
e Other		259,588.	236,512.	23,076.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,439,379.

Part VII Investments – Other Securities. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	199,420.
(2) ERC	211,578.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	410,998.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	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	2 a	-193,363.
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	-193,363.
3	Subtract line 2 e 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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	9,649,975.

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

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

1	Total expenses and losses per audited financial statements	1	7,986,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	7,986,020.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	7,986,020.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

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

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

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

Part XIII Supplemental Information *(continued)*

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

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

DO NOT MAIL

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CHRISTINA LEWIS 72120 PETLAND PL THOUSAND PALMS CA 92276	GRANT WRITING		X	293,361.	45,623.	247,738.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				293,361.	45,623.	247,738.

DO NOT MAIL

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

CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		DESERT FASHION (event type)	OTHER EVENTS (event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	292,640.	41,960.	334,600.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	292,640.	41,960.	334,600.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	153,083.		153,083.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				153,083.
	11	Net income summary. Subtract line 10 from line 3, column (d)				181,517.

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

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

DO NOT MAIL

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

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

Name -----

Address -----

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

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

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

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

Description of services provided -----

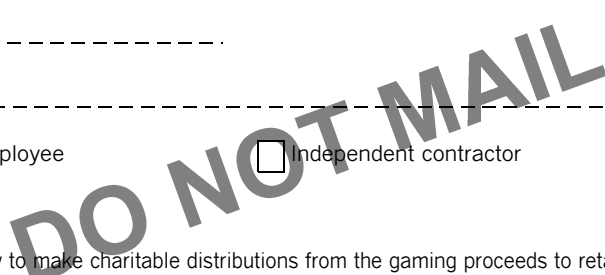
- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ANIMAL SAMARITANS SPCA, INC.

95-3171867

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1 ELIZABETH FOGEL VETERINARIAN, DVM	(i)	225,786.	0.	0.	0.	225,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 CATHERINE GILABERT VETERINARIAN, DVM	(i)	402,156.	0.	0.	0.	402,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 ARTHUR KLOMHAUS VETERINARIAN, DVM	(i)	335,923.	0.	0.	0.	335,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

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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.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)			24,404.	
26 Other (PET SUPPLIES)			12,479.	
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

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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 HOMELESS DOGS AND CATS. WE BELIEVE SPAYING AND NEUTERING OUR PETS AND HOMELESS POPULATIONS OF DOGS AND CATS IS AN EFFECTIVE WAY TO ACHIEVE THIS END AND WE ARE COMMITTED TO PROVIDING QUALITY, AFFORDABLE SPAY/NEUTER SERVICES. WE BELIEVE ADOPTABLE, HOMELESS DOGS AND CATS DESERVE A CHANCE AT LIFE AND TO LIVE IN A LOVING HOME, AND WE SUPPORT THIS IDEAL THROUGH ANIMAL RESCUING, ANIMAL SHELTERING, AND PET ADOPTIONS. WE BELIEVE THE BOND BETWEEN PEOPLE AND PETS IS HEALING, BOTH EMOTIONALLY AND PHYSICALLY, AND WE PROVIDE 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 SERVICES. FOR THESE SERVICES WE OFFER FINANCIAL AID ASSISTANCE TO QUALIFYING PET 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.

OUR UNIQUE VETERINARY SERVICES IN 2022 INCLUDED: 11,963 PET EXAMS; 4,569 LAB TESTS;

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

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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.

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

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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.

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.

Name of the organization

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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

ANIMAL SAMARITANS SPCA, INC.

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

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & 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.

DO NOT MAIL

ANIMAL SAMARITANS SPCA, INC.

95-3171867

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>INDIO CLINIC - BUILDING</u>																
145	BUILDING	8/26/15		344,385							344,385	55,997	S/L	39		8,830
146	COMPUTERS	8/26/15		10,294							10,294	10,294	S/L	5		0
207	LEASEHOLD IMPROVEMENTS	8/15/20		239,457							239,457	16,962	S/L	20		11,973
208	WINDOW TINT	8/15/20		3,073							3,073	622	S/L	7		439
	TOTAL INDIO CLINIC - BUILDING			597,209		0	0	0	0	0	597,209	83,875				21,242
<u>INDIO CLINIC - COMPUTER EQUIPMENT</u>																
206	POINT OF SALE SYSTEM	8/15/20		3,659							3,659	1,037	S/L	5		732
210	CABLING	8/15/20		3,997							3,997	1,132	S/L	5		799
213	COMPUTER MONITORS (17)	5/14/21		11,417							11,417	1,522	S/L	5		2,283
220	COMPUTER MONITORS (4)	5/14/21		1,738							1,738	232	S/L	5		348
	TOTAL INDIO CLINIC - COMPUTER			20,811		0	0	0	0	0	20,811	3,923				4,162
<u>INDIO CLINIC - COMPUTER SOFTWARE</u>																
150	COMPUTER SOFTWARE	8/26/15		12,892							12,892	12,892	S/L	3		0
	TOTAL INDIO CLINIC - COMPUTER			12,892		0	0	0	0	0	12,892	12,892				0
<u>INDIO CLINIC - MEDICAL EQUIPMENT</u>																
147	MEDICAL EQUIPMENT	8/26/15		72,060							72,060	72,060	S/L	5		0
161	DENTAL EQUIPMENT	3/09/16		2,587							2,587	2,587	S/L	5		0
171	DENTAL EQUIPMENT	5/24/17		4,310							4,310	3,951	S/L	5		359

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ANIMAL SAMARITANS SPCA, INC.

95-3171867

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
209	WET DENTAL TABLE	8/15/20		11,917							11,917	3,376	S/L	5		2,383
216	VET MONITOR	5/18/21		7,956							7,956	928	S/L	5		1,591
TOTAL INDIO CLINIC - MEDICAL EQ				98,830		0	0	0	0	0	98,830	82,902				4,333
INDIO CLINIC - OFFICE EQUIPMENT																
149	OFFICE EQUIPMENT	8/26/15		1,461							1,461	1,461	S/L	5		0
154	OFFICE FURNITURE	8/26/15		23,995							23,995	21,711	S/L	7		2,284
TOTAL INDIO CLINIC - OFFICE EQUI				25,456		0	0	0	0	0	25,456	23,172				2,284
INDIO CLINIC - SECURITY AND IT																
152	SECURITY AND IT	8/26/15		14,657							14,657	14,657	S/L	5		0
205	SECURITY CAMERA SYSTEM	8/15/20		4,344							4,344	1,231	S/L	5		869
212	ENTRY DOOR KEYPAD	8/15/20		2,668							2,668	540	S/L	7		381
TOTAL INDIO CLINIC - SECURITY A				21,669		0	0	0	0	0	21,669	16,428				1,250
INDIO CLINIC - SIGNAGE																
148	SIGNAGE	8/26/15		10,396							10,396	10,396	S/L	5		0
211	SIGNAGE	8/15/20		10,002							10,002	2,024	S/L	7		1,429
222	SIGNAGE	6/13/22		5,880							5,880		S/L	7		490
TOTAL INDIO CLINIC - SIGNAGE				26,278		0	0	0	0	0	26,278	12,420				1,919
INDIO CLINIC - SURGICAL EQUIPMENT																

DO NOT MAIL

ANIMAL SAMARITANS SPCA, INC.

95-3171867

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
151	SURGICAL EQUIPMENT	8/26/15		38,735							38,735	38,735	S/L	5		0
163	SOUNDBANK PLUS 8528	11/01/15		67,039							67,039	67,039	S/L	5		0
	TOTAL INDIO CLINIC - SURGICAL E			105,774		0	0	0	0	0	105,774	105,774				0
	LAND															
6	LAND - PETLAND PL	1/15/84		49,573							49,573					0
	TOTAL LAND			49,573		0	0	0	0	0	49,573	0				0
	PROGRAM SERVICES															
1	BUILDING IMPROVEMENTS	1/15/84		178,232							178,232	178,232	S/L	20		0
2	BUILDING REMODELING	2/28/99		12,704							12,704	12,490	S/L	20		0
3	BUILDING REMODELING	3/31/99		321							321	321	S/L	20		0
4	BUILDING REMODELING	6/30/99		302							302	302	S/L	20		0
5	BUILDING IMPROVEMENTS	2/14/00		2,000							2,000	1,609	150DB	20		0
11	BUILDING IMPROV - SEWER	5/24/06		18,037							18,037	18,037	S/L	15		0
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		57,091
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		176
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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89	BUILDING IMPROVEMENTS	7/20/10		2,122							2,122	1,210	S/L	20		106
90	BUILDING IMPROVEMENTS	10/14/10		817							817	461	S/L	20		41
91	BUILDING IMPROVEMENTS	12/20/10		2,868							2,868	1,573	S/L	20		143
92	BUILDING IMPROVEMENTS	7/31/10		196							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							94,164	54,142	S/L	20		4,708
105	BUILDING REMODELING	5/15/11		121,738							121,738	64,928	S/L	20		6,087
115	BUILDING IMPROVEMENT	9/01/11		38,398							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							3,578	1,313	S/L	20		179
157	BUILDING REMODEL	7/03/15		65,173							65,173	21,183	S/L	20		3,259
181	5 YEAR USE PERMIT	5/22/19		9,651							9,651	4,986	S/L	5		1,930
182	CUBEX STATION ADAPTATIONS	9/10/19		5,140							5,140	600	S/L	20		257
183	SHELTER DOORS	10/10/19		3,570							3,570	403	S/L	20		179
184	CEILING, FLOOR, PARKING	12/23/19		2,800							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							5,654		S/L	20		188
TOTAL PROGRAM SERVICES				2,980,257		0	0	0	0	0	2,980,257	1,146,874				85,552
PROGRAM SERVICES - EQUIPMENT																
7	MICROSCOPE	2/24/98		602							602	602	200DB	5		0
8	SAFE	11/17/04		996							996	996	S/L	7		0
9	SURGERY EQUIPMENT	10/12/04		2,389							2,389	2,389	S/L	5		0
12	COMPUTER/EQUIPMENT	5/05/06		3,263							3,263	3,263	S/L	5		0
13	SCALE	10/10/06		650							650	650	S/L	7		0

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14	AUTOCLAVE ULTRACLAVE M11	11/21/06		3,765							3,765	3,765	S/L	7		0
15	SURGERY EQUIPMENT	4/30/06		3,411							3,411	3,411	S/L	5		0
16	SURGERY EQUIPMENT	12/31/06		4,143							4,143	4,143	S/L	5		0
17	MEDICAL EQUIPMENT	2/22/07		974							974	974	S/L	7		0
18	SURGERY EQUIPMENT	1/25/07		3,774							3,774	3,751	S/L	7		0
19	MEDICAL EQUIPMENT	10/18/07		982							982	975	S/L	7		0
21	STOOL	4/14/08		1,135							1,135	1,094	S/L	7		0
22	EXAM TABLE	5/06/08		3,051							3,051	2,979	S/L	7		0
23	KENNELS	5/13/08		9,137							9,137	8,918	S/L	7		0
24	MEDICAL EQUIPMENT	6/16/08		11,842							11,842	11,842	S/L	7		0
25	GENERATOR	10/01/08		6,050							6,050	6,050	S/L	7		0
26	SURGERY EQUIPMENT	6/10/08		3,306							3,306	3,265	S/L	7		0
27	PORTABLE CART	6/11/08		5,545							5,545	5,478	S/L	7		0
30	5 TON AIR COMPRESSOR	10/08/09		3,665							3,665	2,242	S/L	20		183
31	FENCE	10/13/09		750							750	465	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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45	OFFICE EQUIPMENT	4/06/10		884							884	884	S/L	7		0
46	OFFICE EQUIPMENT	4/06/10		636							636	636	S/L	7		0
47	OFFICE EQUIPMENT	4/06/10		3,478							3,478	3,478	S/L	7		0
48	OFFICE EQUIPMENT	4/06/10		1,834							1,834	1,834	S/L	7		0
49	COMPUTERS AND PRINTERS	4/09/10		1,284							1,284	1,284	S/L	5		0
50	MEDICAL EQUIPMENT	4/06/10		9,993							9,993	9,993	S/L	5		0
51	IV PUMP	4/06/10		1,104							1,104	1,104	S/L	5		0
52	ROD KIT	4/06/10		717							717	717	S/L	5		0
53	IMAGING EQUIPMENT	4/06/10		38,009							38,009	38,009	S/L	5		0
54	MEDICAL EQUIPMENT	4/06/10		24,828							24,828	24,828	S/L	5		0
55	MEDICAL EQUIPMENT	4/06/10		9,993							9,993	9,993	S/L	5		0
56	MEDICAL EQUIPMENT	4/06/10		5,337							5,337	5,337	S/L	5		0
57	IMAGING EQUIPMENT	4/06/10		28,009							28,009	28,009	S/L	5		0
58	MEDICAL EQUIPMENT	4/06/10		84							84	84	S/L	5		0
59	MEDICAL EQUIPMENT	4/06/10		116,858							116,858	116,858	S/L	5		0
60	OFFICE EQUIPMENT	4/06/10		9,418							9,418	9,418	S/L	5		0
61	OFFICE EQUIPMENT	4/06/10		397							397	397	S/L	5		0
62	OFFICE EQUIPMENT	4/06/10		3,451							3,451	3,451	S/L	5		0
63	OFFICE EQUIPMENT	4/06/10		450							450	450	S/L	5		0
64	OFFICE EQUIPMENT	4/06/10		51,867							51,867	51,867	S/L	5		0
65	SW IMAGING	9/16/10		2,500							2,500	2,500	S/L	5		0
66	ORTHOPEDIC	6/14/10		1,543							1,543	1,543	S/L	5		0
67	KENNEL INSERTS	6/29/10		1,356							1,356	1,356	S/L	5		0
68	KENNEL INSERTS	7/01/10		1,640							1,640	1,640	S/L	5		0
78	KENNEL INSERTS	11/18/10		752							752	752	S/L	5		0
81	OFFICE EQUIPMENT	5/12/10		48,044							48,044	48,044	S/L	5		0
96	ORTHOPEDIC	11/30/10		690							690	690	S/L	5		0

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97	DELL COMPUTER RELATED	1/06/10		61							61	61	S/L	5		0
98	TOTAL PLAN	5/01/10		2,544							2,544	2,544	S/L	5		0
99	IT PACIFIC LIGHTWARE	5/01/10		7,750							7,750	7,750	S/L	5		0
100	SECURITY CAMERAS	6/29/10		26,851							26,851	26,851	S/L	5		0
101	TOTAL PLAN	7/15/10		792							792	792	S/L	5		0
102	COMPUTER - ANGIE	11/04/10		1,717							1,717	1,717	S/L	5		0
103	OFFICE EQUIPMENT	11/30/10		1,098							1,098	1,098	S/L	5		0
104	DELL COMPUTER	6/01/10		773							773	773	S/L	5		0
106	FLUID WARMER	1/12/11		547							547	547	S/L	5		0
107	CAPNOGRAPH	2/28/11		3,133							3,133	3,133	S/L	5		0
108	FOLD DOWN TABLE	6/03/11		900							900	900	S/L	5		0
109	SURGERY TABLE	1/12/11		2,069							2,069	2,069	S/L	7		0
110	SURGERY TABLE	3/01/11		2,615							2,615	2,615	S/L	7		0
111	SURGERY LIGHT	3/07/11		3,908							3,908	3,908	S/L	7		0
112	COMPUTER EQUIP	1/31/11		637							637	637	S/L	5		0
113	TOM COMPUTER	6/30/11		1,337							1,337	1,337	S/L	5		0
114	MICHELLE H COMPUTER	7/31/11		1,104							1,104	1,104	S/L	5		0
116	MONITORS	5/31/12		8,732							8,732	8,732	S/L	5		0
119	OFFICE EQUIPMENT	2/29/12		1,914							1,914	1,914	S/L	5		0
120	OFFICE EQUIPMENT	5/31/12		2,335							2,335	2,335	S/L	5		0
121	OFFICE EQUIPMENT	8/31/12		1,890							1,890	1,890	S/L	5		0
125	DENTAL EQUIPMENT	1/31/13		2,493							2,493	2,493	S/L	5		0
126	OFFICE EQUIPMENT	7/31/13		668							668	668	S/L	5		0
127	MEDICAL EQUIPMENT	3/07/13		8,412							8,412	8,412	S/L	5		0
129	CARD SYSTEM	1/31/14		2,303							2,303	2,303	S/L	5		0
130	OFFICE EQUIPMENT	1/31/14		2,750							2,750	2,750	S/L	5		0
131	CREDIT CARD MACHING	2/26/14		884							884	884	S/L	5		0

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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							935	935	S/L	5		0
144	ANESTHESIA MACHINE	3/17/14		3,800							3,800	3,800	S/L	5		0
159	SCALE - EXAM TABLE INDIO	8/16/16		987							987	987	S/L	5		0
162	SOUNDBANK PLUS 9234	9/01/15		67,985							67,985	67,985	S/L	5		0
164	SONICWALL	5/05/17		2,076							2,076	1,937	S/L	5		139
165	DEVELOPMENT 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	DOCTOR'S COMPUTERS	10/10/17		2,234							2,234	1,900	S/L	5		334
169	2 SERVERS	10/26/17		5,015							5,015	4,179	S/L	5		836
170	CAPNOGRAPH	4/25/17		3,562							3,562	3,323	S/L	5		239
172	ULTRASOUND MACHINE	6/02/17		2,044							2,044	1,874	S/L	5		170
173	MEDICAL EQUIPMENT	6/23/17		2,281							2,281	2,052	S/L	5		229
176	SECURITY 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 DENTAL X-RAYS	4/02/18		28,125							28,125	21,094	S/L	5		5,625
180	2 IV PUMPS	11/01/18		2,254							2,254	1,428	S/L	5		451

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191	CAPNOSTAT CO2 PROBE	11/06/19		2,264							2,264	981	S/L	5		453	
192	SURGICAL LIGHTS	7/01/19		19,365							19,365	6,915	S/L	7		2,766	
198	UNIFI SWITCH AND SONICWALL	3/31/20		22,501							22,501	7,875	S/L	5		4,500	
199	POWEREDGE R540 SERVER	3/31/20		22,127							22,127	7,744	S/L	5		4,425	
202	OXYGEN COMPRESSOR/CONCENTR	11/25/20		12,598							12,598	2,730	S/L	5		2,520	
203	AIRNETIC SURGERY EQUIPMENT	11/30/20		13,449							13,449	2,914	S/L	5		2,690	
204	CAMERAS AND INSTALLATION	3/31/20		20,277							20,277	7,097	S/L	5		4,055	
214	COMMERCIAL WASHER	4/26/21		11,578							11,578	1,544	S/L	5		2,316	
215	ANESTHESIA MONITOR	2/08/21		5,404							5,404	991	S/L	5		1,081	
217	VET MONITOR	5/20/21		7,956							7,956	928	S/L	5		1,591	
223	MEDICAL EQUIPMENT	10/05/22		6,451							6,451		S/L	5		323	
TOTAL PROGRAM SERVICES - EQU				877,329		0	0	0	0	0	877,329	759,057					36,868
PROGRAM SERVICES - SOFTWARE																	
10	QUICKBOOKS SOFTWARE	12/02/05		1,292							1,292	1,292	S/L	3		0	
69	SOFTWARE	4/06/10		3,010							3,010	3,010	S/L	3		0	
70	SOFTWARE	4/06/10		781							781	781	S/L	3		0	
71	SOFTWARE	4/06/10		2,292							2,292	2,292	S/L	3		0	
72	SOFTWARE	4/06/10		1,701							1,701	1,701	S/L	3		0	
73	SOFTWARE	4/06/10		7,336							7,336	7,336	S/L	3		0	
74	SOFTWARE	4/06/10		12,405							12,405	12,405	S/L	3		0	
75	SOFTWARE	4/06/10		17,984							17,984	17,984	S/L	3		0	
76	SOFTWARE	4/06/10		1,401							1,401	1,401	S/L	3		0	
77	SOFTWARE	4/06/10		1,774							1,774	1,774	S/L	3		0	
80	SOFTWARE	5/12/10		8,789							8,789	8,789	S/L	3		0	
95	RESULTS PLUS	8/15/10		6,295							6,295	6,295	S/L	3		0	

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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	1,045	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							1,118	746	S/L	3		372
TOTAL PROGRAM SERVICES - SOF				96,666		0	0	0	0	0	96,666	92,827				3,839
PROGRAM SERVICES - VEHICLES																
28	2003 FORD CUTAWAY VAN	9/01/09		16,926							16,926	16,926	S/L	5		0
29	VEHICLE SIGNAGE	11/30/09		2,684							2,684	2,684	S/L	5		0
155	2015 FORD TRANSIT	5/01/15		38,822							38,822	38,822	S/L	5		0
158	TOYOTA PRIUS C	5/27/16		24,000							24,000	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		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	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	0	21,518	7,890				4,304

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	TOTAL DEPRECIATION			<u>5,038,634</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,038,634</u>	<u>2,430,466</u>				<u>168,789</u>
	GRAND TOTAL DEPRECIATION			<u>5,038,634</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,038,634</u>	<u>2,430,466</u>				<u>168,789</u>

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FORM 990/990-PF																
<u>INDIO CLINIC - BUILDING</u>																
145	BUILDING	8/26/15		344,385							344,385	64,827	S/L	39		8,830
146	COMPUTERS	8/26/15		10,294							10,294	10,294	S/L	5		0
207	LEASEHOLD IMPROVEMENTS	8/15/20		239,457							239,457	28,935	S/L	20		11,973
208	WINDOW TINT	8/15/20		3,073							3,073	1,061	S/L	7		439
TOTAL INDIO CLINIC - BUILDING				597,209		0	0	0	0	0	597,209	105,117				21,242
<u>INDIO CLINIC - COMPUTER EQUIPMENT</u>																
206	POINT OF SALE SYSTEM	8/15/20		3,659							3,659	1,769	S/L	5		732
210	CABLING	8/15/20		3,997							3,997	1,931	S/L	5		799
213	COMPUTER MONITORS (17)	5/14/21		11,417							11,417	3,805	S/L	5		2,283
220	COMPUTER MONITORS (4)	5/14/21		1,738							1,738	580	S/L	5		348
TOTAL INDIO CLINIC - COMPUTER				20,811		0	0	0	0	0	20,811	8,085				4,162
<u>INDIO CLINIC - COMPUTER SOFTWARE</u>																
150	COMPUTER SOFTWARE	8/26/15		12,892							12,892	12,892	S/L	3		0
TOTAL INDIO CLINIC - COMPUTER				12,892		0	0	0	0	0	12,892	12,892				0
<u>INDIO CLINIC - MEDICAL EQUIPMENT</u>																
147	MEDICAL EQUIPMENT	8/26/15		72,060							72,060	72,060	S/L	5		0
161	DENTAL EQUIPMENT	3/09/16		2,587							2,587	2,587	S/L	5		0
171	DENTAL EQUIPMENT	5/24/17		4,310							4,310	4,310	S/L	5		0

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209	WET DENTAL TABLE	8/15/20		11,917							11,917	5,759	S/L	5		2,383
216	VET MONITOR	5/18/21		7,956							7,956	2,519	S/L	5		1,591
TOTAL INDIO CLINIC - MEDICAL EQ				98,830		0	0	0	0	0	98,830	87,235				3,974
INDIO CLINIC - OFFICE EQUIPMENT																
149	OFFICE EQUIPMENT	8/26/15		1,461							1,461	1,461	S/L	5		0
154	OFFICE FURNITURE	8/26/15		23,995							23,995	23,995	S/L	7		0
TOTAL INDIO CLINIC - OFFICE EQUI				25,456		0	0	0	0	0	25,456	25,456				0
INDIO CLINIC - SECURITY AND IT																
152	SECURITY AND IT	8/26/15		14,657							14,657	14,657	S/L	5		0
205	SECURITY CAMERA SYSTEM	8/15/20		4,344							4,344	2,100	S/L	5		869
212	ENTRY DOOR KEYPAD	8/15/20		2,668							2,668	921	S/L	7		381
TOTAL INDIO CLINIC - SECURITY A				21,669		0	0	0	0	0	21,669	17,678				1,250
INDIO CLINIC - SIGNAGE																
148	SIGNAGE	8/26/15		10,396							10,396	10,396	S/L	5		0
211	SIGNAGE	8/15/20		10,002							10,002	3,453	S/L	7		1,429
222	SIGNAGE	6/13/22		5,880							5,880	490	S/L	7		840
TOTAL INDIO CLINIC - SIGNAGE				26,278		0	0	0	0	0	26,278	14,339				2,269
INDIO CLINIC - SURGICAL EQUIPMENT																

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151	SURGICAL EQUIPMENT	8/26/15		38,735							38,735	38,735	S/L	5		0
163	SOUNDBANK PLUS 8528	11/01/15		67,039							67,039	67,039	S/L	5		0
	TOTAL INDIO CLINIC - SURGICAL E			105,774		0	0	0	0	0	105,774	105,774				0
	LAND															
6	LAND - PETLAND PL	1/15/84		49,573							49,573					0
	TOTAL LAND			49,573		0	0	0	0	0	49,573	0				0
	PROGRAM SERVICES															
1	BUILDING IMPROVEMENTS	1/15/84		178,232							178,232	178,232	S/L	20		0
2	BUILDING REMODELING	2/28/99		12,704							12,704	12,490	S/L	20		0
3	BUILDING REMODELING	3/31/99		321							321	321	S/L	20		0
4	BUILDING REMODELING	6/30/99		302							302	302	S/L	20		0
5	BUILDING IMPROVEMENTS	2/14/00		2,000							2,000	1,609	150DB	20		0
11	BUILDING IMPROV - SEWER	5/24/06		18,037							18,037	18,037	S/L	15		0
20	BUILDING IMPROVEMENT	9/30/08		1,780							1,780	1,291	S/L	20		89
41	CLINIC BUILDING	4/06/10		2,226,533							2,226,533	727,910	S/L	39		57,091
79	BUILDING IMPROVEMENT	5/01/10		2,751							2,751	1,748	S/L	20		138
82	BUILDING IMPROVEMENTS	5/26/10		3,529							3,529	2,215	S/L	20		176
83	BUILDING IMPROVEMENTS	6/29/10		3,130							3,130	1,962	S/L	20		157
84	BUILDING IMPROVEMENTS	8/05/10		2,793							2,793	1,738	S/L	20		140
85	BUILDING IMPROVEMENTS	9/30/10		2,223							2,223	1,360	S/L	20		111
86	BUILDING IMPROVEMENTS	8/05/10		2,417							2,417	1,502	S/L	20		121
87	BUILDING IMPROVEMENTS	6/03/10		139,426							139,426	80,984	S/L	20		6,971
88	BUILDING IMPROVEMENTS	6/29/10		500							500	313	S/L	20		25

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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							65,173	24,442	S/L	20		3,259
181	5 YEAR USE PERMIT	5/22/19		9,651							9,651	6,916	S/L	5		1,930
182	CUBEX STATION ADAPTATIONS	9/10/19		5,140							5,140	857	S/L	20		257
183	SHELTER DOORS	10/10/19		3,570							3,570	582	S/L	20		179
184	CEILING, FLOOR, PARKING	12/23/19		2,800							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							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
PROGRAM SERVICES - EQUIPMENT																
7	MICROSCOPE	2/24/98		602							602	602	200DB	5		0
8	SAFE	11/17/04		996							996	996	S/L	7		0
9	SURGERY EQUIPMENT	10/12/04		2,389							2,389	2,389	S/L	5		0
12	COMPUTER/EQUIPMENT	5/05/06		3,263							3,263	3,263	S/L	5		0
13	SCALE	10/10/06		650							650	650	S/L	7		0

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14	AUTOCLAVE ULTRACLAVE M11	11/21/06		3,765							3,765	3,765	S/L	7		0
15	SURGERY EQUIPMENT	4/30/06		3,411							3,411	3,411	S/L	5		0
16	SURGERY EQUIPMENT	12/31/06		4,143							4,143	4,143	S/L	5		0
17	MEDICAL EQUIPMENT	2/22/07		974							974	974	S/L	7		0
18	SURGERY EQUIPMENT	1/25/07		3,774							3,774	3,751	S/L	7		0
19	MEDICAL EQUIPMENT	10/18/07		982							982	975	S/L	7		0
21	STOOL	4/14/08		1,135							1,135	1,094	S/L	7		0
22	EXAM TABLE	5/06/08		3,051							3,051	2,979	S/L	7		0
23	KENNELS	5/13/08		9,137							9,137	8,918	S/L	7		0
24	MEDICAL EQUIPMENT	6/16/08		11,842							11,842	11,842	S/L	7		0
25	GENERATOR	10/01/08		6,050							6,050	6,050	S/L	7		0
26	SURGERY EQUIPMENT	6/10/08		3,306							3,306	3,265	S/L	7		0
27	PORTABLE CART	6/11/08		5,545							5,545	5,478	S/L	7		0
30	5 TON AIR COMPRESSOR	10/08/09		3,665							3,665	2,425	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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45	OFFICE EQUIPMENT	4/06/10		884							884	884	S/L	7		0
46	OFFICE EQUIPMENT	4/06/10		636							636	636	S/L	7		0
47	OFFICE EQUIPMENT	4/06/10		3,478							3,478	3,478	S/L	7		0
48	OFFICE EQUIPMENT	4/06/10		1,834							1,834	1,834	S/L	7		0
49	COMPUTERS AND PRINTERS	4/09/10		1,284							1,284	1,284	S/L	5		0
50	MEDICAL EQUIPMENT	4/06/10		9,993							9,993	9,993	S/L	5		0
51	IV PUMP	4/06/10		1,104							1,104	1,104	S/L	5		0
52	ROD KIT	4/06/10		717							717	717	S/L	5		0
53	IMAGING EQUIPMENT	4/06/10		38,009							38,009	38,009	S/L	5		0
54	MEDICAL EQUIPMENT	4/06/10		24,828							24,828	24,828	S/L	5		0
55	MEDICAL EQUIPMENT	4/06/10		9,993							9,993	9,993	S/L	5		0
56	MEDICAL EQUIPMENT	4/06/10		5,337							5,337	5,337	S/L	5		0
57	IMAGING EQUIPMENT	4/06/10		28,009							28,009	28,009	S/L	5		0
58	MEDICAL EQUIPMENT	4/06/10		84							84	84	S/L	5		0
59	MEDICAL EQUIPMENT	4/06/10		116,858							116,858	116,858	S/L	5		0
60	OFFICE EQUIPMENT	4/06/10		9,418							9,418	9,418	S/L	5		0
61	OFFICE EQUIPMENT	4/06/10		397							397	397	S/L	5		0
62	OFFICE EQUIPMENT	4/06/10		3,451							3,451	3,451	S/L	5		0
63	OFFICE EQUIPMENT	4/06/10		450							450	450	S/L	5		0
64	OFFICE EQUIPMENT	4/06/10		51,867							51,867	51,867	S/L	5		0
65	SW IMAGING	9/16/10		2,500							2,500	2,500	S/L	5		0
66	ORTHOPEDIC	6/14/10		1,543							1,543	1,543	S/L	5		0
67	KENNEL INSERTS	6/29/10		1,356							1,356	1,356	S/L	5		0
68	KENNEL INSERTS	7/01/10		1,640							1,640	1,640	S/L	5		0
78	KENNEL INSERTS	11/18/10		752							752	752	S/L	5		0
81	OFFICE EQUIPMENT	5/12/10		48,044							48,044	48,044	S/L	5		0
96	ORTHOPEDIC	11/30/10		690							690	690	S/L	5		0

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97	DELL COMPUTER RELATED	1/06/10		61							61	61	S/L	5		0
98	TOTAL PLAN	5/01/10		2,544							2,544	2,544	S/L	5		0
99	IT PACIFIC LIGHTWARE	5/01/10		7,750							7,750	7,750	S/L	5		0
100	SECURITY CAMERAS	6/29/10		26,851							26,851	26,851	S/L	5		0
101	TOTAL PLAN	7/15/10		792							792	792	S/L	5		0
102	COMPUTER - ANGIE	11/04/10		1,717							1,717	1,717	S/L	5		0
103	OFFICE EQUIPMENT	11/30/10		1,098							1,098	1,098	S/L	5		0
104	DELL COMPUTER	6/01/10		773							773	773	S/L	5		0
106	FLUID WARMER	1/12/11		547							547	547	S/L	5		0
107	CAPNOGRAPH	2/28/11		3,133							3,133	3,133	S/L	5		0
108	FOLD DOWN TABLE	6/03/11		900							900	900	S/L	5		0
109	SURGERY TABLE	1/12/11		2,069							2,069	2,069	S/L	7		0
110	SURGERY TABLE	3/01/11		2,615							2,615	2,615	S/L	7		0
111	SURGERY LIGHT	3/07/11		3,908							3,908	3,908	S/L	7		0
112	COMPUTER EQUIP	1/31/11		637							637	637	S/L	5		0
113	TOM COMPUTER	6/30/11		1,337							1,337	1,337	S/L	5		0
114	MICHELLE H COMPUTER	7/31/11		1,104							1,104	1,104	S/L	5		0
116	MONITORS	5/31/12		8,732							8,732	8,732	S/L	5		0
119	OFFICE EQUIPMENT	2/29/12		1,914							1,914	1,914	S/L	5		0
120	OFFICE EQUIPMENT	5/31/12		2,335							2,335	2,335	S/L	5		0
121	OFFICE EQUIPMENT	8/31/12		1,890							1,890	1,890	S/L	5		0
125	DENTAL EQUIPMENT	1/31/13		2,493							2,493	2,493	S/L	5		0
126	OFFICE EQUIPMENT	7/31/13		668							668	668	S/L	5		0
127	MEDICAL EQUIPMENT	3/07/13		8,412							8,412	8,412	S/L	5		0
129	CARD SYSTEM	1/31/14		2,303							2,303	2,303	S/L	5		0
130	OFFICE EQUIPMENT	1/31/14		2,750							2,750	2,750	S/L	5		0
131	CREDIT CARD MACHING	2/26/14		884							884	884	S/L	5		0

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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							935	935	S/L	5		0
144	ANESTHESIA MACHINE	3/17/14		3,800							3,800	3,800	S/L	5		0
159	SCALE - EXAM TABLE INDIO	8/16/16		987							987	987	S/L	5		0
162	SOUNDBANK PLUS 9234	9/01/15		67,985							67,985	67,985	S/L	5		0
164	SONICWALL	5/05/17		2,076							2,076	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

DO NOT MAIL

ANIMAL SAMARITANS SPCA, INC.

95-3171867

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
191	CAPNOSTAT CO2 PROBE	11/06/19		2,264							2,264	1,434	S/L	5		453	
192	SURGICAL LIGHTS	7/01/19		19,365							19,365	9,681	S/L	7		2,766	
198	UNIFI SWITCH AND SONICWALL	3/31/20		22,501							22,501	12,375	S/L	5		4,500	
199	POWEREDGE R540 SERVER	3/31/20		22,127							22,127	12,169	S/L	5		4,425	
202	OXYGEN COMPRESSOR/CONCENTR	11/25/20		12,598							12,598	5,250	S/L	5		2,520	
203	AIRNETIC SURGERY EQUIPMENT	11/30/20		13,449							13,449	5,604	S/L	5		2,690	
204	CAMERAS AND INSTALLATION	3/31/20		20,277							20,277	11,152	S/L	5		4,055	
214	COMMERCIAL WASHER	4/26/21		11,578							11,578	3,860	S/L	5		2,316	
215	ANESTHESIA MONITOR	2/08/21		5,404							5,404	2,072	S/L	5		1,081	
217	VET MONITOR	5/20/21		7,956							7,956	2,519	S/L	5		1,591	
223	MEDICAL EQUIPMENT	10/05/22		6,451							6,451	323	S/L	5		1,290	
TOTAL PROGRAM SERVICES - EQU				877,329		0	0	0	0	0	877,329	795,925					29,824
PROGRAM SERVICES - SOFTWARE																	
10	QUICKBOOKS SOFTWARE	12/02/05		1,292							1,292	1,292	S/L	3		0	
69	SOFTWARE	4/06/10		3,010							3,010	3,010	S/L	3		0	
70	SOFTWARE	4/06/10		781							781	781	S/L	3		0	
71	SOFTWARE	4/06/10		2,292							2,292	2,292	S/L	3		0	
72	SOFTWARE	4/06/10		1,701							1,701	1,701	S/L	3		0	
73	SOFTWARE	4/06/10		7,336							7,336	7,336	S/L	3		0	
74	SOFTWARE	4/06/10		12,405							12,405	12,405	S/L	3		0	
75	SOFTWARE	4/06/10		17,984							17,984	17,984	S/L	3		0	
76	SOFTWARE	4/06/10		1,401							1,401	1,401	S/L	3		0	
77	SOFTWARE	4/06/10		1,774							1,774	1,774	S/L	3		0	
80	SOFTWARE	5/12/10		8,789							8,789	8,789	S/L	3		0	
95	RESULTS PLUS	8/15/10		6,295							6,295	6,295	S/L	3		0	

DO NOT MAIL

ANIMAL SAMARITANS SPCA, INC.

95-3171867

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
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							1,118	1,118	S/L	3		0
TOTAL PROGRAM SERVICES - SOF				96,666		0	0	0	0	0	96,666	96,666				0
PROGRAM SERVICES - VEHICLES																
28	2003 FORD CUTAWAY VAN	9/01/09		16,926							16,926	16,926	S/L	5		0
29	VEHICLE SIGNAGE	11/30/09		2,684							2,684	2,684	S/L	5		0
155	2015 FORD TRANSIT	5/01/15		38,822							38,822	38,822	S/L	5		0
158	TOYOTA PRIUS C	5/27/16		24,000							24,000	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							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

DO NOT MAIL

ANIMAL SAMARITANS SPCA, INC.

95-3171867

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	TOTAL DEPRECIATION			<u>5,038,634</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,038,634</u>	<u>2,599,255</u>				<u>157,060</u>
	GRAND TOTAL DEPRECIATION			<u>5,038,634</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,038,634</u>	<u>2,599,255</u>				<u>157,060</u>

DO NOT MAIL

2022

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.

DO NOT MAIL

2022

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:

ON OR BEFORE MAY 15, 2023.

WHERE TO FILE:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

DO NOT MAIL

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: ANIMAL SAMARITANS SPCA, INC.
California corporation number: 0900650
FEIN: 95-3171867
Street address: 72120 PETLAND PL
City: THOUSAND PALMS
State: CA
Zip code: 92276-2950

A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return
E Check accounting method
F Federal return filed
G Is this a group filing?
H Is this organization in a group exemption
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (1-8) and Expenses (9-10). Total gross income is 9,803,058.

Table with 2 columns: Description and Amount. Rows include Filing Fee (11-16). Total balance due is 0.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: PRESIDENT

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Firm's name (or yours, if self-employed) and address: MARYANOV MADSEN GORDON CAMPBELL, PO BOX 1826, PALM SPRINGS, CA 92263. Telephone: (760) 320-6642

May the FTB discuss this return with the preparer shown above? See instructions. Yes [X] No []

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.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18					
Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	•	1																				
	2	Interest	•	2																				
	3	Dividends	•	3																	24,285.			
	4	Gross rents	•	4																				
	5	Gross royalties	•	5																				
	6	Gross amount received from sale of assets (See instructions)	•	6																				
	7	Other income. Attach schedule. SEE STATEMENT 1	•	7																		6,967,398.		
8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	•	8																			6,991,683.		
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	•	9																				
	10	Disbursements to or for members	•	10																				
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	•	11																			131,194.	
	12	Other salaries and wages	•	12																			4,106,356.	
	13	Interest	•	13																				
	14	Taxes	•	14																			336,233.	
	15	Rents	•	15																				
	16	Depreciation and depletion (See instructions)	•	16																				168,789.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	•	17																				3,396,531.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	•	18																				8,139,103.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,232,744.		• 3,816,011.
2	Net accounts receivable		32,030.		• 40,961.
3	Net notes receivable				•
4	Inventories		186,891.		• 260,258.
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock STMT 4		1,333,340.		• 1,156,218.
8	Mortgage loans				•
9	Other investments. Attach schedule				•
10a	Depreciable assets	4,949,136.		4,989,061.	
b	Less accumulated depreciation	2,430,466.	2,518,670.	2,599,255.	2,389,806.
11	Land		49,573.		• 49,573.
12	Other assets. Attach schedule. STM 5		393,965.		• 442,717.
13	Total assets		6,747,213.		8,155,544.
Liabilities and net worth					
14	Accounts payable		382,694.		• 320,433.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities. Attach schedule				•
19	Capital stock or principal fund		6,364,519.		• 7,835,111.
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund				•
22	Total liabilities and net worth		6,747,213.		8,155,544.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	• 1,470,592.	7	Income recorded on books this year not included in this return. Attach schedule. SEE ST 6	• -193,363.
2	Federal income tax	•	8	Deductions in this return not charged against book income this year. Attach schedule.	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	• -193,363.
4	Income not recorded on books this year. Attach schedule.	•	10	Net income per return. Subtract line 9 from line 6.	• 1,663,955.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•			
6	Total. Add line 1 through line 5.	• 1,470,592.			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY BROAD FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DUNLAP FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SARAH DI TANA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THORNTON GLIDE JR 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GLORIA SCOBY 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MANILOW FUND FOR HEALTH & HOPE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 40,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LYNSDY TOELKES 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CARL JUD FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BRANDON BOSWELL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	J. SQUIRE JUNGER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	INLAND EMPIRE COMMUNITY FDN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	KALLI CRAWFORD 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ANNENBERG FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	HOUSTON FAMILY FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	LANNY SEESE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GRETE COX 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	ANDERSON CHILDREN'S FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 9,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	BARBARA ROGERS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DIANE JOHNSON 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	AUEN FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	LISA PARK 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BLANCHARD LIVING TRUST 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 8,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	JAMES STEVENS ESTATE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	EISENHOWER MEDICAL CENTER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ANNETTE YOUNG LEWIS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	RICHARD BROOKE FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 825,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	ALBERT & ANNA HERDINA MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ROBERT RICHTER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	PATRICIA THORNBERG MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 30,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	JANET SALTA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MICHAEL NOLL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	ROBERT BARNES 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	CLARK HALLREN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	HEYSON LEACH 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	JOSEPH HAYDEN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 63,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	JOHN AND MARTHA WILSON CHRTBL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 89,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ROBERT STURTEVANT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 70,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	BIGHORN GOLF CLUB 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	CADE MORROW 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	TODD BARAJAS MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	GARY KIEF 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	DAVID ROOT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 42,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	LINDA VON RHINE ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	TODD BURGESS ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	BEN ROSENTHAL ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

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

DO NOT MAIL

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

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

Table with 4 main columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes sub-section (e) Transfer of gift with fields for Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee. A large 'DO NOT MAIL' watermark is present across the table.

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
BUILDING IMPROV	1/15/1984	178,232.	178,232.	S/L	20		
BUILDING REMODE	2/28/1999	12,704.	12,490.	S/L	20		
BUILDING REMODE	3/31/1999	321.	321.	S/L	20		
BUILDING REMODE	6/30/1999	302.	302.	S/L	20		
BUILDING IMPROV	2/14/2000	2,000.	1,609.	150DB	20		
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).....						15	168,789.

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year	
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	

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
LAND - PETLAND	1/15/1984	49,573.			0		
MICROSCOPE	2/24/1998	602.	602.	200DB	5		
SAFE	11/17/2004	996.	996.	S/L	7		
SURGERY EQUIPME	10/12/2004	2,389.	2,389.	S/L	5		
QUICKBOOKS SOFT	12/02/2005	1,292.	1,292.	S/L	3		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
BUILDING IMPROV	5/24/2006	18,037.	18,037.	S/L	15		
COMPUTER/EQUIPM	5/05/2006	3,263.	3,263.	S/L	5		
SCALE	10/10/2006	650.	650.	S/L	7		
AUTOCLAVE ULTRA	11/21/2006	3,765.	3,765.	S/L	7		
SURGERY EQUIPME	4/30/2006	3,411.	3,411.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
SURGERY EQUIPME	12/31/2006	4,143.	4,143.	S/L	5		
MEDICAL EQUIPME	2/22/2007	974.	974.	S/L	7		
SURGERY EQUIPME	1/25/2007	3,774.	3,751.	S/L	7		
MEDICAL EQUIPME	10/18/2007	982.	975.	S/L	7		
BUILDING IMPROV	9/30/2008	1,780.	1,202.	S/L	20	89.	
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000															
2 Total cost of IRC Section 179 property placed in service.....	2																
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost												
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
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.	S/L	7		
MEDICAL EQUIPME	6/16/2008	11,842.	11,842.	S/L	7		
GENERATOR	10/01/2008	6,050.	6,050.	S/L	7		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
SURGERY EQUIPME	6/10/2008	3,306.	3,265.	S/L	7		
PORTABLE CART	6/11/2008	5,545.	5,478.	S/L	7		
2003 FORD CUTAW	9/01/2009	16,926.	16,926.	S/L	5		
VEHICLE SIGNAGE	11/30/2009	2,684.	2,684.	S/L	5		
5 TON AIR COMPR	10/08/2009	3,665.	2,242.	S/L	20	183.	
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).....					15		

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

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Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost												
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7 Listed property (elected IRC Section 179 cost).....	7																
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8																
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12																
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13																

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
FENCE	10/13/2009	750.	465.	S/L	20	38.	
IMAGING EQUIPME	8/07/2009	3,884.	3,884.	S/L	7		
MULTIPARAMETER	8/12/2009	3,391.	3,391.	S/L	7		
MEDICAL EQUIPME	9/28/2009	1,793.	1,793.	S/L	7		
LOBBY SCALE	11/25/2009	907.	907.	S/L	7		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

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Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
SURGERY EQUIPME	4/20/2009	4,588.	4,588.	S/L	7		
SURGERY TABLE	4/28/2009	3,170.	3,170.	S/L	7		
ANESTHESIA MACH	5/01/2009	2,060.	2,060.	S/L	7		
STOOL AND TRAY	5/05/2009	510.	510.	S/L	7		
TABLE LIFT	5/14/2009	1,222.	1,222.	S/L	7		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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					

2022 Corporation Depreciation and Amortization

3885

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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
CLINIC BUILDING	4/06/2010	2,226,533.	670,819.	S/L	39	57,091.	
OFFICE EQUIPMEN	4/06/2010	1,542.	1,542.	S/L	7		
OFFICE EQUIPMEN	4/06/2010	33,738.	33,738.	S/L	7		
OFFICE EQUIPMEN	4/06/2010	299.	299.	S/L	7		
OFFICE EQUIPMEN	4/06/2010	884.	884.	S/L	7		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
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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

2022 Corporation Depreciation and Amortization

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Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
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(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
OFFICE EQUIPMEN	4/06/2010	636.	636.	S/L	7		
OFFICE EQUIPMEN	4/06/2010	3,478.	3,478.	S/L	7		
OFFICE EQUIPMEN	4/06/2010	1,834.	1,834.	S/L	7		
COMPUTERS AND P	4/09/2010	1,284.	1,284.	S/L	5		
MEDICAL EQUIPME	4/06/2010	9,993.	9,993.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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Part 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)	(f) Period or percentage	(g) Amortization for this year	
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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
IV PUMP	4/06/2010	1,104.	1,104.	S/L	5		
ROD KIT	4/06/2010	717.	717.	S/L	5		
IMAGING EQUIPME	4/06/2010	38,009.	38,009.	S/L	5		
MEDICAL EQUIPME	4/06/2010	24,828.	24,828.	S/L	5		
MEDICAL EQUIPME	4/06/2010	9,993.	9,993.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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Part 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)	(f) Period or percentage	(g) Amortization for this year
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2022 Corporation Depreciation and Amortization

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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
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(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
MEDICAL EQUIPME	4/06/2010	5,337.	5,337.	S/L	5		
IMAGING EQUIPME	4/06/2010	28,009.	28,009.	S/L	5		
MEDICAL EQUIPME	4/06/2010	84.	84.	S/L	5		
MEDICAL EQUIPME	4/06/2010	116,858.	116,858.	S/L	5		
OFFICE EQUIPMEN	4/06/2010	9,418.	9,418.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
OFFICE EQUIPMEN	4/06/2010	397.	397.	S/L	5		
OFFICE EQUIPMEN	4/06/2010	3,451.	3,451.	S/L	5		
OFFICE EQUIPMEN	4/06/2010	450.	450.	S/L	5		
OFFICE EQUIPMEN	4/06/2010	51,867.	51,867.	S/L	5		
SW IMAGING	9/16/2010	2,500.	2,500.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000															
2 Total cost of IRC Section 179 property placed in service.....	2																
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000															
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4																
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost												
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7 Listed property (elected IRC Section 179 cost).....	7																
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8																
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9																
10 Carryover of disallowed deduction from prior taxable years.....	10																
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12																
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13																

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
ORTHOPEDIC	6/14/2010	1,543.	1,543.	S/L	5		
KENNEL INSERTS	6/29/2010	1,356.	1,356.	S/L	5		
KENNEL INSERTS	7/01/2010	1,640.	1,640.	S/L	5		
SOFTWARE	4/06/2010	3,010.	3,010.	S/L	3		
SOFTWARE	4/06/2010	781.	781.	S/L	3		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
SOFTWARE	4/06/2010	2,292.	2,292.	S/L	3		
SOFTWARE	4/06/2010	1,701.	1,701.	S/L	3		
SOFTWARE	4/06/2010	7,336.	7,336.	S/L	3		
SOFTWARE	4/06/2010	12,405.	12,405.	S/L	3		
SOFTWARE	4/06/2010	17,984.	17,984.	S/L	3		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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					

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000															
2 Total cost of IRC Section 179 property placed in service.....	2																
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000															
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4																
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost												
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7 Listed property (elected IRC Section 179 cost).....	7																
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8																
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9																
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13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13																

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
SOFTWARE	4/06/2010	1,401.	1,401.	S/L	3		
SOFTWARE	4/06/2010	1,774.	1,774.	S/L	3		
KENNEL INSERTS	11/18/2010	752.	752.	S/L	5		
BUILDING IMPROV	5/01/2010	2,751.	1,610.	S/L	20	138.	
SOFTWARE	5/12/2010	8,789.	8,789.	S/L	3		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000															
2 Total cost of IRC Section 179 property placed in service.....	2																
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000															
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4																
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7 Listed property (elected IRC Section 179 cost).....	7																
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8																
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12																
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13																

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
OFFICE EQUIPMEN	5/12/2010	48,044.	48,044.	S/L	5		
BUILDING IMPROV	5/26/2010	3,529.	2,039.	S/L	20	176.	
BUILDING IMPROV	6/29/2010	3,130.	1,805.	S/L	20	157.	
BUILDING IMPROV	8/05/2010	2,793.	1,598.	S/L	20	140.	
BUILDING IMPROV	9/30/2010	2,223.	1,249.	S/L	20	111.	
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
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Part 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)	(f) Period or percentage	(g) Amortization for this year
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2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
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3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
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5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
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(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
BUILDING IMPROV	8/05/2010	2,417.	1,381.	S/L	20	121.	
BUILDING IMPROV	6/03/2010	139,426.	74,013.	S/L	20	6,971.	
BUILDING IMPROV	6/29/2010	500.	288.	S/L	20	25.	
BUILDING IMPROV	7/20/2010	2,122.	1,210.	S/L	20	106.	
BUILDING IMPROV	10/14/2010	817.	461.	S/L	20	41.	
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
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Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
BUILDING IMPROV	12/20/2010	2,868.	1,573.	S/L	20	143.	
BUILDING IMPROV	7/31/2010	196.	114.	S/L	20	10.	
BUILDING IMPROV	9/16/2010	9,900.	5,569.	S/L	20	495.	
BUILDING IMPROV	6/30/2010	94,164.	54,142.	S/L	20	4,708.	
RESULTS PLUS	8/15/2010	6,295.	6,295.	S/L	3		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with 2 columns: Corporation name (ANIMAL SAMARITANS SPCA, INC.) and California corporation number (0900650)

Part I Election To Expense Certain Property Under IRC Section 179

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-13 for property election details.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes rows for ORTHOPEDIC, DELL COMPUTER R, TOTAL PLAN, IT PACIFIC LIGH, SECURITY CAMERA.

Part III Summary

Table with 2 columns: Line number and Description. Includes lines 16-18 for summary calculations.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed, (e) R&TC Section, (f) Period or percentage, (g) Amortization for this year. Includes lines 20-22 for amortization calculations.

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
TOTAL PLAN	7/15/2010	792.	792.	S/L	5		
COMPUTER - ANGI	11/04/2010	1,717.	1,717.	S/L	5		
OFFICE EQUIPMEN	11/30/2010	1,098.	1,098.	S/L	5		
DELL COMPUTER	6/01/2010	773.	773.	S/L	5		
BUILDING REMODE	5/15/2011	121,738.	64,928.	S/L	20	6,087.	
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
FLUID WARMER	1/12/2011	547.	547.	S/L	5		
CAPNOGRAPH	2/28/2011	3,133.	3,133.	S/L	5		
FOLD DOWN TABLE	6/03/2011	900.	900.	S/L	5		
SURGERY TABLE	1/12/2011	2,069.	2,069.	S/L	7		
SURGERY TABLE	3/01/2011	2,615.	2,615.	S/L	7		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year	
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	

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
SURGERY LIGHT	3/07/2011	3,908.	3,908.	S/L	7		
COMPUTER EQUIP	1/31/2011	637.	637.	S/L	5		
TOM COMPUTER	6/30/2011	1,337.	1,337.	S/L	5		
MICHELLE H COMP	7/31/2011	1,104.	1,104.	S/L	5		
BUILDING IMPROV	9/01/2011	38,398.	19,871.	S/L	20	1,920.	
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).....					15		

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
MONITORS	5/31/2012	8,732.	8,732.	S/L	5		
SHELTER EXTERIO	2/16/2012	4,500.	2,213.	S/L	20	225.	
OFFICE EQUIPMEN	2/29/2012	1,914.	1,914.	S/L	5		
OFFICE EQUIPMEN	5/31/2012	2,335.	2,335.	S/L	5		
OFFICE EQUIPMEN	8/31/2012	1,890.	1,890.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
DENTAL EQUIPMEN	1/31/2013	2,493.	2,493.	S/L	5		
OFFICE EQUIPMEN	7/31/2013	668.	668.	S/L	5		
MEDICAL EQUIPME	3/07/2013	8,412.	8,412.	S/L	5		
MODULAR BLDG WO	9/10/2014	3,578.	1,313.	S/L	20	179.	
CARD SYSTEM	1/31/2014	2,303.	2,303.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
OFFICE EQUIPMEN	1/31/2014	2,750.	2,750.	S/L	5		
CREDIT CARD MAC	2/26/2014	884.	884.	S/L	5		
VET COMPUTERS	6/30/2014	4,002.	4,002.	S/L	5		
CAMERA	7/08/2014	1,153.	1,153.	S/L	5		
OFFICE EQUIPMEN	7/31/2014	1,605.	1,605.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
OFFICE EQUIPMEN	12/31/2014	1,622.	1,622.	S/L	5		
COMPUTER SOFTWA	12/29/2014	2,829.	2,829.	S/L	3		
MEDICAL EQUIPME	4/30/2014	1,126.	1,126.	S/L	5		
MEDICAL EQUIPME	6/02/2014	952.	952.	S/L	5		
MEDICAL EQUIPME	6/13/2014	3,060.	3,060.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
MEDICAL EQUIPME	12/29/2014	1,595.	1,595.	S/L	5		
SURGERY EQUIPME	1/01/2014	1,997.	1,997.	S/L	5		
SURGERY EQUIPME	3/03/2014	2,036.	2,036.	S/L	5		
ISOFLURANCE VAP	3/10/2014	935.	935.	S/L	5		
ANESTHESIA MACH	3/17/2014	3,800.	3,800.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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

2022 Corporation Depreciation and Amortization

3885

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Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

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6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
BUILDING	8/26/2015	344,385.	55,997.	S/L	39	8,830.	
COMPUTERS	8/26/2015	10,294.	10,294.	S/L	5		
MEDICAL EQUIPME	8/26/2015	72,060.	72,060.	S/L	5		
SIGNAGE	8/26/2015	10,396.	10,396.	S/L	5		
OFFICE EQUIPMEN	8/26/2015	1,461.	1,461.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

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2022 Corporation Depreciation and Amortization

3885

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Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

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8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
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11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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 column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year
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2022 Corporation Depreciation and Amortization

3885

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Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
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9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
BUILDING REMODE	7/03/2015	65,173.	21,183.	S/L	20	3,259.	
TOYOTA PRIUS C	5/27/2016	24,000.	24,000.	S/L	5		
SCALE - EXAM TA	8/16/2016	987.	987.	S/L	5		
DENTAL EQUIPMEN	3/09/2016	2,587.	2,587.	S/L	5		
SOUNDBANK PLUS	9/01/2015	67,985.	67,985.	S/L	5		
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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Part 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)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....	20					
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2022 Corporation Depreciation and Amortization

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Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
SOUNDBANK PLUS	11/01/2015	67,039.	67,039.	S/L	5		
SONICWALL	5/05/2017	2,076.	1,937.	S/L	5	139.	
DEVELOPMENT COM	5/05/2017	701.	653.	S/L	5	48.	
ELKE COMPUTER	5/08/2017	886.	826.	S/L	5	60.	
TOM SNYDER COMP	9/05/2017	1,299.	1,127.	S/L	5	172.	
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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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)	(f) Period or percentage	(g) Amortization for this year
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2022 Corporation Depreciation and Amortization

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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
DOCTOR'S COMPUT	10/10/2017	2,234.	1,900.	S/L	5	334.	
2 SERVERS	10/26/2017	5,015.	4,179.	S/L	5	836.	
CAPNOGRAPH	4/25/2017	3,562.	3,323.	S/L	5	239.	
DENTAL EQUIPMEN	5/24/2017	4,310.	3,951.	S/L	5	359.	
ULTRASOUND MACH	6/02/2017	2,044.	1,874.	S/L	5	170.	
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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2022 Corporation Depreciation and Amortization

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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
MEDICAL EQUIPME	6/23/2017	2,281.	2,052.	S/L	5	229.	
SECURITY NETWOR	2/07/2018	5,000.	3,917.	S/L	5	1,000.	
MGO COMPUTER	2/08/2018	3,120.	2,444.	S/L	5	624.	
MICROSOFT SQL 2	12/08/2018	8,889.	8,889.	S/L	3		
2 DENTAL X-RAYS	4/02/2018	28,125.	21,094.	S/L	5	5,625.	
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000															
2 Total cost of IRC Section 179 property placed in service.....	2																
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000															
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4																
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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
2 IV PUMPS	11/01/2018	2,254.	1,428.	S/L	5	451.	
5 YEAR USE PERM	5/22/2019	9,651.	4,986.	S/L	5	1,930.	
CUBEX STATION A	9/10/2019	5,140.	600.	S/L	20	257.	
SHELTER DOORS	10/10/2019	3,570.	403.	S/L	20	179.	
CEILING, FLOOR,	12/23/2019	2,800.	280.	S/L	20	140.	
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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Part 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)	(f) Period or percentage	(g) Amortization for this year
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2022 Corporation Depreciation and Amortization

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Corporation name ANIMAL SAMARITANS SPCA, INC.	California corporation number 0900650
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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
AWNING AND BLIN	5/17/2019	6,710.	868.	S/L	20	336.	
OPTIPLES 5050	3/25/2019	1,141.	1,045.	S/L	3	96.	
WARRANTY - IMPR	7/15/2019	2,000.	1,667.	S/L	3	333.	
NETWORK UPGRADE	8/07/2019	15,629.	12,591.	S/L	3	3,038.	
WINDOWS LICENSE	12/19/2019	1,118.	746.	S/L	3	372.	
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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2022 Corporation Depreciation and Amortization

3885

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CAPNOSTAT CO2 P	11/06/2019	2,264.	981.	S/L	5	453.	
SURGICAL LIGHTS	7/01/2019	19,365.	6,915.	S/L	7	2,766.	
HVAC RENEWAL M1	3/06/2020	21,518.	7,890.	S/L	5	4,304.	
UNIFI SWITCH AN	3/31/2020	22,501.	7,875.	S/L	5	4,500.	
POWEREDGE R540	3/31/2020	22,127.	7,744.	S/L	5	4,425.	
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).....						15	

Part III Summary

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2022 Corporation Depreciation and Amortization

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OXYGEN COMPRESS	11/25/2020	12,598.	2,730.	S/L	5	2,520.	
AIRNETIC SURGER	11/30/2020	13,449.	2,914.	S/L	5	2,690.	
CAMERAS AND INS	3/31/2020	20,277.	7,097.	S/L	5	4,055.	
SECURITY CAMERA	8/15/2020	4,344.	1,231.	S/L	5	869.	
POINT OF SALE S	8/15/2020	3,659.	1,037.	S/L	5	732.	
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).....						15	

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LEASEHOLD IMPRO	8/15/2020	239,457.	16,962.	S/L	20	11,973.	
WINDOW TINT	8/15/2020	3,073.	622.	S/L	7	439.	
WET DENTAL TABL	8/15/2020	11,917.	3,376.	S/L	5	2,383.	
CABLING	8/15/2020	3,997.	1,132.	S/L	5	799.	
SIGNAGE	8/15/2020	10,002.	2,024.	S/L	7	1,429.	
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).....						15	

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ENTRY DOOR KEYP	8/15/2020	2,668.	540.	S/L	7	381.	
COMPUTER MONITO	5/14/2021	11,417.	1,522.	S/L	5	2,283.	
COMMERCIAL WASH	4/26/2021	11,578.	1,544.	S/L	5	2,316.	
ANESTHESIA MONI	2/08/2021	5,404.	991.	S/L	5	1,081.	
VET MONITOR	5/18/2021	7,956.	928.	S/L	5	1,591.	
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VET MONITOR	5/20/2021	7,956.	928.	S/L	5	1,591.	
CONCRETE PADS	6/23/2021	6,600.	165.	S/L	20	330.	
COMPUTER MONITO	5/14/2021	1,738.	232.	S/L	5	348.	
IMPROVEMENTS	5/02/2022	5,654.		S/L	20	188.	
SIGNAGE	6/13/2022	5,880.		S/L	7	490.	
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).....						15	

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 Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 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	

Part 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)	(f) Period or percentage	(g) Amortization for this year	
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	

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with 2 columns: Corporation name (ANIMAL SAMARITANS SPCA, INC.) and California corporation number (0900650)

Part I Election To Expense Certain Property Under IRC Section 179

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-13 for property election details.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes rows for MEDICAL EQUIPME and URGENT CARE KEN.

Part III Summary

Table with 2 columns: Line number and Description. Includes lines 16-18 for summary calculations.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed, (e) R&TC Section, (f) Period or percentage, (g) Amortization for this year. Includes lines 19-22 for amortization details.

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.....		<u>6,632,798.</u>
TOTAL	\$	<u><u>6,967,398.</u></u>

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	EXPENSE ACCOUNT/ OTHER
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.

ANIMAL SAMARITANS SPCA, INC.

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	0.	0.	0.
TOTAL		\$ 131,194.	\$ 0.	\$ 0.

DO NOT MAIL

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.

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	\$	<u>3,396,531.</u>

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

.....	\$	1,156,218.
TOTAL	\$	<u>1,156,218.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

CONSTRUCTION IN PROGRESS.....		199,420.
ERC.....		211,578.
PREPAID EXPENSES AND DEFERRED CHARGES.....		31,719.
TOTAL	\$	<u>442,717.</u>

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

UNREALIZED LOSS.....	\$	-193,363.
TOTAL	\$	<u>-193,363.</u>

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

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

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



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

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.

<p>ANIMAL SAMARITANS SPCA, INC. Name of Organization</p> <p>List all DBAs and names the organization uses or has used 72120 PETLAND PL Address (Number and Street)</p> <p>THOUSAND PALMS, CA 92276-2950 City or Town, State, and ZIP Code</p> <p>760-343-3477 Telephone Number</p> <p style="text-align: right;">E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>37619</u></p> <p>Corporation or Organization No. <u>0900650</u></p> <p>Federal Employer ID No. <u>95-3171867</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/22 ending 12/31/22) list:

Total Revenue \$ (including noncash contributions) 9,649,975. **Noncash Contributions \$** 36,833. **Total Assets \$** 8,155,544.

Program Expenses \$ 7,179,102. **Total Expenses \$** 8,139,103.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	
Signature of Authorized Agent	Printed Name	Title	Date

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

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

DO NOT MAIL

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , **2022**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ANIMAL SAMARITANS SPCA, INC. 72120 PETLAND PL THOUSAND PALMS, CA 92276-2950	D Employer identification number 95-3171867	E Telephone number 760-343-3477
F Name and address of principal officer: LEN BETZ SAME AS C ABOVE		G Gross receipts \$ 9,803,058.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
J Website: WWW.ANIMALSAMARITANS.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1978	M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	82
	6 Total number of volunteers (estimate if necessary)	6	244
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,228,171.	2,811,375.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,016,585.	6,632,798.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,423.	24,285.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	131,706.	181,517.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,393,885.	9,649,975.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,976,070.	4,912,358.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	60,060.	46,328.
	b Total fundraising expenses (Part IX, column (D), line 25)	464,158.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,511,407.	3,027,334.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,547,537.	7,986,020.
19 Revenue less expenses. Subtract line 18 from line 12	846,348.	1,663,955.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,747,213.	8,155,544.
	22 Net assets or fund balances. Subtract line 21 from line 20	382,694.	320,433.
		6,364,519.	7,835,111.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LEN BETZ	Date	
	Type or print name and title PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name STEPHEN DAWSON, CPA	Preparer's signature	Date
	Firm's name MARYANOV MADSEN GORDON CAMPBELL	Check <input type="checkbox"/> if self-employed	PTIN P01548299
	Firm's address PO BOX 1826 PALM SPRINGS, CA 92263	Firm's EIN 95-3178278	Phone no. (760) 320-6642

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

IMPROVING THE LIVES OF ANIMALS AND PEOPLE.

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

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

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

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

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

4a (Code:) (Expenses \$ 7,179,102. including grants of \$) (Revenue \$)

SEE SCHEDULE O

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

DO NOT MAIL

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

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

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

4e Total program service expenses 7,179,102.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, gross receipts, and various organizational requirements.

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

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHERINE GILABERT VETERINARIAN, DVM	40 0					X	402,156.	0.	0.	
(2) ARTHUR KLOMHAUS VETERINARIAN, DVM	40 0					X	335,923.	0.	0.	
(3) ELIZABETH FOGEL VETERINARIAN, DVM	40 0					X	225,786.	0.	0.	
(4) ROBERT MILLS VETERINARIAN, DVM	40 0					X	134,591.	0.	0.	
(5) TOM SNYDER CEO	40 0			X			131,194.	0.	0.	
(6) KEVIN LEISKE VETERINARIAN, DVM	40 0					X	111,557.	0.	0.	
(7) FERA MOSTOW, ESQ SECRETARY	1 0	X		X			0.	0.	0.	
(8) DEA FRANK, ESQ DIRECTOR	1 0	X					0.	0.	0.	
(9) MARK DODGE VICE PRESIDENT	1 0	X		X			0.	0.	0.	
(10) PATRICK EVANS DIRECTOR	1 0	X					0.	0.	0.	
(11) SANDY BEAKEY DIRECTOR	1 0	X					0.	0.	0.	
(12) BARBARA FLANAGAN DIRECTOR	1 0	X					0.	0.	0.	
(13) MARCIA ERICKSON DIRECTOR	1 0	X					0.	0.	0.	
(14) LANNY SEESE, MD DIRECTOR	1 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) LEN BETZ PRESIDENT	2 0	X		X			0.	0.	0.
(16) BERT GARLAND DIRECTOR	1 0	X					0.	0.	0.
(17) JOHN SCHOOLER TREASURER	2 0	X		X			0.	0.	0.
(18) CLARK HALLREN DIRECTOR	1 0	X					0.	0.	0.
(19) AURORA WILSON DIRECTOR	1 0	X					0.	0.	0.
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

DO NOT MAIL

1b Subtotal	1,341,207.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	1,341,207.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	4,695.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,806,680.			
	g Noncash contributions included in lines 1a-1f	1g	36,883.			
	h Total. Add lines 1a-1f		2,811,375.			
	Program Service Revenue	2a <u>CLINIC INCOME</u>		Business Code		
		6,632,798.	6,632,798.			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		6,632,798.				
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		24,285.	24,285.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
	6c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7b Less: cost or other basis and sales expenses				
	7c Gain or (loss)					
	d Net gain or (loss)					
	Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		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		10a				
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory						
e Total. Add lines 11a-11d						
Miscellaneous Revenue	11a		Business Code			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			9,649,975.	6,657,083.	0.	181,517.

DO NOT MAIL

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,194.	111,515.	13,119.	6,560.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	4,106,356.	3,702,639.	146,782.	256,935.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,204.	104,338.	5,398.	9,468.
9 Other employee benefits	219,371.	190,112.	13,078.	16,181.
10 Payroll taxes	336,233.	291,151.	22,578.	22,504.
11 Fees for services (nonemployees):				
a Management				
b Legal	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.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	482,733.	466,846.	785.	15,102.
12 Advertising and promotion	18,964.	546.		18,418.
13 Office expenses	44,944.	34,484.	7,759.	2,701.
14 Information technology	39,878.	36,664.	1,863.	1,351.
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	168,789.	151,911.	8,439.	8,439.
23 Insurance	69,566.	49,690.	9,938.	9,938.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL SUPPLIES</u>	433,077.	433,077.		
b <u>MEDICINES</u>	302,726.	302,726.		
c <u>LABORATORY</u>	263,811.	263,811.		
d <u>PAYROLL PROCESSING FEES</u>	234,066.	198,956.	23,407.	11,703.
e All other expenses. SEE SCH. O.	907,999.	797,342.	80,448.	30,209.
25 Total functional expenses. Add lines 1 through 24e.	7,986,020.	7,179,102.	342,760.	464,158.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash – non-interest-bearing	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	186,891.	8	260,258.	
	9	Prepaid expenses and deferred charges	25,606.	9	31,719.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,038,634.		
	b	Less: accumulated depreciation	10b	2,599,255.	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.		
Liabilities	17	Accounts payable and accrued expenses	382,694.	17	320,433.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	382,694.	26	320,433.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>					
	27	Net assets without donor restrictions	5,701,671.	27	5,888,324.	
	28	Net assets with donor restrictions	662,848.	28	1,946,787.	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances.	6,364,519.	32	7,835,111.	
33	Total liabilities and net assets/fund balances.	6,747,213.	33	8,155,544.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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	3	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	-193,363.
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.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

DO NOT MAIL

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Unit (%). Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14.

16a 33-1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

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.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	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 furnished in any activity that is related to the organization's tax-exempt purpose.	3,308,888.	3,425,470.	2,555,339.	5,016,586.	6,632,798.	20,939,081.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	4,727,391.	6,145,556.	6,064,299.	7,032,753.	9,444,173.	33,414,172.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						33,414,172.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	4,727,391.	6,145,556.	6,064,299.	7,032,753.	9,444,173.	33,414,172.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	14,536.	12,965.	17,560.	17,423.	24,285.	86,769.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c 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.)	24,867.	69,449.	53,951.	131,706.	181,517.	461,490.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,766,794.	6,227,970.	6,135,810.	7,181,882.	9,649,975.	33,962,431.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	15	98.39 %
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	98.41 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	0.26 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	0.25 %
19a 33-1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	<input type="checkbox"/>	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

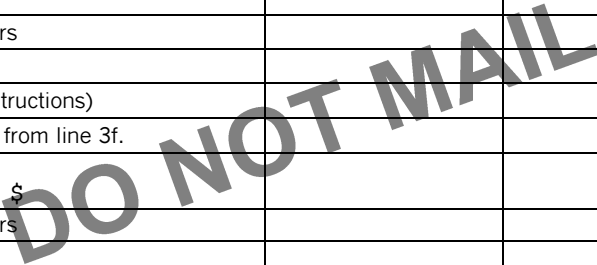
Section C – Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 – explain in Part VI). 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			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
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			



Part VI

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

PART III, LINE 12 - OTHER INCOME

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

DO NOT MAIL

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY BROAD FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DUNLAP FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SARAH DI TANA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THORNTON GLIDE JR 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GLORIA SCOBY 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MANILOW FUND FOR HEALTH & HOPE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 40,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LYNSY TOELKES ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CARL JUD FOUNDATION ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BRANDON BOSWELL ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	J. SQUIRE JUNGER ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	INLAND EMPIRE COMMUNITY FDN ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	KALLI CRAWFORD ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ANNENBERG FOUNDATION ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	HOUSTON FAMILY FOUNDATION ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	LANNY SEESE ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GRETE COX ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	ANDERSON CHILDREN'S FOUNDATION ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 9,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	BARBARA ROGERS ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DIANE JOHNSON 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	AUEN FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	LISA PARK 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BLANCHARD LIVING TRUST 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 8,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	JAMES STEVENS ESTATE 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	EISENHOWER MEDICAL CENTER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ANNETTE YOUNG LEWIS 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	RICHARD BROOKE FOUNDATION 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 825,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	ALBERT & ANNA HERDINA MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ROBERT RICHTER 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	PATRICIA THORNBERG MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 30,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	JANET SALTA 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MICHAEL NOLL 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	ROBERT BARNES 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	CLARK HALLREN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	HEYSON LEACH 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	JOSEPH HAYDEN 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 63,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	JOHN AND MARTHA WILSON CHRTBL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 89,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

DO NOT MAIL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ROBERT STURTEVANT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 70,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
44	BIGHORN GOLF CLUB 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
45	CADE MORROW 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
46	TODD BARAJAS MEMORIAL FUND 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
47	GARY KIEF 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
48	DAVID ROOT 72120 PETLAND PLACE THOUSAND PALMS, CA 92276	\$ 42,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

DO NOT MAIL

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	LINDA VON RHINE ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	TODD BURGESS ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	BEN ROSENTHAL ----- 72120 PETLAND PLACE ----- THOUSAND PALMS, CA 92276 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

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

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

DO NOT MAIL

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

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

Table with 4 main sections, each containing columns (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, and (e) Transfer of gift (Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee). Includes a large 'DO NOT MAIL' watermark.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

ANIMAL SAMARITANS SPCA, INC.

95-3171867

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	306,947.	290,199.	266,111.	236,677.	0.
b Contributions				8,115.	250,000.
c Net investment earnings, gains, and losses	-37,934.	16,748.	24,088.	21,319.	-11,397.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	2,922.				1,926.
g End of year balance	266,091.	306,947.	290,199.	266,111.	236,677.

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

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

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

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

	Yes	No
(i) Unrelated organizations	X	
(ii) Related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		49,573.		49,573.
b Buildings		2,570,918.	792,737.	1,778,181.
c Leasehold improvements		1,021,769.	548,637.	473,132.
d Equipment		1,136,786.	1,021,369.	115,417.
e Other		259,588.	236,512.	23,076.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,439,379.

Part VII Investments – Other Securities. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	199,420.
(2) ERC	211,578.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	410,998.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	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	2 a	-193,363.
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	-193,363.
3	Subtract line 2 e 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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	9,649,975.

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

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

1	Total expenses and losses per audited financial statements	1	7,986,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	7,986,020.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	7,986,020.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

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

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

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

Part XIII Supplemental Information *(continued)*

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

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

DO NOT MAIL

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CHRISTINA LEWIS 72120 PETLAND PL THOUSAND PALMS CA 92276	GRANT WRITING		X	293,361.	45,623.	247,738.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				293,361.	45,623.	247,738.

DO NOT MAIL

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

CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		DESERT FASHION (event type)	OTHER EVENTS (event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	292,640.	41,960.	334,600.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	292,640.	41,960.	334,600.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	153,083.		153,083.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				153,083.
	11	Net income summary. Subtract line 10 from line 3, column (d)				181,517.

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

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

DO NOT MAIL

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

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

Name -----

Address -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

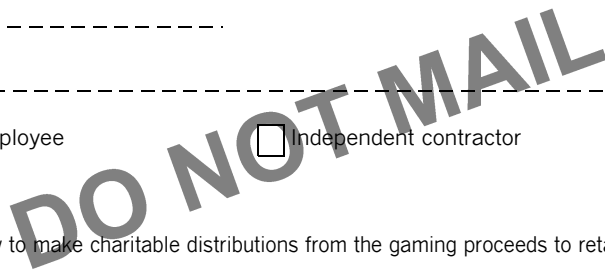
Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ _____

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



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ANIMAL SAMARITANS SPCA, INC.

95-3171867

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1 ELIZABETH FOGEL VETERINARIAN, DVM	(i)	225,786.	0.	0.	0.	225,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 CATHERINE GILABERT VETERINARIAN, DVM	(i)	402,156.	0.	0.	0.	402,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 ARTHUR KLOMHAUS VETERINARIAN, DVM	(i)	335,923.	0.	0.	0.	335,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

DO NOT MAIL

Part III Supplemental Information

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

DO NOT MAIL

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)			24,404.	
26 Other (PET SUPPLIES)			12,479.	
27 Other ()				
28 Other ()				

DO NOT MAIL

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

DO NOT MAIL

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

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

AT ANIMAL SAMARITANS, WE CHAMPION COMPASSION AND RESPECT FOR ALL LIVING CREATURES, WITH 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 HOMELESS DOGS AND CATS. WE BELIEVE SPAYING AND NEUTERING OUR PETS AND HOMELESS POPULATIONS OF DOGS AND CATS IS AN EFFECTIVE WAY TO ACHIEVE THIS END AND WE ARE COMMITTED TO PROVIDING QUALITY, AFFORDABLE SPAY/NEUTER SERVICES. WE BELIEVE ADOPTABLE, HOMELESS DOGS AND CATS DESERVE A CHANCE AT LIFE AND TO LIVE IN A LOVING HOME, AND WE SUPPORT THIS IDEAL THROUGH ANIMAL RESCUING, ANIMAL SHELTERING, AND PET ADOPTIONS. WE BELIEVE THE BOND BETWEEN PEOPLE AND PETS IS HEALING, BOTH EMOTIONALLY AND PHYSICALLY, AND WE PROVIDE 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 SERVICES. FOR THESE SERVICES WE OFFER FINANCIAL AID ASSISTANCE TO QUALIFYING PET 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.

OUR UNIQUE VETERINARY SERVICES IN 2022 INCLUDED: 11,963 PET EXAMS; 4,569 LAB TESTS;

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

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.

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

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.

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.

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

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

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

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

Name of the organization

ANIMAL SAMARITANS SPCA, INC.

Employer identification number

95-3171867

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & 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.

DO NOT MAIL

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2022

8453-EO

Exempt Organization name

Identifying number

ANIMAL SAMARITANS SPCA, INC.

95-3171867

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	9,803,058.
2	Total gross income (Form 199, line 8)	2	9,803,058.
3	Total expenses and disbursements (Form 199, line 9)	3	8,139,103.

Part II Settle Your Account Electronically for Taxable Year 2022

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here Signature of officer _____ Date _____ Title **PRESIDENT**

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature _____ Date _____ Check if also paid preparer Check if self-employed ERO's PTIN **P01548299**

Firm's name (or yours if self-employed) and address: **MARYANOV MADSEN GORDON CAMPBELL**
PO BOX 1826
PALM SPRINGS CA Firm's FEIN **95-3178278**
 ZIP code **92263**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature _____ Date _____ Check if self-employed Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address _____ Firm's FEIN _____
 ZIP code _____

ANIMAL SAMARITANS SPCA, INC.

95-3171867

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
<u>INDIO CLINIC - BUILDING</u>																
145	BUILDING	8/26/15		344,385							344,385	55,997	S/L	39		8,830
146	COMPUTERS	8/26/15		10,294							10,294	10,294	S/L	5		0
207	LEASEHOLD IMPROVEMENTS	8/15/20		239,457							239,457	16,962	S/L	20		11,973
208	WINDOW TINT	8/15/20		3,073							3,073	622	S/L	7		439
	TOTAL INDIO CLINIC - BUILDING			597,209		0	0	0	0	0	597,209	83,875				21,242
<u>INDIO CLINIC - COMPUTER EQUIPMENT</u>																
206	POINT OF SALE SYSTEM	8/15/20		3,659							3,659	1,037	S/L	5		732
210	CABLING	8/15/20		3,997							3,997	1,132	S/L	5		799
213	COMPUTER MONITORS (17)	5/14/21		11,417							11,417	1,522	S/L	5		2,283
220	COMPUTER MONITORS (4)	5/14/21		1,738							1,738	232	S/L	5		348
	TOTAL INDIO CLINIC - COMPUTER			20,811		0	0	0	0	0	20,811	3,923				4,162
<u>INDIO CLINIC - COMPUTER SOFTWARE</u>																
150	COMPUTER SOFTWARE	8/26/15		12,892							12,892	12,892	S/L	3		0
	TOTAL INDIO CLINIC - COMPUTER			12,892		0	0	0	0	0	12,892	12,892				0
<u>INDIO CLINIC - MEDICAL EQUIPMENT</u>																
147	MEDICAL EQUIPMENT	8/26/15		72,060							72,060	72,060	S/L	5		0
161	DENTAL EQUIPMENT	3/09/16		2,587							2,587	2,587	S/L	5		0
171	DENTAL EQUIPMENT	5/24/17		4,310							4,310	3,951	S/L	5		359

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209	WET DENTAL TABLE	8/15/20		11,917							11,917	3,376	S/L	5		2,383
216	VET MONITOR	5/18/21		7,956							7,956	928	S/L	5		1,591
TOTAL INDIO CLINIC - MEDICAL EQ				98,830		0	0	0	0	0	98,830	82,902				4,333
INDIO CLINIC - OFFICE EQUIPMENT																
149	OFFICE EQUIPMENT	8/26/15		1,461							1,461	1,461	S/L	5		0
154	OFFICE FURNITURE	8/26/15		23,995							23,995	21,711	S/L	7		2,284
TOTAL INDIO CLINIC - OFFICE EQUI				25,456		0	0	0	0	0	25,456	23,172				2,284
INDIO CLINIC - SECURITY AND IT																
152	SECURITY AND IT	8/26/15		14,657							14,657	14,657	S/L	5		0
205	SECURITY CAMERA SYSTEM	8/15/20		4,344							4,344	1,231	S/L	5		869
212	ENTRY DOOR KEYPAD	8/15/20		2,668							2,668	540	S/L	7		381
TOTAL INDIO CLINIC - SECURITY A				21,669		0	0	0	0	0	21,669	16,428				1,250
INDIO CLINIC - SIGNAGE																
148	SIGNAGE	8/26/15		10,396							10,396	10,396	S/L	5		0
211	SIGNAGE	8/15/20		10,002							10,002	2,024	S/L	7		1,429
222	SIGNAGE	6/13/22		5,880							5,880		S/L	7		490
TOTAL INDIO CLINIC - SIGNAGE				26,278		0	0	0	0	0	26,278	12,420				1,919
INDIO CLINIC - SURGICAL EQUIPMENT																

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151	SURGICAL EQUIPMENT	8/26/15		38,735							38,735	38,735	S/L	5		0
163	SOUNDBANK PLUS 8528	11/01/15		67,039							67,039	67,039	S/L	5		0
	TOTAL INDIO CLINIC - SURGICAL E			105,774		0	0	0	0	0	105,774	105,774				0
	LAND															
6	LAND - PETLAND PL	1/15/84		49,573							49,573					0
	TOTAL LAND			49,573		0	0	0	0	0	49,573	0				0
	PROGRAM SERVICES															
1	BUILDING IMPROVEMENTS	1/15/84		178,232							178,232	178,232	S/L	20		0
2	BUILDING REMODELING	2/28/99		12,704							12,704	12,490	S/L	20		0
3	BUILDING REMODELING	3/31/99		321							321	321	S/L	20		0
4	BUILDING REMODELING	6/30/99		302							302	302	S/L	20		0
5	BUILDING IMPROVEMENTS	2/14/00		2,000							2,000	1,609	150DB	20		0
11	BUILDING IMPROV - SEWER	5/24/06		18,037							18,037	18,037	S/L	15		0
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		57,091
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		176
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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89	BUILDING IMPROVEMENTS	7/20/10		2,122							2,122	1,210	S/L	20		106
90	BUILDING IMPROVEMENTS	10/14/10		817							817	461	S/L	20		41
91	BUILDING IMPROVEMENTS	12/20/10		2,868							2,868	1,573	S/L	20		143
92	BUILDING IMPROVEMENTS	7/31/10		196							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							94,164	54,142	S/L	20		4,708
105	BUILDING REMODELING	5/15/11		121,738							121,738	64,928	S/L	20		6,087
115	BUILDING IMPROVEMENT	9/01/11		38,398							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							3,578	1,313	S/L	20		179
157	BUILDING REMODEL	7/03/15		65,173							65,173	21,183	S/L	20		3,259
181	5 YEAR USE PERMIT	5/22/19		9,651							9,651	4,986	S/L	5		1,930
182	CUBEX STATION ADAPTATIONS	9/10/19		5,140							5,140	600	S/L	20		257
183	SHELTER DOORS	10/10/19		3,570							3,570	403	S/L	20		179
184	CEILING, FLOOR, PARKING	12/23/19		2,800							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							5,654		S/L	20		188
TOTAL PROGRAM SERVICES				2,980,257		0	0	0	0	0	2,980,257	1,146,874				85,552
PROGRAM SERVICES - EQUIPMENT																
7	MICROSCOPE	2/24/98		602							602	602	200DB	5		0
8	SAFE	11/17/04		996							996	996	S/L	7		0
9	SURGERY EQUIPMENT	10/12/04		2,389							2,389	2,389	S/L	5		0
12	COMPUTER/EQUIPMENT	5/05/06		3,263							3,263	3,263	S/L	5		0
13	SCALE	10/10/06		650							650	650	S/L	7		0

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14	AUTOCLAVE ULTRACLAVE M11	11/21/06		3,765							3,765	3,765	S/L	7		0
15	SURGERY EQUIPMENT	4/30/06		3,411							3,411	3,411	S/L	5		0
16	SURGERY EQUIPMENT	12/31/06		4,143							4,143	4,143	S/L	5		0
17	MEDICAL EQUIPMENT	2/22/07		974							974	974	S/L	7		0
18	SURGERY EQUIPMENT	1/25/07		3,774							3,774	3,751	S/L	7		0
19	MEDICAL EQUIPMENT	10/18/07		982							982	975	S/L	7		0
21	STOOL	4/14/08		1,135							1,135	1,094	S/L	7		0
22	EXAM TABLE	5/06/08		3,051							3,051	2,979	S/L	7		0
23	KENNELS	5/13/08		9,137							9,137	8,918	S/L	7		0
24	MEDICAL EQUIPMENT	6/16/08		11,842							11,842	11,842	S/L	7		0
25	GENERATOR	10/01/08		6,050							6,050	6,050	S/L	7		0
26	SURGERY EQUIPMENT	6/10/08		3,306							3,306	3,265	S/L	7		0
27	PORTABLE CART	6/11/08		5,545							5,545	5,478	S/L	7		0
30	5 TON AIR COMPRESSOR	10/08/09		3,665							3,665	2,242	S/L	20		183
31	FENCE	10/13/09		750							750	465	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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45	OFFICE EQUIPMENT	4/06/10		884							884	884	S/L	7		0
46	OFFICE EQUIPMENT	4/06/10		636							636	636	S/L	7		0
47	OFFICE EQUIPMENT	4/06/10		3,478							3,478	3,478	S/L	7		0
48	OFFICE EQUIPMENT	4/06/10		1,834							1,834	1,834	S/L	7		0
49	COMPUTERS AND PRINTERS	4/09/10		1,284							1,284	1,284	S/L	5		0
50	MEDICAL EQUIPMENT	4/06/10		9,993							9,993	9,993	S/L	5		0
51	IV PUMP	4/06/10		1,104							1,104	1,104	S/L	5		0
52	ROD KIT	4/06/10		717							717	717	S/L	5		0
53	IMAGING EQUIPMENT	4/06/10		38,009							38,009	38,009	S/L	5		0
54	MEDICAL EQUIPMENT	4/06/10		24,828							24,828	24,828	S/L	5		0
55	MEDICAL EQUIPMENT	4/06/10		9,993							9,993	9,993	S/L	5		0
56	MEDICAL EQUIPMENT	4/06/10		5,337							5,337	5,337	S/L	5		0
57	IMAGING EQUIPMENT	4/06/10		28,009							28,009	28,009	S/L	5		0
58	MEDICAL EQUIPMENT	4/06/10		84							84	84	S/L	5		0
59	MEDICAL EQUIPMENT	4/06/10		116,858							116,858	116,858	S/L	5		0
60	OFFICE EQUIPMENT	4/06/10		9,418							9,418	9,418	S/L	5		0
61	OFFICE EQUIPMENT	4/06/10		397							397	397	S/L	5		0
62	OFFICE EQUIPMENT	4/06/10		3,451							3,451	3,451	S/L	5		0
63	OFFICE EQUIPMENT	4/06/10		450							450	450	S/L	5		0
64	OFFICE EQUIPMENT	4/06/10		51,867							51,867	51,867	S/L	5		0
65	SW IMAGING	9/16/10		2,500							2,500	2,500	S/L	5		0
66	ORTHOPEDIC	6/14/10		1,543							1,543	1,543	S/L	5		0
67	KENNEL INSERTS	6/29/10		1,356							1,356	1,356	S/L	5		0
68	KENNEL INSERTS	7/01/10		1,640							1,640	1,640	S/L	5		0
78	KENNEL INSERTS	11/18/10		752							752	752	S/L	5		0
81	OFFICE EQUIPMENT	5/12/10		48,044							48,044	48,044	S/L	5		0
96	ORTHOPEDIC	11/30/10		690							690	690	S/L	5		0

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97	DELL COMPUTER RELATED	1/06/10		61							61	61	S/L	5		0
98	TOTAL PLAN	5/01/10		2,544							2,544	2,544	S/L	5		0
99	IT PACIFIC LIGHTWARE	5/01/10		7,750							7,750	7,750	S/L	5		0
100	SECURITY CAMERAS	6/29/10		26,851							26,851	26,851	S/L	5		0
101	TOTAL PLAN	7/15/10		792							792	792	S/L	5		0
102	COMPUTER - ANGIE	11/04/10		1,717							1,717	1,717	S/L	5		0
103	OFFICE EQUIPMENT	11/30/10		1,098							1,098	1,098	S/L	5		0
104	DELL COMPUTER	6/01/10		773							773	773	S/L	5		0
106	FLUID WARMER	1/12/11		547							547	547	S/L	5		0
107	CAPNOGRAPH	2/28/11		3,133							3,133	3,133	S/L	5		0
108	FOLD DOWN TABLE	6/03/11		900							900	900	S/L	5		0
109	SURGERY TABLE	1/12/11		2,069							2,069	2,069	S/L	7		0
110	SURGERY TABLE	3/01/11		2,615							2,615	2,615	S/L	7		0
111	SURGERY LIGHT	3/07/11		3,908							3,908	3,908	S/L	7		0
112	COMPUTER EQUIP	1/31/11		637							637	637	S/L	5		0
113	TOM COMPUTER	6/30/11		1,337							1,337	1,337	S/L	5		0
114	MICHELLE H COMPUTER	7/31/11		1,104							1,104	1,104	S/L	5		0
116	MONITORS	5/31/12		8,732							8,732	8,732	S/L	5		0
119	OFFICE EQUIPMENT	2/29/12		1,914							1,914	1,914	S/L	5		0
120	OFFICE EQUIPMENT	5/31/12		2,335							2,335	2,335	S/L	5		0
121	OFFICE EQUIPMENT	8/31/12		1,890							1,890	1,890	S/L	5		0
125	DENTAL EQUIPMENT	1/31/13		2,493							2,493	2,493	S/L	5		0
126	OFFICE EQUIPMENT	7/31/13		668							668	668	S/L	5		0
127	MEDICAL EQUIPMENT	3/07/13		8,412							8,412	8,412	S/L	5		0
129	CARD SYSTEM	1/31/14		2,303							2,303	2,303	S/L	5		0
130	OFFICE EQUIPMENT	1/31/14		2,750							2,750	2,750	S/L	5		0
131	CREDIT CARD MACHING	2/26/14		884							884	884	S/L	5		0

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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							935	935	S/L	5		0
144	ANESTHESIA MACHINE	3/17/14		3,800							3,800	3,800	S/L	5		0
159	SCALE - EXAM TABLE INDIO	8/16/16		987							987	987	S/L	5		0
162	SOUNDBANK PLUS 9234	9/01/15		67,985							67,985	67,985	S/L	5		0
164	SONICWALL	5/05/17		2,076							2,076	1,937	S/L	5		139
165	DEVELOPMENT 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	DOCTOR'S COMPUTERS	10/10/17		2,234							2,234	1,900	S/L	5		334
169	2 SERVERS	10/26/17		5,015							5,015	4,179	S/L	5		836
170	CAPNOGRAPH	4/25/17		3,562							3,562	3,323	S/L	5		239
172	ULTRASOUND MACHINE	6/02/17		2,044							2,044	1,874	S/L	5		170
173	MEDICAL EQUIPMENT	6/23/17		2,281							2,281	2,052	S/L	5		229
176	SECURITY 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 DENTAL X-RAYS	4/02/18		28,125							28,125	21,094	S/L	5		5,625
180	2 IV PUMPS	11/01/18		2,254							2,254	1,428	S/L	5		451

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191	CAPNOSTAT CO2 PROBE	11/06/19		2,264							2,264	981	S/L	5		453	
192	SURGICAL LIGHTS	7/01/19		19,365							19,365	6,915	S/L	7		2,766	
198	UNIFI SWITCH AND SONICWALL	3/31/20		22,501							22,501	7,875	S/L	5		4,500	
199	POWEREDGE R540 SERVER	3/31/20		22,127							22,127	7,744	S/L	5		4,425	
202	OXYGEN COMPRESSOR/CONCENTR	11/25/20		12,598							12,598	2,730	S/L	5		2,520	
203	AIRNETIC SURGERY EQUIPMENT	11/30/20		13,449							13,449	2,914	S/L	5		2,690	
204	CAMERAS AND INSTALLATION	3/31/20		20,277							20,277	7,097	S/L	5		4,055	
214	COMMERCIAL WASHER	4/26/21		11,578							11,578	1,544	S/L	5		2,316	
215	ANESTHESIA MONITOR	2/08/21		5,404							5,404	991	S/L	5		1,081	
217	VET MONITOR	5/20/21		7,956							7,956	928	S/L	5		1,591	
223	MEDICAL EQUIPMENT	10/05/22		6,451							6,451		S/L	5		323	
TOTAL PROGRAM SERVICES - EQU				877,329		0	0	0	0	0	877,329	759,057					36,868
PROGRAM SERVICES - SOFTWARE																	
10	QUICKBOOKS SOFTWARE	12/02/05		1,292							1,292	1,292	S/L	3		0	
69	SOFTWARE	4/06/10		3,010							3,010	3,010	S/L	3		0	
70	SOFTWARE	4/06/10		781							781	781	S/L	3		0	
71	SOFTWARE	4/06/10		2,292							2,292	2,292	S/L	3		0	
72	SOFTWARE	4/06/10		1,701							1,701	1,701	S/L	3		0	
73	SOFTWARE	4/06/10		7,336							7,336	7,336	S/L	3		0	
74	SOFTWARE	4/06/10		12,405							12,405	12,405	S/L	3		0	
75	SOFTWARE	4/06/10		17,984							17,984	17,984	S/L	3		0	
76	SOFTWARE	4/06/10		1,401							1,401	1,401	S/L	3		0	
77	SOFTWARE	4/06/10		1,774							1,774	1,774	S/L	3		0	
80	SOFTWARE	5/12/10		8,789							8,789	8,789	S/L	3		0	
95	RESULTS PLUS	8/15/10		6,295							6,295	6,295	S/L	3		0	

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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	1,045	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							1,118	746	S/L	3		372
TOTAL PROGRAM SERVICES - SOF				96,666		0	0	0	0	0	96,666	92,827				3,839
PROGRAM SERVICES - VEHICLES																
28	2003 FORD CUTAWAY VAN	9/01/09		16,926							16,926	16,926	S/L	5		0
29	VEHICLE SIGNAGE	11/30/09		2,684							2,684	2,684	S/L	5		0
155	2015 FORD TRANSIT	5/01/15		38,822							38,822	38,822	S/L	5		0
158	TOYOTA PRIUS C	5/27/16		24,000							24,000	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		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	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	0	21,518	7,890				4,304

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	TOTAL DEPRECIATION			<u>5,038,634</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,038,634</u>	<u>2,430,466</u>				<u>168,789</u>
	GRAND TOTAL DEPRECIATION			<u>5,038,634</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,038,634</u>	<u>2,430,466</u>				<u>168,789</u>

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FORM 199																
<u>INDIO CLINIC - BUILDING</u>																
145	BUILDING	8/26/15		344,385							344,385	64,827	S/L	39		8,830
146	COMPUTERS	8/26/15		10,294							10,294	10,294	S/L	5		0
207	LEASEHOLD IMPROVEMENTS	8/15/20		239,457							239,457	28,935	S/L	20		11,973
208	WINDOW TINT	8/15/20		3,073							3,073	1,061	S/L	7		439
TOTAL INDIO CLINIC - BUILDING				597,209		0	0	0	0	0	597,209	105,117				21,242
<u>INDIO CLINIC - COMPUTER EQUIPMENT</u>																
206	POINT OF SALE SYSTEM	8/15/20		3,659							3,659	1,769	S/L	5		732
210	CABLING	8/15/20		3,997							3,997	1,931	S/L	5		799
213	COMPUTER MONITORS (17)	5/14/21		11,417							11,417	3,805	S/L	5		2,283
220	COMPUTER MONITORS (4)	5/14/21		1,738							1,738	580	S/L	5		348
TOTAL INDIO CLINIC - COMPUTER				20,811		0	0	0	0	0	20,811	8,085				4,162
<u>INDIO CLINIC - COMPUTER SOFTWARE</u>																
150	COMPUTER SOFTWARE	8/26/15		12,892							12,892	12,892	S/L	3		0
TOTAL INDIO CLINIC - COMPUTER				12,892		0	0	0	0	0	12,892	12,892				0
<u>INDIO CLINIC - MEDICAL EQUIPMENT</u>																
147	MEDICAL EQUIPMENT	8/26/15		72,060							72,060	72,060	S/L	5		0
161	DENTAL EQUIPMENT	3/09/16		2,587							2,587	2,587	S/L	5		0
171	DENTAL EQUIPMENT	5/24/17		4,310							4,310	4,310	S/L	5		0

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209	WET DENTAL TABLE	8/15/20		11,917							11,917	5,759	S/L	5		2,383
216	VET MONITOR	5/18/21		7,956							7,956	2,519	S/L	5		1,591
TOTAL INDIO CLINIC - MEDICAL EQ				98,830		0	0	0	0	0	98,830	87,235				3,974
INDIO CLINIC - OFFICE EQUIPMENT																
149	OFFICE EQUIPMENT	8/26/15		1,461							1,461	1,461	S/L	5		0
154	OFFICE FURNITURE	8/26/15		23,995							23,995	23,995	S/L	7		0
TOTAL INDIO CLINIC - OFFICE EQUI				25,456		0	0	0	0	0	25,456	25,456				0
INDIO CLINIC - SECURITY AND IT																
152	SECURITY AND IT	8/26/15		14,657							14,657	14,657	S/L	5		0
205	SECURITY CAMERA SYSTEM	8/15/20		4,344							4,344	2,100	S/L	5		869
212	ENTRY DOOR KEYPAD	8/15/20		2,668							2,668	921	S/L	7		381
TOTAL INDIO CLINIC - SECURITY A				21,669		0	0	0	0	0	21,669	17,678				1,250
INDIO CLINIC - SIGNAGE																
148	SIGNAGE	8/26/15		10,396							10,396	10,396	S/L	5		0
211	SIGNAGE	8/15/20		10,002							10,002	3,453	S/L	7		1,429
222	SIGNAGE	6/13/22		5,880							5,880	490	S/L	7		840
TOTAL INDIO CLINIC - SIGNAGE				26,278		0	0	0	0	0	26,278	14,339				2,269
INDIO CLINIC - SURGICAL EQUIPMENT																

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151	SURGICAL EQUIPMENT	8/26/15		38,735							38,735	38,735	S/L	5		0
163	SOUNDBANK PLUS 8528	11/01/15		67,039							67,039	67,039	S/L	5		0
	TOTAL INDIO CLINIC - SURGICAL E			105,774		0	0	0	0	0	105,774	105,774				0
	LAND															
6	LAND - PETLAND PL	1/15/84		49,573							49,573					0
	TOTAL LAND			49,573		0	0	0	0	0	49,573	0				0
	PROGRAM SERVICES															
1	BUILDING IMPROVEMENTS	1/15/84		178,232							178,232	178,232	S/L	20		0
2	BUILDING REMODELING	2/28/99		12,704							12,704	12,490	S/L	20		0
3	BUILDING REMODELING	3/31/99		321							321	321	S/L	20		0
4	BUILDING REMODELING	6/30/99		302							302	302	S/L	20		0
5	BUILDING IMPROVEMENTS	2/14/00		2,000							2,000	1,609	150DB	20		0
11	BUILDING IMPROV - SEWER	5/24/06		18,037							18,037	18,037	S/L	15		0
20	BUILDING IMPROVEMENT	9/30/08		1,780							1,780	1,291	S/L	20		89
41	CLINIC BUILDING	4/06/10		2,226,533							2,226,533	727,910	S/L	39		57,091
79	BUILDING IMPROVEMENT	5/01/10		2,751							2,751	1,748	S/L	20		138
82	BUILDING IMPROVEMENTS	5/26/10		3,529							3,529	2,215	S/L	20		176
83	BUILDING IMPROVEMENTS	6/29/10		3,130							3,130	1,962	S/L	20		157
84	BUILDING IMPROVEMENTS	8/05/10		2,793							2,793	1,738	S/L	20		140
85	BUILDING IMPROVEMENTS	9/30/10		2,223							2,223	1,360	S/L	20		111
86	BUILDING IMPROVEMENTS	8/05/10		2,417							2,417	1,502	S/L	20		121
87	BUILDING IMPROVEMENTS	6/03/10		139,426							139,426	80,984	S/L	20		6,971
88	BUILDING IMPROVEMENTS	6/29/10		500							500	313	S/L	20		25

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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							65,173	24,442	S/L	20		3,259
181	5 YEAR USE PERMIT	5/22/19		9,651							9,651	6,916	S/L	5		1,930
182	CUBEX STATION ADAPTATIONS	9/10/19		5,140							5,140	857	S/L	20		257
183	SHELTER DOORS	10/10/19		3,570							3,570	582	S/L	20		179
184	CEILING, FLOOR, PARKING	12/23/19		2,800							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							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
PROGRAM SERVICES - EQUIPMENT																
7	MICROSCOPE	2/24/98		602							602	602	200DB	5		0
8	SAFE	11/17/04		996							996	996	S/L	7		0
9	SURGERY EQUIPMENT	10/12/04		2,389							2,389	2,389	S/L	5		0
12	COMPUTER/EQUIPMENT	5/05/06		3,263							3,263	3,263	S/L	5		0
13	SCALE	10/10/06		650							650	650	S/L	7		0

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14	AUTOCLAVE ULTRACLAVE M11	11/21/06		3,765							3,765	3,765	S/L	7		0
15	SURGERY EQUIPMENT	4/30/06		3,411							3,411	3,411	S/L	5		0
16	SURGERY EQUIPMENT	12/31/06		4,143							4,143	4,143	S/L	5		0
17	MEDICAL EQUIPMENT	2/22/07		974							974	974	S/L	7		0
18	SURGERY EQUIPMENT	1/25/07		3,774							3,774	3,751	S/L	7		0
19	MEDICAL EQUIPMENT	10/18/07		982							982	975	S/L	7		0
21	STOOL	4/14/08		1,135							1,135	1,094	S/L	7		0
22	EXAM TABLE	5/06/08		3,051							3,051	2,979	S/L	7		0
23	KENNELS	5/13/08		9,137							9,137	8,918	S/L	7		0
24	MEDICAL EQUIPMENT	6/16/08		11,842							11,842	11,842	S/L	7		0
25	GENERATOR	10/01/08		6,050							6,050	6,050	S/L	7		0
26	SURGERY EQUIPMENT	6/10/08		3,306							3,306	3,265	S/L	7		0
27	PORTABLE CART	6/11/08		5,545							5,545	5,478	S/L	7		0
30	5 TON AIR COMPRESSOR	10/08/09		3,665							3,665	2,425	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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45	OFFICE EQUIPMENT	4/06/10		884							884	884	S/L	7		0
46	OFFICE EQUIPMENT	4/06/10		636							636	636	S/L	7		0
47	OFFICE EQUIPMENT	4/06/10		3,478							3,478	3,478	S/L	7		0
48	OFFICE EQUIPMENT	4/06/10		1,834							1,834	1,834	S/L	7		0
49	COMPUTERS AND PRINTERS	4/09/10		1,284							1,284	1,284	S/L	5		0
50	MEDICAL EQUIPMENT	4/06/10		9,993							9,993	9,993	S/L	5		0
51	IV PUMP	4/06/10		1,104							1,104	1,104	S/L	5		0
52	ROD KIT	4/06/10		717							717	717	S/L	5		0
53	IMAGING EQUIPMENT	4/06/10		38,009							38,009	38,009	S/L	5		0
54	MEDICAL EQUIPMENT	4/06/10		24,828							24,828	24,828	S/L	5		0
55	MEDICAL EQUIPMENT	4/06/10		9,993							9,993	9,993	S/L	5		0
56	MEDICAL EQUIPMENT	4/06/10		5,337							5,337	5,337	S/L	5		0
57	IMAGING EQUIPMENT	4/06/10		28,009							28,009	28,009	S/L	5		0
58	MEDICAL EQUIPMENT	4/06/10		84							84	84	S/L	5		0
59	MEDICAL EQUIPMENT	4/06/10		116,858							116,858	116,858	S/L	5		0
60	OFFICE EQUIPMENT	4/06/10		9,418							9,418	9,418	S/L	5		0
61	OFFICE EQUIPMENT	4/06/10		397							397	397	S/L	5		0
62	OFFICE EQUIPMENT	4/06/10		3,451							3,451	3,451	S/L	5		0
63	OFFICE EQUIPMENT	4/06/10		450							450	450	S/L	5		0
64	OFFICE EQUIPMENT	4/06/10		51,867							51,867	51,867	S/L	5		0
65	SW IMAGING	9/16/10		2,500							2,500	2,500	S/L	5		0
66	ORTHOPEDIC	6/14/10		1,543							1,543	1,543	S/L	5		0
67	KENNEL INSERTS	6/29/10		1,356							1,356	1,356	S/L	5		0
68	KENNEL INSERTS	7/01/10		1,640							1,640	1,640	S/L	5		0
78	KENNEL INSERTS	11/18/10		752							752	752	S/L	5		0
81	OFFICE EQUIPMENT	5/12/10		48,044							48,044	48,044	S/L	5		0
96	ORTHOPEDIC	11/30/10		690							690	690	S/L	5		0

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97	DELL COMPUTER RELATED	1/06/10		61							61	61	S/L	5		0
98	TOTAL PLAN	5/01/10		2,544							2,544	2,544	S/L	5		0
99	IT PACIFIC LIGHTWARE	5/01/10		7,750							7,750	7,750	S/L	5		0
100	SECURITY CAMERAS	6/29/10		26,851							26,851	26,851	S/L	5		0
101	TOTAL PLAN	7/15/10		792							792	792	S/L	5		0
102	COMPUTER - ANGIE	11/04/10		1,717							1,717	1,717	S/L	5		0
103	OFFICE EQUIPMENT	11/30/10		1,098							1,098	1,098	S/L	5		0
104	DELL COMPUTER	6/01/10		773							773	773	S/L	5		0
106	FLUID WARMER	1/12/11		547							547	547	S/L	5		0
107	CAPNOGRAPH	2/28/11		3,133							3,133	3,133	S/L	5		0
108	FOLD DOWN TABLE	6/03/11		900							900	900	S/L	5		0
109	SURGERY TABLE	1/12/11		2,069							2,069	2,069	S/L	7		0
110	SURGERY TABLE	3/01/11		2,615							2,615	2,615	S/L	7		0
111	SURGERY LIGHT	3/07/11		3,908							3,908	3,908	S/L	7		0
112	COMPUTER EQUIP	1/31/11		637							637	637	S/L	5		0
113	TOM COMPUTER	6/30/11		1,337							1,337	1,337	S/L	5		0
114	MICHELLE H COMPUTER	7/31/11		1,104							1,104	1,104	S/L	5		0
116	MONITORS	5/31/12		8,732							8,732	8,732	S/L	5		0
119	OFFICE EQUIPMENT	2/29/12		1,914							1,914	1,914	S/L	5		0
120	OFFICE EQUIPMENT	5/31/12		2,335							2,335	2,335	S/L	5		0
121	OFFICE EQUIPMENT	8/31/12		1,890							1,890	1,890	S/L	5		0
125	DENTAL EQUIPMENT	1/31/13		2,493							2,493	2,493	S/L	5		0
126	OFFICE EQUIPMENT	7/31/13		668							668	668	S/L	5		0
127	MEDICAL EQUIPMENT	3/07/13		8,412							8,412	8,412	S/L	5		0
129	CARD SYSTEM	1/31/14		2,303							2,303	2,303	S/L	5		0
130	OFFICE EQUIPMENT	1/31/14		2,750							2,750	2,750	S/L	5		0
131	CREDIT CARD MACHING	2/26/14		884							884	884	S/L	5		0

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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							935	935	S/L	5		0
144	ANESTHESIA MACHINE	3/17/14		3,800							3,800	3,800	S/L	5		0
159	SCALE - EXAM TABLE INDIO	8/16/16		987							987	987	S/L	5		0
162	SOUNDBANK PLUS 9234	9/01/15		67,985							67,985	67,985	S/L	5		0
164	SONICWALL	5/05/17		2,076							2,076	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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191	CAPNOSTAT CO2 PROBE	11/06/19		2,264							2,264	1,434	S/L	5		453	
192	SURGICAL LIGHTS	7/01/19		19,365							19,365	9,681	S/L	7		2,766	
198	UNIFI SWITCH AND SONICWALL	3/31/20		22,501							22,501	12,375	S/L	5		4,500	
199	POWEREDGE R540 SERVER	3/31/20		22,127							22,127	12,169	S/L	5		4,425	
202	OXYGEN COMPRESSOR/CONCENTR	11/25/20		12,598							12,598	5,250	S/L	5		2,520	
203	AIRNETIC SURGERY EQUIPMENT	11/30/20		13,449							13,449	5,604	S/L	5		2,690	
204	CAMERAS AND INSTALLATION	3/31/20		20,277							20,277	11,152	S/L	5		4,055	
214	COMMERCIAL WASHER	4/26/21		11,578							11,578	3,860	S/L	5		2,316	
215	ANESTHESIA MONITOR	2/08/21		5,404							5,404	2,072	S/L	5		1,081	
217	VET MONITOR	5/20/21		7,956							7,956	2,519	S/L	5		1,591	
223	MEDICAL EQUIPMENT	10/05/22		6,451							6,451	323	S/L	5		1,290	
TOTAL PROGRAM SERVICES - EQU				877,329		0	0	0	0	0	877,329	795,925					29,824
PROGRAM SERVICES - SOFTWARE																	
10	QUICKBOOKS SOFTWARE	12/02/05		1,292							1,292	1,292	S/L	3		0	
69	SOFTWARE	4/06/10		3,010							3,010	3,010	S/L	3		0	
70	SOFTWARE	4/06/10		781							781	781	S/L	3		0	
71	SOFTWARE	4/06/10		2,292							2,292	2,292	S/L	3		0	
72	SOFTWARE	4/06/10		1,701							1,701	1,701	S/L	3		0	
73	SOFTWARE	4/06/10		7,336							7,336	7,336	S/L	3		0	
74	SOFTWARE	4/06/10		12,405							12,405	12,405	S/L	3		0	
75	SOFTWARE	4/06/10		17,984							17,984	17,984	S/L	3		0	
76	SOFTWARE	4/06/10		1,401							1,401	1,401	S/L	3		0	
77	SOFTWARE	4/06/10		1,774							1,774	1,774	S/L	3		0	
80	SOFTWARE	5/12/10		8,789							8,789	8,789	S/L	3		0	
95	RESULTS PLUS	8/15/10		6,295							6,295	6,295	S/L	3		0	

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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							1,118	1,118	S/L	3		0
TOTAL PROGRAM SERVICES - SOF				96,666		0	0	0	0	0	96,666	96,666				0
PROGRAM SERVICES - VEHICLES																
28	2003 FORD CUTAWAY VAN	9/01/09		16,926							16,926	16,926	S/L	5		0
29	VEHICLE SIGNAGE	11/30/09		2,684							2,684	2,684	S/L	5		0
155	2015 FORD TRANSIT	5/01/15		38,822							38,822	38,822	S/L	5		0
158	TOYOTA PRIUS C	5/27/16		24,000							24,000	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							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			<u>5,038,634</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,038,634</u>	<u>2,599,255</u>				<u>157,060</u>
	GRAND TOTAL DEPRECIATION			<u>5,038,634</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,038,634</u>	<u>2,599,255</u>				<u>157,060</u>

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