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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number SACRAMENTO SOCIETY FOR THE PREVENTION Address change OF CRUELTY TO ANIMALS Name change 94-1312343 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ (916)383-73876201 FLORIN-PERKINS ROAD termin-ated 14,344,080. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended SACRAMENTO, CA 95828 H(a) Is this a group return Applica-F Name and address of principal officer: SARAH HANEY Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No 4947(a)(1) or Tax-exempt status: X = 501(c)(3) 501(c) ((insert no.) If "No," attach a list. See instructions WWW.SSPCA.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 1927 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THE SACRAMENTO SPCA HAS PROVIDED Activities & Governance HOMELESS ANIMALS WITH INDIVIDUAL COMFORT, SHELTER, AND LOVE SINCE oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) <u>10</u> Number of independent voting members of the governing body (Part VI, line 1b) 146 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 800 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 7,540,440. 7,858,774**.** Contributions and grants (Part VIII, line 1h) Revenue 2,784,092. 3,205,951. Program service revenue (Part VIII, line 2g) 1,556,312. 551,757. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 42,149. 35,545. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,922,993. 11,652,027. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 6,841,007. 7,476,924. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,276,638. 3,186,047. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,753,562. 10,027,054. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,895,939. 898,465. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 27,770,011. 30,245,438. 20 Total assets (Part X, line 16) 1,018,062. 899,895. 21 Total liabilities (Part X, line 26) 26,751,949. 345,543. Net assets or fund balances. Subtract line 21 from line 20 ... 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	Signature of officer		Date
	SARAH HANEY, INTERIM CEO		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Olieck
Paid	JENNIFER Z IWATA	JENNIFER Z IWATA 11	L/05/24 if P01310188
Preparer	Firm's name GILBERT CPAS		Firm's EIN 68-0037990
Use Only	Firm's address 2880 GATEWAY OAKS	DR, STE 100	
	Phone no. 916 - 646 - 6464		
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No

	SACRAMENTO SOCIETY FOR THE PREVENTION		
Form	990 (2023) OF CRUELTY TO ANIMALS	94-1312343	Page 2
Par	t 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:		
	FOR MORE THAN 132 YEARS, THE SACRAMENTO SPCA HAS WORKED	TO REDUCE P	ET
	OVERPOPULATION THROUGH AFFORDABLE SPAY/NEUTER SERVICES,	PROMOTE HUM	ANE
	TREATMENT OF ANIMALS THROUGH EDUCATION AND OUTREACH, AND	KEEP PETS	AND
	THEIR FAMILIES TOGETHER FOR LIFE.		
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 r	neasured by expense:	S.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	o, the total expenses,	arra
4a	(Code:) (Expenses \$ 4,497,893 • including grants of \$) (Revenue	2,231,	474.
ти	THE SACRAMENTO SPCA SERVES THE ENTIRE SACRAMENTO REGION	· *	
	PROVIDER OF LOW-COST SPAY/NEUTER SERVICES, AND ALL ANIMA		
	ARE SPAYED OR NEUTERED BEFORE RELEASE FOR ADOPTION. IN 2		
	ANIMALS WERE STERILIZED, AND THE ORGANIZATION REACHED A		
	MILESTONE SINCE OPENING OUR CLINIC IN 2007. OUR PROACTIV	•	GERT
	PROGRAMS FACILITATE THE SPAYING/NEUTERING OF COMPANION A		
	FREE-ROAMING CATS IN OUR COMMUNITIES, INCLUDING ENCOURAGE		
	PARTICIPATION OF PEOPLE WHO MAY BE RELUCTANT OR UNABLE T		TICU
	SERVICES. WE PROVIDED 825 SURGERIES AT NO COST FOR PIT B		OCII
	MIXES, AND CHIHUAHUAS THROUGH OUR WE PAY TO SPAY PROGRAM	•	ITD
	COMMUNITY CAT PROGRAM, 6,586 CATS WERE ALTERED AT A LOW		
	TO OUR THR PARTNERS. ADDITIONALLY, 48,018 LOW-COST AND N		COSI
	0 612 016	0.00	700
4b	(Code:) (Expenses \$ 2,613,216 · including grants of \$) (Revenue THE SACRAMENTO SPCA PROVIDES A COMPREHENSIVE SPECTRUM OF	· ·	
	990-SQUARE-MILE AREA OF SACRAMENTO COUNTY AND SURROUNDIN		
	IN 2023, MORE THAN 40,000 ANIMALS WERE POSITIVELY IMPACT		ED.
	SERVICES PROVIDED AT THE SACRAMENTO SPCA, INCLUDING ANIM		
	SHELTERING, FOSTER CARE, AND ADOPTIONS; ANIMAL BEHAVIOR		СШ
	PET RESOURCES; AND LOW-COST MEDICAL SERVICES. MORE THAN		
	OF FREE PET FOOD WERE SERVED TO LOW-INCOME FAMILIES THRO		
	FOOD PANTRY. THE SACRAMENTO SPCA CURRENTLY HAS MORE THA		
	SUPPORTERS AND 800 ACTIVE VOLUNTEERS. WE HAVE COLLABORAT		
	WITH PET FOOD COMPANIES, LOCAL VETERINARIANS, PHARMACEUT		
	AND THE UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF VETERIN		
	ALL WITH THE EXPRESS PURPOSE OF IMPROVING CARE FOR SHELT		
4c	(Code:) (Expenses \$ 804,994 • including grants of \$) (Revenue		704.
	THE SACRAMENTO SPCA PROVIDES A SAFE AND NURTURING ENVIRO		
	UNWANTED, ABANDONED, AND MISTREATED PETS UNTIL THEY CAN		TLY
	PLACED INTO LOVING HOMES. THROUGH PROACTIVE INTERVENTION	, PUBLIC	
	EDUCATION, AND COMMUNITY OUTREACH EFFORTS, 3,727 ANIMALS		
	INTO LOVING HOMES THROUGH ADOPTION, AND AN ADDITIONAL 1,		
	THROUGH FOSTER CARE AND RESCUE PARTNERS DURING THE CALEN		
	ANOTHER 487 ANIMALS WERE TRANSPORTED FROM OVERBURDENED S		THE
	COMMUNITY TO THE SACRAMENTO SPCA FOR ADOPTION AND 256 AN	IMALS WERE	
	REUNITED WITH THEIR FAMILIES AFTER BEING LOST.		

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,049,832 • including grants of \$

4e Total program service expenses 8,965,935 •

) (Revenue \$

OF CRUELTY TO ANIMALS 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)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	Ť		
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ _{3,7}
••	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Λ	
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			- V
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/ff			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
OF -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		 ^
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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			旦
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	Щ_

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

					Yes	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		146			
	filed for the calendar year ending with or within the year covered by this return	2a	146		Х	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	Λ	Х
3a				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	40		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	ıu, ?	4a		21
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	e (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-00		
-	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sel	rvices pi	ovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract? .		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			an		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			ا ـ ر ا		v
	excess parachute payment(s) during the year?			15		Х
40	If "Yes," see the instructions and file Form 4720, Schedule N.		0	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it incon	ne?	16		Δ
17	If "Yes," complete Form 4720, Schedule O.	ativitia -				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action would result in the imposition of an excise tax under section 4951, 4952 or 49532			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	n res, complete rumi 000s.					

Form 990 (2023)

94-1312343

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

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
		1 1	1.0		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	4						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1.0							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					7.7				
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the					37				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X				
6	Did the organization have members or stockholders?			6		Х				
7a	, , , , , , , , , , , , , , , , , , , ,									
_	more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		•	l		- V				
_	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				- V					
a	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					х				
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ				
360	tion B. Policies (This Section B requests information about policies not required by the Internal F	ieveriue	Code.)		V	NI.				
100	Did the expenization have lead chapters branches or affiliates?			10a	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?			10a						
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
112										
b	 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12.5						
Ŭ	on Schedule O how this was done			12c	х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approv									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	•							
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization	's							
	exempt status with respect to such arrangements?			16b						
Sec	tion 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, a	and 990-	T (section 501(c)(3)s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict o	f interest policy, ar	nd finai	ncial					
	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 be	ooks and	records							
	SSPCA - (916)383-7387 6201 FLORIN-PERKINS ROAD, SACRAMENTO, CA 95828									
	VAVI PHORIN-FERRING ROAD, BACRAMENIO, CA 900/0									

Form 990 (2023)

OF CRUELTY TO ANIMALS

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key 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	on nor any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		Coran		1)/ ii us		from	from related	other
	(list any hours for	· director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	5	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	In divid ual trustee	Institutional trustee		yee	Highest compensated employee		` 1099-NEC)	,	and related
	below	/id ual	tution	er	Key employee	est co	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) KENNETH ALTINE	40.00								_	
CEO				Х				235,363.	0.	58,115.
(2) LAURIE SIPERSTEIN-COOK	40.00								_	
CHIEF OF SHELTER MEDICINE						Х		157,035.	0.	45,441.
(3) MICHELLE S. MEYER	40.00								_	
CHIEF OF SURGERY						Х		157,768.	0.	3,382.
(4) SARAH WILLIAMS	40.00								_	
VETERINARIAN						Х		145,952.	0.	9,773.
(5) JENNIFER KWAN	40.00								_	
VETERINARIAN						Х		142,556.	0.	12,776.
(6) SARAH HANEY	40.00								_	
CHIEF DEVELOPMENT OFFICER						Х		145,226.	0.	9,976.
(7) MICHAEL OEI	40.00								_	
CFO				Х				113,754.	0.	4,435.
(8) SUSAN GRAY	2.00								_	
BOARD PRESIDENT		Х		Х				0.	0.	0.
(9) VALERIE LETCH	2.00								_	
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(10) ZACHARY MORGAN, DVM	2.00	ļ								
BOARD TREASURER		Х		Х				0.	0.	0.
(11) BILL ALTAVILLA	2.00	ļ								
BOARD SECRETARY	1	Х		Х				0.	0.	0.
(12) MARILYN CHRISTIE	1.00	۱								•
DIRECTOR	1 00	Х						0.	0.	0.
(13) KRISTIN BEARD KING	1.00	۱								•
DIRECTOR	1 00	Х						0.	0.	0.
(14) JILL PARISH	1.00	۱								
DIRECTOR	1 00	X						0.	0.	0.
(15) CHRIS WONG, DVM	1.00	۱								
DIRECTOR	1 00	Х						0.	0.	0.
(16) HEATHER CANDY	1.00	1						_	_	_
DIRECTOR	1 22	Х	_			_		0.	0.	0.
(17) NANCY FIELD, MD	1.00	۱						_	_	_
DIRECTOR		X	l	ı	l			0.	0.	0.

Form 990 (2023) 332007 12-21-23

(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

(B)

Average

hours per

week

(list any

hours for

(A)

Name and title

(E)

Reportable

compensation

from related

organizations

(W-2/1099-MISC/

Page 8

(F)

Estimated

amount of

other

compensation

from the

		related organizations below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensati employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		an	anizat d relat anizati	ed
											-			
			_	_							\dashv			
											\dashv			
											\dashv			
									1 007 (54			1 /	2 0	00
1b	Subtotal Total from continuation sheets to Part VI	I Section A							1,097,654.		0.	14	3,8	98.
	Total (add lines 1b and 1c)								1,097,654.		0.	14	3,8	
2	Total number of individuals (including but n									,000 of reportable				4.0
	compensation from the organization												Yes	10 No
3	Did the organization list any former officer,	director, trusto	ee, l	кеу е	emp	loye	e, or	hiq	hest compensated emp	oloyee on	Г		103	140
	line 1a? If "Yes," complete Schedule J for s	•		•		•		_	•	•		3		Х
4	For any individual listed on line 1a, is the su												Х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	Λ	
_	rendered to the organization? If "Yes," com	-				-			_			5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	=	-								pensa	ation 1	rom	
	(A)	irie caleridar y	eai	enui	iiig v	VILII	OI W	101111	(B)	year.		(0	;)	
	Name and business								Description of s	ervices	C		nsatio	n
	FORTLESS OFFICE LLC, 3: /D, STE 303, LAS VEGAS				BOI	N			IT SERVICES			11	2,6	12
и п	7D, SIE 303, LAS VEGAS	, 140 091	L 4 /					╬	II BERVICES				4,0	40.
								\dashv		+				
	Total number of independent contractors (i	naludina but -	O+ 1:	mitc	d +c	tha	00 11-		Labouo) who reasing	oro than				
2	\$100,000 of compensation from the organi		IOL II	ше	iu lü		se 118 1	sieu	i abovej who received fr	IOIE IIIAII				
												Form	990 (2023)
33200	3 12-21-23													

ı aı	L VII				200 or	noto to any lin	o in this Dort VIII			
		Check if Schedule O	ontair	is a respon	ise or	note to any iii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenuè excluded
								function revenue	business revenue	from tax under sections 512 - 514
<u>8</u> 8	1 2	Federated campaigns		1a						
uni				···						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		··· — —		434,205.				
ifts ar A		-		···		101,200.				
a,e		Government grants (contr		···		136,798.				
Sign		All other contributions, gifts,		· —						
he E	•	similar amounts not included		1f		7,287,771.				
불턴	g			··· 		311,927.				
a So	_	Total. Add lines 1a-1f	mico ia	[.9]*		, -	7,858,774.			
\vdash					В	usiness Code	, ,			
g)	2 a	VETERINARIAN CLINIC			-	521300	2,231,474.	2,231,474.		
Program Service Revenue	b	GUIDD THE THEOLE			- ⊢	900099	372,204.	372,204.		
Sel	c	CITY OF RANCHO CORDO	OVA			900099	303,620.	303,620.		
an eve	d	ADOPTIONS INCOME				900099	165,687.	165,687.		
B.G.	e	CITY OF FOLSOM				900099	84,153.	84,153.		
P.	f	All other program service	revenu	ie		900099	48,813.	48,813.		
	q	Total. Add lines 2a-2f					3,205,951.	,		
\neg	3	Investment income (includ								
		other similar amounts)					501,613.			501,613.
	4	Income from investment of								
	5	Royalties								
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income or (loss))							
	7 a	Gross amount from sales of		(i) Securitie	es	(ii) Other				
		assets other than inventory	7a	2,401,30	08.	74,432.				
	b	Less: cost or other basis								
an l		and sales expenses	7b	2,420,55	55.	5,041.				
er Revenue	С	Gain or (loss)	7c	-19,24	47.	69,391.				
Be	d	Net gain or (loss)					50,144.			50,144.
	8 a	Gross income from fundraising	ng even	ts (not						
₹		including \$	434,2	05. of						
		contributions reported on	line 1c	c). See						
		Part IV, line 18			8a	262,235.				
		Less: direct expenses		_	8b	238,707.				
		Net income or (loss) from			ts		23,528.			23,528.
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from		Г						
	10 a	Gross sales of inventory, I				20 201				
		and allowances 10a				32,391.				
		Less: cost of goods sold		_	10b	27,750.	1 611	4 641		
\rightarrow	С	Net income or (loss) from	sales c	of inventory	$\overline{}$		4,641.	4,641.		
s l		MICCELLANGORG DEVEN	110			usiness Code	7 276	7 276		
neo Tue		MISCELLANEOUS REVEN	OE		- `	900099	7,376.	7,376.		
Miscellaneous Revenue	b				- -					<u> </u>
Re	c C				- -					
Σ		All other revenue Total. Add lines 11a-11d					7,376.			
	12	Total revenue. See instruction					11,652,027.	3,217,968.	0.	575,285.
							, -, •	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,

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

3601	ion 50 (c)(3) and 50 (c)(4) organizations must com	-		impiete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	111 667	240 206	25 402	26 000
	trustees, and key employees	411,667.	349,286.	25,483.	36,898.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F 929 700	E 020 E41	247 046	E/12 010
7	Other salaries and wages	5,828,799.	5,038,541.	247,046.	543,212.
8	Pension plan accruals and contributions (include	61 247	A6 E12	10 462	1 271
_	section 401(k) and 403(b) employer contributions)	61,247. 722,748.	46,513. 548,877.	10,463. 123,466.	4,271. 50,405.
9	Other employee benefits				
10	Payroll taxes	452,463.	343,614.	77,294.	31,555.
11	Fees for services (nonemployees):				
	Management	12,826.		12,826.	
	Legal	38,274.		38,274.	
	Accounting	30,2/4.		30,274.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	97,322.		97,322.	
f	Investment management fees	91,322•		91,522.	
g	Other. (If line 11g amount exceeds 10% of line 25,	136,754.	89,630.	12,925.	34,199.
40	column (A), amount, list line 11g expenses on Sch O.)	130,734.	05,050.	12,723.	34,177.
12	Advertising and promotion	109,557.	95,057.	7,083.	7,417.
13	Office expenses	167,937.	115,155.	17,295.	35,487.
14	Information technology	107,557.	113,133.	17,255.	33,407.
15	Royalties	493,798.	459,739.	17,057.	17,002.
16	Occupancy	16,269.	13,852.	1,435.	982.
17 18	Travel Payments of travel or entertainment expenses	10,203.	13,032.	1, 155	702.
10	,				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20					
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	541,424.	500,169.	26,816.	14,439.
23	Insurance	47,944.	44,132.	2,478.	1,334.
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.)				
а	SUPPORT FOR ANIMALS	1,163,654.	1,163,654.		
b	PRINTING & POSTAGE	421,793.	136,819.	15,609.	269,365.
c	MISCELLANEOUS EXPENSES	19,795.	14,409.	1,195.	4,191.
d	DUES & SUBSCRIPTIONS	9,291.	6,488.	913.	1,890.
e	All other expenses	,	,		
25	Total functional expenses. Add lines 1 through 24e	10,753,562.	8,965,935.	734,980.	1,052,647.
26	Joint costs. Complete this line only if the organization			, -	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0. 10. 01. 02	I		I	Form 990 (2023)

Form 990 (2023)

Part X | Balance Sheet

Pai	rt 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
	1	Cash - non-interest-bearing	3,175,100.	1	2,883,765.
	2	Savings and temporary cash investments	2,744,905.	2	1,951,691.
	3	Pledges and grants receivable, net	657,472.	3	206,473.
	4	Accounts receivable, net	131,249.	4	100,181.
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	16,595.	8	16,738.
Ř	9	Prepaid expenses and deferred charges	104,915.	9	96,084.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 15,049,501.			
	b	Less: accumulated depreciation 10b 7,333,194.	7,991,118.	10c	7,716,307.
	11	Investments - publicly traded securities	12,601,236.	11	16,919,098.
	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	347,421.	15	355,101.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	27,770,011.	16	30,245,438.
	17	Accounts payable and accrued expenses	994,430.	17	845,574.
	18	Grants payable		18	
	19	Deferred revenue	0.	19	35,346.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≅		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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	02 620		10 000
		of Schedule D	23,632.	25	18,975.
	26	Total liabilities. Add lines 17 through 25	1,018,062.	26	899,895.
S		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	25 540 704		20 105 002
<u>a</u>	27	Net assets without donor restrictions	25,540,784.	27	28,105,983.
B B	28	Net assets with donor restrictions	1,211,165.	28	1,239,560.
<u>.</u> 5		Organizations that do not follow FASB ASC 958, check here			
P		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
et A	31	Retained earnings, endowment, accumulated income, or other funds	26 7F1 040	31	20 245 542
ž	32	Total net assets or fund balances	26,751,949.	32	29,345,543.
	33	Total liabilities and net assets/fund balances	27,770,011.	33	30,245,438.

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,65				
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	75, 75				
3	Revenue less expenses. Subtract line 2 from line 1	3		898,46				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,751,949				
5								
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		12,337				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	29	3,34	5,5	43.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
	•				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	3,					
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.					
За	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?			3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization SACRAMENTO SOCI

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 94-1312343

Par	tΙ	Reason for Public (Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instructions.	
he c	ne 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)(b)(1)(A)(ii	ii).	
4		A medical research organization						the hospital's name.
•		city, and state:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				and magazian a mame,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit descri	hed in
J 1		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	и ог орста	ica by a g	overnmental and aesem	bed III
ا ء			•	nontal unit described in	postion 17	70/6\/4\/4\	(u)	
6 7	x	A federal, state, or local gov	-					l public described in
<i>(</i>)	21	An organization that normal	-	iniai part of its support i	rom a gov	emmentai	unit or from the genera	i public described in
•		section 170(b)(1)(A)(vi). (Co	• •	MANAY (Occupieto Dest				
8		A community trust describe				1 () ()		
9		An agricultural research org				_	-	-
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the collec	ge or
		university:						
10		An organization that normal						
		activities related to its exem		•				-
		income and unrelated busing		(less section 511 tax) from	om busine	esses acqu	ired by the organization	after June 30, 1975.
	_	See section 509(a)(2). (Cor						
11		An organization organized a	•	•	•			
12		An organization organized a	•	•	-		•	• •
		more publicly supported or	-					Check the box on
		lines 12a through 12d that				-	· · · · · · · · · · · · · · · · · · ·	
а		Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
	_	organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ted with,
	_	its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an atten	tiveness
	_	requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	, and Part	V.	
е		Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	r the number of supported o	organizations					
g		ide the following information		. ,	C. A. L. Alexandre	of out on the dead		1 (2)
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
								1
								<u> </u>

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OF CRUELTY TO ANIMALS

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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.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	7,699,416.	9,653,784.	7,321,859.	7,540,440.	7,858,774.	40,074,273.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	7,699,416.	9,653,784.	7,321,859.	7,540,440.	7,858,774.	40,074,273.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1,551,937.	
6	Public support. Subtract line 5 from line 4.						38,522,336.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	7,699,416.	9,653,784.	7,321,859.	7,540,440.	7,858,774.	40,074,273.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	542,546.	526,961.	321,166.	268,215.	501,613.	2,160,501.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	607.	2,763.	52,024.	2,507.	7,376.	65,277.	
11	Total support. Add lines 7 through 10		,	,	,	,	42,300,051.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12 13	,265,642.	
	First 5 years. If the Form 990 is for the	•	,				· · · · ·	
	organization, check this box and stor	-			•			
Sec	ction C. Computation of Publ							
	Public support percentage for 2023 (column (f))		14	91.07 %	
	Public support percentage from 2022					15	91.59 %	
						nore, check this bo	x and	
	16a 33 1/3% support test - 2023. 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								
	b 33 1/3% support test - 2022. 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								
	17a 10% -facts-and-circumstances test - 2023. 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 to			=				
b	10% -facts-and-circumstances tes	~						
	more, and if the organization meets tl							
	organization meets the facts-and-circ							
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.)

Sec	qualify under the tests listed beating A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	incon under coation E10						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,	` , ,	, ,	, ,		.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2023 (line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

			_
		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
	3с		
	4a		
	AL		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
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	7		
	8		
	9a		
	Ju		
	0.		
	9b		
	9с		
	10a		
	iva		
	10b		
dule	A (Forr	n 990)	2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
800		pported organization(s).	1		
sec	tion L	D. All Type III Supporting Organizations			
	5			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
2		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	`	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.	-		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	7S).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	It the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

SACRAMENTO SOCIETY FOR THE PREVENTION

Schedule A (Form 990) 2023

OF CRUELTY TO ANIMALS

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations				
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.						
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see						

Schedule A (Form 990) 2023

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instructions).

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	Schedule A (Form 990) 2023 OF CRUELTY TO ANIMALS 94-1312343 Page 7							
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
а	From 2018							
b	From 2019							
С	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
С	Excess from 2021							
	Excess from 2022							
е	Excess from 2023							

Schedule A (Form 990) 2023

SACRAMENTO SOCIETY FOR THE PREVENTION 94-1312343 Page 8 OF CRUELTY TO ANIMALS Schedule A (Form 990) 2023 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, Part VI 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.)

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Name of the organization

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

94-1312343

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 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 99)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Chook if	vour organization is	covered by the Coneral Bule or a Special Bule				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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\$					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Name of organization
SACRAMENTO SOCIETY FOR THE PREVENTION
OF CRUELTY TO ANIMALS

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$613,410.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Name, address, and ZIF + 4	\$ 483,799.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
SACRAMENTO SOCIETY FOR THE PREVENTION
OF CRUELTY TO ANIMALS

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		s372,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
SACRAMENTO SOCIETY FOR THE PREVENTION
OF CRUELTY TO ANIMALS

Employer identification number

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

Name of organization

SACRAMENTO SOCIETY FOR THE PREVENTION

Employer identification number

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Part III				c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ch	through (e) and the following line en	ntry. For orga	inizations			
	Use duplicate copies of Part III if additional s	pace is needed.	less for the y	cai. (Effect this line, office.)			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I		., -					
			-				
-							
		(e) Transfer of g	π				
	Transferee's name, address, ar	nd ZIP + 4	Rela	ationship of transferor to transferee			
				_			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	(4,7,3,4,2,1,3,1,3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	(-,		(5,			
			-				
-							
	(e) Transfer of gift						
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
Γ							
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	(b) Fulpose of gift	(c) Ose of gift		(u) Description of now gift is field			
			-				
			-	_			
	(e) Transfer of gift						
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Dumana of with	(a) Has of sift		(d) Description of how sift is held			
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, ar	nd 7ID ± 4	Relationship of transferor to transferee				
	manoreree o manne, auureoo, ar	M 411° T T	nela				

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization SACRAMENTO SOCIETY FOR THE PREVENTION **Employer identification number** 94-1312343 OF CRUELTY TO ANIMALS Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$___ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Nο 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ ______ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ______\$ ___ 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (c) EIN (d) Amount paid from (a) Name (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

SACRAMENTO SOCIETY FOR THE PREVENTION

Schedule C (Form 990) 2023 OF CRUELTY TO ANIMALS

94-1312343 Page 2

Concadio C	(1 01111 000) 2020			TO THITTIED		7 = 1	JIZJIJ Tage Z
Part II-A	Complete if the org	ganizatio	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A Check	if the filing organiza		•	•	n Part IV each affiliated	group member's nan	ne, address, EIN,
B Check	expenses, and sha		, ,	expenditures). nd "limited control" pro	avisions apply		
B Check	Limi	its on Lobl	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total la	obbying expenditures to infl	uence nuh	lic oninion (araseroots lobbying)			
	obbying expenditures to infl						
	obbying expenditures (add I						
	exempt purpose expenditur						
	exempt purpose expenditure						
	ring nontaxable amount. Ent						
	mount on line 1e, column (a)			bying nontaxable am			
	rer \$500,000,	(, -		the amount on line 1e			
	500,000 but not over \$1,000	0.000.		00 plus 15% of the exc			
	1,000,000 but not over \$1,5			00 plus 10% of the exc			
	1,500,000 but not over \$17,			00 plus 5% of the exce			
	17,000,000,	, ,	\$1,000,	•	, ,		
g Grassi	roots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtra	act line 1g from line 1a. If zer	ro or less, e	enter -0-				
i Subtra	act line 1f from line 1c. If zer	o or less, e					
j If there	e is an amount other than ze	ero on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		•
reporti	ing section 4911 tax for this	year?					Yes No
			4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organizations t			01(h) election do not ate instructions for li	•	of the five columns b	pelow.
		Lobk	oying Expe	nditures During 4-Yea	ar Averaging Period		
(or fis	Calendar year cal year beginning in)	(a) :	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
	ring nontaxable amount						
-	ring ceiling amount of line 2a, column(e))						
c Total le	obbying expenditures						
d Grassi	roots nontaxable amount						
	roots ceiling amount of line 2d, column (e))						
f Graco	roots labbuing avpanditures						

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in P	(a	1)	(b)		
of the lobbying activity.		Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence	ce foreign, national, state, or				
local legislation, including any attempt to influence public op	inion on a legislative matter				
or referendum, through the use of:					
a Volunteers?		X			
b Paid staff or management (include compensation in expense	s reported on lines 1c through 1i)?	Х			
c Media advertisements?			X		
d Mailings to members, legislators, or the public?			X		
e Publications, or published or broadcast statements?			X		
f Grants to other organizations for lobbying purposes?			X		
g Direct contact with legislators, their staffs, government official	als, or a legislative body?	Х		14	1,674.
h Rallies, demonstrations, seminars, conventions, speeches, le	ectures, or any similar means?		X		
i Other activities?			X		
j Total. Add lines 1c through 1i				14	1,674.
2a Did the activities in line 1 cause the organization to not be de			X		
b If "Yes," enter the amount of any tax incurred under section	4912				
c If "Yes," enter the amount of any tax incurred by organization	n managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file					
Part III-A Complete if the organization is exempt	under section 501(c)(4), sect	on 501(c)	(5), or se	ction	
501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondedu					
2 Did the organization make only in-house lobbying expenditur	es of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political				_	
Part III-B Complete if the organization is exempt 501(c)(6) and if either (a) BOTH Part III-answered "Yes."					e 3, is
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expendit					
expenses for which the section 527(f) tax was paid).					
a Current year			2a		
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of					
4 If notices were sent and the amount on line 2c exceeds the					
does the organization agree to carryover to the reasonable e	stimate of nondeductible lobbying and	political			
expenditures next year?			4		
5 Taxable amount of lobbying and political expenditures. See i					
Part IV Supplemental Information			·		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4	Part I-C, line 5; Part II-A (affiliated grou	p list); Part II	-A, lines 1 a	and 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any a PART II-B, LINE 1, LOBBYING ACTIV					
DISCUSSION WITH VARIOUS LEGISLATO	RS AND OTHER INTERES	STED PA	ARTIES	то	
DRUM UP SUPPORT FOR ONE SPECIFIC	BILL (CALIFORNIA SB	669) C	N BEH	ALF OI	r .
THE ORGANIZATION.					

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 Open to Public

Inspection

Name of the organization

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 94-1312343

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		millar Fullus Of /	Accounts. Complete if the	;
	g, w.t.t.,	(a) Donor advised	d funds	(b) Funds and other accoun	ıts
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 v	writing that the assets he	ld in donor advised fu	nds	
	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 a	dvisors in writing that gra	ınt funds can be used	only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose confe	erring	
	impermissible private benefit?				└── No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a his	torically important land area	
	Protection of natural habitat		Preservation of a cer	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	ution in the form of a o		
	day of the tax year.			Held at the End of the	Tax Year
	Total number of conservation easements				
	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	a	2c	
d	Number of conservation easements included on line 2c acqu				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or to	erminated by the orga	anization during the tax	
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				└─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conserva	tion easements during the ye	ear
7	Amount of our anger incurred in manitoring inspecting hand	lling of violetions, and an	forcing concentation (accoments during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	alling of violations, and em	lording conservation e	easements during the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(F	3)(i)	
Ū	and section 170(h)(4)(B)(ii)?				☐ No
9	In Part XIII, describe how the organization reports conservation				
·	balance sheet, and include, if applicable, the text of the footr		· · · · · · · · · · · · · · · · · · ·		
	organization's accounting for conservation easements.	Total to the organization o	mariolal statements	and docombos and	
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Tre	asures, or Other	Similar Assets.	
	Complete if the organization answered "Yes" on Form	•	•		
1a	If the organization elected, as permitted under FASB ASC 95	68, not to report in its reve	enue statement and b	alance sheet works	
	of art, historical treasures, or other similar assets held for pub	· ·			
	service, provide in Part XIII the text of the footnote to its finar			,	
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of	
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	, ,		,	
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
	mn				
2	If the organization received or held works of art, historical treations				
_	the following amounts required to be reported under FASB A			· •	
а	Revenue included on Form 990, Part VIII, line 1	~		\$ <u> </u>	
	Assets included in Form 990 Part Y			œ	

SACRAMENTO SOCIETY FOR THE PREVENTION

Schedule D (Form 990) 2023

OF CRUELTY TO ANIMALS

94-	-1	31	234	3	Page 2
7 -			254	_	raue 🗲

Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or Oth	ner Sim	ilar Asse	t s (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).								
а	a Public exhibition d Loan or exchange program								
b	Scholarly research e Other								
С	c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5									
	to be sold to raise funds rather than to be mai	ntained as part of tl	he organization's co	ollection?			Yes No		
Par	t IV Escrow and Custodial Arrang	ements Complet	e if the organizatior	n answered "Yes" o	n Form 9	90, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.	-						
1a	Is the organization an agent, trustee, custodia	ın, or other intermed	diary for contributio	ns or other assets n	ot includ	ed			
	on Form 990, Part X?						Yes No		
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
С	Beginning balance				10	;			
	Additions during the year								
	Distributions during the year					,			
f	Ending balance				11				
2a	Did the organization include an amount on Fo				oility?	L	Yes No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part XII	I				
Par	t V Endowment Funds Complete if t	he organization ans	wered "Yes" on Fo	rm 990, Part IV, line					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four years back		
1a	Beginning of year balance	673,852.	676,765.	675,440	,	674,422.	673,155.		
b	Contributions	1,500,000.							
С	Net investment earnings, gains, and losses	-18,068.	-2,913.	1,888	,	1,556.	1,805.		
d	Grants or scholarships			430	,	430.	430.		
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses			133		108.	108.		
g	End of year balance	2,155,784.	673,852.	676,765	,	675,440.	674,422.		
2	Provide the estimated percentage of the curre		e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment	69.7000	_%						
b	Permanent endowment 30.3000	%							
С	Term endowment%	Ď							
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organiza	ation that are held a	nd administered for	the				
	organization by:						Yes No		
	(i) Unrelated organizations?						3a(i) X		
b	If "Yes" on line 3a(ii), are the related organizat	-					. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990	` 		K, line 10				
	Description of property	(a) Cost or ot	` '	1 , ,	Accumul		(d) Book value		
		basis (investm	,	` '	epreciati		4 000 000		
	Land			9,339.	256		1,029,339.		
	Buildings		12,61	3,301. 6,	356,	981.	6,256,320.		
	Leasehold improvements		1 2 2 2	<u> </u>	005	105	420 640		
	Equipment			5,833.	905,		430,648.		
	Other			1,028.	71,	028.	7.716.225		
Total	Add lines 1a through 1e (Column (d) must eq	ual Form 990 Part	X line 10c column	(R))			7,716,307.		

Schedule D (Form 990) 2023

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRIEFLTY TO ANIMALS

Schedule D (Form 990) 2023

OF CRUELTY TO ANIMALS 94-1312343 Page 3

Part VII Investments - Other Securities Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 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)		<u> </u>
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" or		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		<u> </u>
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.
(a) D	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	
Part X Other Liabilities		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) OPERATING LEASE LIABILITY		18,97
(-7		10,57.
(3)		+
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))	18,97
2. Liability for uncertain tax positions. In Part XIII, provide t		
		here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

94-1312343 Page 4

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta		th Revenue per R	eturi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	13,355,524.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	5		1,682,792.		
b	Donated services and use of facilities	2b	105,690.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	12,337.		
е	Add lines 2a through 2d			2e	1,800,819.
3	Subtract line 2e from line 1			3	11,554,705.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	97,322.		
b	Other (Describe in Part XIII.)	4b			
С		•		4c	97,322.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	.)		5	11,652,027.
Pai	rt XII Reconciliation of Expenses per Audited Financial St	atements W	ith Expenses per	Retu	ırn
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	10,761,930.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		2a	105,690.		
b					
С	- · · ·				
d					
e				2e	105,690.
3	Subtract line 2e from line 1			3	10,656,240.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			ا	
а		4a	97,322.		
b			3,,022		
				4c	97,322.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	10,753,562.
	rt XIII Supplemental Information	o.)		_ 5	10,733,302.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Dort IV lines	1h and Oh: Dort V. line	4. Dod	t V. line Q. Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			+, ran	1 A, III 16 2, Fait AI,
111103	24 and 45, and 1 are Mi, intes 24 and 45. Also complete this part to provide a	iny additional im	orriation.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
CHA	ANGE IN VALUE OF BENEFICIAL INTERESTS				12,337.
					22/00/1
PAF	RT V, LINE 4: INTENDED USES OF THE ENDO	WMENT FU	IND		
	THE THE PLANT OF THE PROPERTY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)11 <u>D</u>		
тнт	E SACRAMENTO REGION COMMUNITY FOUNDATIO	N (THE E	(MOTTAGINIO	TS	HOLDING
	D BACKMINIO REGION COMMONTH TOURDATE	/14 (11111 1	OUNDATION	<u> </u>	HOLDING
ΔΩΩ	SETS AS AN ENDOWED COMPONENT FUND (FUND	ነ) ፑርድ ጥዛ	IE BENEETT O	ъ т	HE SOCIETY
ADI	DEID AD AN ENDOWED COMIONENT FOND (FOND) FOR II	IE DENEFII O	<u></u>	III DOCTETT.
тит	E SOCIETY HAS GRANTED THE FOUNDATION VA	DIANCE I	OULE MATCH	CTV	דכ החד
1111	E SOCIEIT MAS GRANTED THE FOUNDATION VA	MIANCE E	OWER WILLCII	GIV	<u> </u>
₽∩ī	UNDATIONS BOARD OF DIRECTORS THE POWER	ייר זוכב יו	סרש הוואום שטי	ОП	שבים
FU	ONDATIONS BOARD OF DIRECTORS THE FOWER	10 05E 1	THE FUND FOR	01	TEK
DIII	DDOCEC TH CEDMATH CTDCHMCMANOEC MUE EN	IND TO CI	TD TE/CM M/C MU		
r UI	RPOSES IN CERTAIN CIRCUMSTANCES. THE FU	אפ פד חווי	OFCI IO TH	r C	QUIOT TAMB
T NT	TECHWEND AND CDENDING DOLLCIES MUTCU OF	יי זייואים ססו	סבינוו דאו א	מט	באוסדאום סאחב
T1//	VESTMENT AND SPENDING POLICIES WHICH CU	VVENITI	итоппі III А	פנ	ENDING KATE
O 171	A DEDCEME OF A DOLLTING 10 OUADMED ATTER) A C E			
UĽ	4 PERCENT OF A ROLLING 12 QUARTER AVER	AGE.			

Part XIII Supplemental Information (continued)							
THE EARNINGS FROM THE LEMAITRE ENDOWED FUND IS TO CARE FOR THE ANIMALS							
SUCH AS PROVIDING FOOD, MEDICATIONS, CAGES, OR EQUIPMENT TO BE USED BY THE							
ANIMALS.							
IN 2023, A BOARD DESIGNATED ENDOWMENT WAS ESTABLISHED TO SUPPORT THE							
ORGANIZATION'S FELINE SPAY/NEUTER PROGRAM FOR COMMUNITY CATS.							

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

Open to Public Inspection

Name of the organization

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 94-1312343

Fundraising Activities required to complete this part	• Complete if the organization answert.	red "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 Indicate whether the organization rail Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written key employees listed in Form 990, F If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover aising ding o ional t	overnment grants nment grants events fficers, directors, true fundraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
- otal						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	ution	s or has been notified	d it is exempt from r	egistration
						-

OF CRUELTY TO ANIMALS

94-1312343 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through DOGGY DASH 2 ${ t GALA}$ col. (c)) (event type) (event type) (total number) Revenue 307,429. 327,761. 696,440. 61,250. 1 Gross receipts 5,510. 202,738 225,957. 434,205. 2 Less: Contributions 101,804. 55,740. 262,235. 104,691 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 28,000. 24,919. 52,919. 6 Rent/facility costs 7,638. 21,048. 28,686. 7 Food and beverages 8 Entertainment 9 Other direct expenses 59,017. 69,415. 28,670. 157,102. 238,707. 10 Direct expense summary. Add lines 4 through 9 in column (d) 23,528. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRITELTY TO ANIMALS

Schedule G (Form 990) 2023 OF CRUELTY TO ANIMALS Does the organization conduct gaming activities with nonmembers? 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? _ No **13** Indicate the percentage of gaming activity conducted in: a The organization's facility 13a % b An outside facility % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____ Yes No **b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address **16** Gaming manager information: Name Gaming manager compensation Description of services provided Director/officer 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? 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 \$ 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.

SACRAMENTO SOCIETY FOR THE PREVENTION 94-1312343 Page 4 Schedule G (Form 990) OF CRUELTY Part IV Supplemental Information (continued) OF CRUELTY TO ANIMALS

SCHEDULE J (Form 990)

Compensation Information

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

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

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Part I

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

 $Employer\ identification\ number\\94-1312343$

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		I

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

Schedule J (Form 990) 2023

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.

94-1312343

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	J-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KENNETH ALTINE	(i)	235,363.	0.	0.	31,399.	26,716.	293,478.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LAURIE SIPERSTEIN-COOK	(i)	157,035.	0.	0.	31,008.	14,433.	202,476.	0.	
CHIEF OF SHELTER MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MICHELLE S. MEYER	(i)	157,768.	0.	0.	3,165.	217.	161,150.	0.	
CHIEF OF SURGERY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) SARAH WILLIAMS	(i)	145,952.	0.	0.	2,937.	6,836.	155,725.	0.	
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JENNIFER KWAN	(i)	142,556.	0.	0.	5,698.	7,078.	155,332.	0.	
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) SARAH HANEY	(i)	145,226.	0.	0.	2,912.	7,064.	155,202.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

SACRAMENTO SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS

Open to Public Inspection

Employer identification number

94-1312343 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 <u> 191</u> 167,621.FAIR MARKET VALUE X Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 68,038. Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 55,391.FAIR MARKET VALUE (KENNEL, FOOD AN) X 25 Other EVENT SUPPLIES 9 15,904.FAIR MARKET VALUE X 26 Other PROPERTY AND EQ $\overline{\mathbf{x}}$ 4,973.FAIR MARKET 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 No Yes 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 Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. 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.

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

Schedule M (Form 990) 2023

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 94-1312343 Schedule M (Form 990) 2023 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 32B: THE SOCIETY RETAINS THE SERVICES OF CHARITABLE ADULT RIDES & SERVICES, A NONPROFIT ORGANIZATION, FOR ITS VEHICLE DONATION PROGRAM.

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 94-1312343

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 1892. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: VACCINATIONS, 520 LOW-COST VETERINARY EXAMS, AND 89 FOLLOW-UP EXAMS WERE PROVIDED TO THE COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OUR COMMUNITY OUTREACH PROGRAMS PROVIDE HUMANE EDUCATION TO CHILDREN AND ADULTS EACH YEAR THROUGH CAMPS AT THE SHELTER, SCHOOL VISITS TO K-12 GRADES, PARTICIPATION IN COMMUNITY EVENTS, ANIMAL/HUMAN INTERACTION THERAPY AT NURSING HOMES AND HOSPITALS, AND FREE OR LOW-COST VACCINATIONS AND ADOPTIONS TO SENIORS. EXPENSES \$ 1,049,832. REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY A FIRM OF CERTIFIED PUBLIC ACCOUNTANTS. IT IS REVIEWED BY MANAGEMENT AND EACH MEMBER OF THE AUDIT/FINANCE COMMITTEE. ANY QUESTIONS AND COMMENTS ARE RESOLVED PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO ANNUALLY REVIEW POSSIBLE CONFLICTS OF

INTEREST AS SET OUT IN THE CORPORATE BY-LAWS AND PROMPTLY DISCLOSE SUCH

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

CONFLICTS AS THEY ARISE.

Schedule O (Form 990) 2023 Page 2

SACRAMENTO SOCIETY FOR THE PREVENTION Name of the organization **Employer identification number** OF CRUELTY TO ANIMALS 94-1312343 THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OBTAINS COMPARABLE COMPENSATION INFORMATION AND EVALUATES THE CEO'S PERFORMANCE ANNUALLY. THIS PROCESS WAS LAST UNDERTAKEN IN 2023. A COMPENSATION COMMITTEE CONSISTING OF AT LEAST THREE BOARD MEMBERS IS CHARGED WITH REVIEWING, EVALUATION AND DETERMINING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER ANNUALLY AND WHENEVER A MODIFICATION IN COMPENSATION IS PROPOSED. THE REVIEW INCLUDES CONSIDERATION OF PERFORMANCE AND AN APPROPRIATE CONSIDERATION OF COMPARABILITY DATA. THIS PROCESS WAS LAST UNDERTAKEN IN 2023. FORM 990, PART VI, SECTION C, LINE 19: FORM 990, AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR PUBLIC INSPECTION AT SSPCA'S BUSINESS OFFICE. FORM 990 IS AVAILABLE THROUGH OUR WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF BENEFICIAL INTERESTS 12,337. FORM 990, PART XI, LINE 2C THE PROCESSES FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND THE SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.